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The European Bronchiectasis Registry

iABC

inhaled Antibiotics in Bronchiectasis and Cystic Fibrosis

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Essential Data is data which is deemed by the study team as crucial in achieving the objectives of the registry. Specifying an *essential data* set does not imply in any way the additional data points are optional. In the absence of essential data or sufficient data quantity, the case may be rejected from the registry. Cases rejected from the registry do not receive payment/accruals associated with the recruitment. The decision of the co-ordinating centre on whether to accept a submitted case is considered final. The obligation to provide quality data, and discretion of the co-ordinating centre to accept or decline cases is outlined in the site contracts.

Essential Data Points;

Radiology – Confirm patient eligibility by recording the Date and Type of CT imaging used to confirm bronchiectasis diagnosis. If any radiology data is missing or there is uncertainty surrounding the scan please contact the central team info@bronchiectasis.eu

Microbiology – Enter all (stable, exacerbation and mycobacterial) respiratory samples tested in the previous 12 months. Please do not enter data more than 12 months old. It is expected at least one sample should be provided as annual sputum culture is part of bronchiectasis standard care (UK British Thoracic Society guidelines). It is acknowledged that some patients do not produce sputum spontaneously, however consistent absence of sputum culture data from cases will be queried.

Spirometry – Please enter the most recent spirometry data from the previous 12 months. As per European Respiratory Society spirometry guidelines, height and weight are expected to be updated at the time of spirometry. Please do not enter data more than 12months old.

Exacerbation history - Please communicate with the patient to find out exacerbation data including the number of hospital admissions and emergency department visits (respiratory related only). Hospital records can be used if absolutely necessary but patient source is much preferred.

In order to reduce the amount of system queries please ensure the patients are actively involved in the collection of their data. The majority of data collected in this CRF will be available in the patient notes, however we have outlined below some data fields in which we would prefer and expect patients to be able to answer at the time of consent and during clinic visits, thus providing the most accurate up to date information. These data points are termed Patient Response Questions.

Patient Response Question;

- All questions asked in the **Bronchiectasis Background Information** page except spirometry which is covered above in *Essential Data*
- **Medical History** such as history of Tuberculosis, Whooping Cough, HIV, Gastro-oesophageal reflux disease
- Use of **Long term Oxygen therapy**
- **Influenza Vaccination** received in the previous 12 months
- All **Physiotherapy and Activity Questions**

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EMBARC Case Report Form
Baseline

Version 3.0 April 2016

BASIC CASE INFORMATION

Case Identifier: ________________ Date of patient consent: ____________ (dd/mm/yyyy)

Eligibility criteria:
- ☐ Has a CT chest scan consistent with bronchiectasis
- ☐ Is over 18 years old
- ☐ Does not have known cystic fibrosis
- ☐ Has not had a previous heart or lung transplant
- ☐ Has given signed consent to inclusion in the study

Gender: ☐ Male ☐ Female Date of birth: _______________ (dd/mm/yyyy)

Center: ____

Ethnicity
- ☐ White European
- ☐ Gyspy/traveller
- ☐ Other white ethnic group
- ☐ Hispanic
- ☐ Indian, Pakistani, Bangladeshi or other South Asian ethnic group
- ☐ Chinese European/Other Chinese ethnic group
- ☐ Other Asian ethnic group
- ☐ Black European/Black African/other black ethnic group
- ☐ Other African
- ☐ Caribbean/other Caribbean ethnic group
- ☐ Arab European/Other Arab ethnic group
- ☐ Other ethnicity
- ☐ Not recorded/declined

How long has the patient had bronchiectasis?
- ☐ Unknown
- ☐ < 5 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-20 years
- ☐ >20 years

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CO-MORBIDITIES

Please record Comorbidities the patient is known to have

Cardiovascular diseases ☐ **Yes** ☐ **No**
If yes;
- Myocardial infarction ☐ Yes ☐ No
- Angina ☐ Yes ☐ No
- Stroke or Transient Ischaemic Attack ☐ Yes ☐ No
- Coronary artery bypass graft ☐ Yes ☐ No
- Congestive cardiac failure ☐ Yes ☐ No
- Pulmonary hypertension ☐ Yes ☐ No
- Atrial fibrillation ☐ Yes ☐ No
- Others_______________________________

Liver Cirrhosis ☐ Yes ☐ No

Osteoporosis ☐ Yes ☐ No

Depression ☐ Yes ☐ No

Anxiety ☐ Yes ☐ No

Chronic renal failure ☐ **Yes** ☐ **No**
If yes;
- Haemodialysis ☐ Yes ☐ No

Neoplastic disease ☐ **Yes** ☐ **No**
If yes;
- Active ☐ Yes ☐ No
- Haematological ☐ Yes ☐ No
- Site ☐ Lung ☐ Breast ☐ Prostate ☐ Colon ☐ Pancreas ☐ Bone ☐ Skin ☐ Brain ☐ Other ☐ Unknown

Diabetes ☐ **Yes** ☐ **No**
If yes;
- Type ☐ Type I ☐ Type II ☐ Unknown
- Treatment ☐ Insulin ☐ Sulphonylurea ☐ Metformin ☐ Other

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NON RESPIRATORY MEDICATIONS

Please record currently prescribed Non respiratory medications

Statin	☐ Yes	☐ No
Angiotensin-converting-enzyme inhibitor	☐ Yes	☐ No
Angiotensin II receptor blocker	☐ Yes	☐ No
Aspirin	☐ Yes	☐ No
Non-aspirin platelet inhibitors eg, Clopidogrel	☐ Yes	☐ No
Warfarin/Oral anticoagulants	☐ Yes	☐ No
β-Blocker	☐ Yes	☐ No
Proton pump inhibitor	☐ Yes	☐ No

Additional medications can be recorded in the respiratory treatments section.

BRONCHIECTASIS BACKGROUND INFORMATION

****

Spirometry, MRC score and Exacerbation history are deemed Essential Data. This data must not be more than 12 months old and must be updated annually. Cases may be rejected from the registry in the absence of Essential Data.

****

Weight (Kg) ______ ☐ N/A   Height (cm) ______ ☐ N/A   BMI (Kg/m2) ______ ☐ N/A
(BMI as autocalculated by eCRF)

FEV_1 L (recorded) __________ ☐ N/A FEV_1 L (% predicted) _______ ☐ N/A
(% predicted values as autocalculated by eCRF)

FVC L (recorded) __________ ☐ N/A   FVC L (% predicted) ________ ☐ N/A
(% predicted values as autocalculated by eCRF)

Bronchodilator Status
☐ Pre-Bronchodilator
☐ Post-Bronchodilator
☐ Unknown
(where possible, post-bronchodilator values are preferred)

If spirometry has not been completed in the past 12months, please give a reason in the box below

Are any additional lung function tests available? ☐ Yes ☐ No

If yes;
Total Lung Capacity (L) ________ ☐ N/A   Diffusing capacity (DLCO) (L) ________ ☐ N/A

Residual Volume (L) ________ ☐ N/A   Inspiratory capacity (DLCO) (L) ________ ☐ N/A

Modified MRC dyspnoea score:

☐ 0 (I only get breathless with strenuous exercise)
☐ 1 (I get short of breath when hurrying on level ground or walking up a slight hill)
☐ 2 (On the level ground I walk slower than people of the same age because of breathlessness or I have to stop for breath when walking at my own pace on the level)
☐ 3 (I stop for breath after walking about 100 yards or after a few minutes on the level ground)
☐ 4 (I am too breathless to leave the house or I am breathless when dressing)

Asthma: ☐ Yes ☐ No COPD: ☐ Yes ☐ No

Nasal polyps: ☐ Yes ☐ No Rhinosinusitis: ☐ Yes ☐ No

Sputum color when stable: ☐ Mucoid
☐ Mucopurulent
☐ Purulent
☐ Purulent (severe)

Usual daily sputum volume:______(ml/day)

Smoking status: ☐ Current
☐ Ex
☐ Never

Approximate Pack years: ☐ 0 - 4 ☐ 21 - 40
☐ 5 – 9 ☐ More than 40
☐ 10 - 20

Number of exacerbations **not** requiring secondary care in the last year:
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
Source of this data:
☐ Patient history ☐ Antibiotic prescription data ☐ Hospital records

Number of exacerbations requiring **hospital admission** in the last year:
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
Source of this data:
☐ Patient history ☐ Antibiotic prescription data ☐ Hospital records

Number of respiratory related **emergency department visits** **not** **resulting in hospitalisation** in the last year:
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
Source of this data:
☐ Patient history ☐ Antibiotic prescription data ☐ Hospital records

Has the patient ever been hospitalised for bronchiectasis? ☐ Yes ☐ No

Has the patient received outpatient intravenous antibiotics in the last year? ☐ Yes ☐ No

Has the patient ever had major haemoptysis requiring hospital admission? ☐ Yes ☐ No

Has the patient participated in a clinical trial for bronchiectasis (other than the registry)? ☐ Yes ☐ No

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QOL-B QUESTIONNAIRE

☐ Is QoL-B Questionnaire data available? ☐ Yes ☐ No

If yes, complete the following:

☐ English-UK ☐ Danish-Denmark ☐ Dutch-Belgium ☐ Dutch-Netherlands ☐ Finnish ☐ French-Belgium ☐ French-France ☐ German ☐ Hungarian ☐ Italian ☐ Lithuanian ☐ Norwegian ☐ Polish ☐ Portuguese ☐ Romanian ☐ Russian-Israel ☐ Russian- Russia ☐ Serbian ☐ Spanish-Latin ☐ Spanish-Spain

Date of completion: _______________ (dd/mm/yyyy)

Q1 _______	Q2 _______	Q3 _______	Q4 _______	Q5 _______
Q6 _______	Q7 _______	Q8 _______	Q9 _______	Q10_______
Q11_______	Q12_______	Q13_______	Q14_______	Q15_______
Q16_______	Q17_______	Q18_______	Q19_______	Q20_______
Q21_______	Q22_______	Q23_______	Q24_______	Q25_______
Q26_______	Q27_______	Q28_______	Q29_______	Q30_______
Q31_______	Q32_______	Q33_______	Q34_______	Q35_______
Q36_______	Q37_______			

AETIOLOGY AND LABORATORY TESTING

Has the patient evidence of testing for the following underlying disorders:

ABPA ☐ **Yes** ☐ **No**

If yes;

- Serum eosinophil count ☐ Elevated ☐ Normal ☐ Not tested
- Total IgE ______iu/mL ☐ Normal ☐ Elevated ☐ Not tested
- Specific IgE to aspergillus ☐ Raised ☐ Normal ☐ Not tested
- Aspergillus IgG ☐ Raised ☐ Normal ☐ Not tested
- Aspergillus Skin prick test ☐ Raised ☐ Normal ☐ Not tested

Cystic Fibrosis ☐ **Yes** ☐ **No**

If yes;

- Sweat test ☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Genetics ☐ Homozygous ☐ Heterozygous ☐ No mutations ☐ Not performed

Serum Immunoglobulins ☐ **Yes** ☐ **No**

If yes;

- Serum level IgM ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgG ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgA ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgG1 ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgG2 ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgG3 ☐ Normal ☐ Low ☐ High ☐ Not tested
- Serum level IgG4 ☐ Normal ☐ Low ☐ High ☐ Not tested

α-1 antitrypsin deficiency ☐ **Yes** ☐ **No**

If yes;

- Level ☐ Normal ☐ Low ☐ High ☐ Not tested
- Genetics ☐ PiMM (Normal) ☐PiMS ☐ PiSS ☐ PiMZ ☐ PiSZ ☐ PiZZ ☐ Not performed

Functional antibodies to Pneumococcal/H influenza vaccine ☐ **Yes** ☐ **No**

If yes;

- Result ☐ Normal ☐ Abnormal

Serum electrophoresis ☐ **Yes** ☐ **No**

If yes;

- Result ☐ Normal ☐ Abnormal

Tests of ciliary function	☐ **Yes** ☐ **No**
If yes;	
- Nasal eNO	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Saccharin test	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Scintigraphic mucociliary clearence	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Biopsy for electron microscopy	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Biopsy for analysis of ciliary beat patter/frequency	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Genetics	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
Bronchoscopy	☐ **Yes** ☐ **No**
Autoantibody testing	☐ **Yes** ☐ **No**
If yes;	
- CCP screen results	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- ANA screen results	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- ENA screen results	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- ANCA	☐ Positive ☐ Intermediate ☐ Negative ☐ Not performed
- Additional tests performed	________________________________

Does the patient have a known history of any of the following?

Pneumonia	☐ Yes	☐ No	
Whooping cough/pertussis	☐ Yes	☐ No	
Other childhood/respiratory infection	☐ Yes	☐ No	
Tuberculosis	☐ **Yes**	☐ **No**	
If yes;			
- Infection	☐ Current	☐ Previous	
- Treatment received	☐ Yes	☐ No	☐ Unknown
Atypical mycobacterial infection	☐ **Yes**	☐ **No**	
If yes;			
- Infection	☐ Current	☐ Previous	
- Treatment received	☐ Yes	☐ No	☐ Unknown
Rheumatoid arthritis	☐ Yes	☐ No	
Other connective tissue disease	☐ **Yes**	☐ **No**	

If yes;

☐ Systemic lupus erythematosus	☐ Sjogrens syndrome
☐ Systemic sclerosis/scleroderma	☐ Poly/dermatomyositis
☐ Ehlers_danlos syndrome	☐ Juvenile idiopathic asthritis
☐ Mixed connective tissue disease	☐ Relapsing polychondritis
☐ Stills disease	☐ Other

Inflammatory bowel disease	☐ **Yes**	☐ **No**
If yes;		
- Ulcerative colitis	☐ Yes	☐ No
- Crohns disease	☐ Yes	☐ No
HIV	☐ Yes	☐ No

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Immunodeficiency ☐ **Yes** ☐ **No**

If yes;

- B-cell deficiencies:
  - ☐ Common variable immunodeficiency
  - ☐ X-linked agammaglobulinaemia
  - ☐ Thymoma with antibody deficiency
  - ☐ Hyper IgM syndrome
  - ☐ Activate PI3K-delta syndrome
  - ☐ Selective IgA deficiency
  - ☐ IgG subclass deficiency
  - ☐ Specific antibody deficiency
  - ☐ Other

- T-cell and combined deficiencies
  - ☐ Severe combined immunodeficiency
  - ☐ DiGeorge syndrome
  - ☐ X-linked lymphoproliferative syndrome
  - ☐ Hyper IgM syndrome (CD40 ligand)
  - ☐ MHC class II deficiency
  - ☐ Ataxia-telangiectasis
  - ☐ Wiskott-Aldrich syndrome
  - ☐ Chronic mucocutaneous candidiasis
  - ☐ TAP deficiency
  - ☐ IPEX (immune dysfunction, polyendocrinopathy, eneteropathy, X-linked)
  - ☐ ALPS (autoimmune lymphoproliferative syndrome)
  - ☐ WHIM syndrome
  - ☐ Other

- Secondary immunodeficiencies
  - ☐ Chronic Lymphocytic leukemia
  - ☐ Multiple Myeloma
  - ☐ Immunodeficiency associated with haematological malignancy
  - ☐ Immunodeficiency secondary to systemic chemotherapy
  - ☐ Immunodeficiency secondary to immunosuppressive drugs
  - ☐ Stem cell transplantation
  - ☐ Solid organ transplantation
  - ☐ Other

- Phagocyte deficiencies
  - ☐ Chronic granulomatous disease
  - ☐ Familial Haemophagocytic lymphohistiocytosis
  - ☐ Congenital agranulocytosis
  - ☐ Cyclic neutropenia
  - ☐ Leucocyte adhesion deficiency
  - ☐ Chediak-Higashi syndrome
  - ☐ Griscelli's syndrome
  - ☐ Hyper IgE syndrome
  - ☐ Interferon gamma/IL-12 rec
  - ☐ Other cytokine deficiencies

- Complement deficiencies
  - ☐ Mannose binding lectin (MBL) deficiency
  - ☐ Properdin deficiency
  - ☐ Complement C3 deficiency
  - ☐ Terminal complement component deficiency
  - ☐ Other

Primary ciliary dyskinesia ☐ Yes ☐ No

Aspiration ☐ Yes ☐ No

Gastro-oesophageal reflux disease ☐ Yes ☐ No

Congenital airway abnormality ☐ Yes ☐ No
If yes, lease specify: ____________________________

Foreign body inhalation or obstruction ☐ Yes ☐ No

After investigation, the underlying aetiology determined was:

☐ Idiopathic
☐ Post-infective
☐ Post-tuberculous
☐ ABPA
☐ Rheumatoid arthritis
☐ Connective tissue disease
☐ Inflammatory bowel disease
☐ Aspiration
☐ Gastroesophageal reflux disease
☐ Non-tuberculous mycobacteria
☐ COPD
☐ Asthma
☐ Primary ciliary dyskinesia
☐ Kartagener syndrome
☐ Youngs Syndrome
☐ Alpha-1-antitrypsin deficiency
☐ Common variable immunodeficiency
☐ X-linked agammaglobulinaemia
☐ IgA deficiency
☐ IgG subclass deficiency
☐ Specific antibody deficiency
☐ HIV
☐ Williams-Campbell Syndrome
☐ Marfan Syndrome
☐ Mounier-Kuhn syndrome
☐ Yellow nail syndrome
☐ HTLV-1 infection
☐ Chronic neonatal lung disease
☐ Neonatal ventilation for prematurity
☐ Pink Disease (infantile mercury exposure)

Other aetiology (please specify):____

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MICROBIOLOGY

****
Microbiology is deemed Essential Data.
This data must not be more than 12 months old and must be updated annually.
Cases may be rejected from the registry in the absence of Essential Data.
****

Have any microbiology samples been obtained in the past 12 months? ☐ Yes ☐ No

If yes, complete the following:

Samples are divided into those performed when clinically stable and those performed during exacerbations. If it is uncertain whether patients were stable or not at the time of sampling please record under "clinically stable".

While clinically stable

Please provide details of all sputum results while stable over the last 12 months including negative cultures (use additional sheets where necessary)

Date of sample: _____________ (mm/yyyy)

Source: ☐ Sputum ☐ Induced sputum ☐ BAL ☐ Throat swab

☐ No organism isolated

☐ Organism:_________________________

Antibiotic: Sensitive:_____________________
Sensitive:_____________________
Sensitive:_____________________
Sensitive:_____________________
Resistant:_____________________
Resistant:_____________________
Resistant:_____________________
Resistant:_____________________

☐ Organism:_________________________

Antibiotic: Sensitive:_____________________
Sensitive:_____________________
Sensitive:_____________________
Sensitive:_____________________
Resistant:_____________________
Resistant:_____________________
Resistant:_____________________
Resistant:_____________________

During exacerbations

Please provide details of all sputum results during exacerbations over the last 12 months (use additional sheets where necessary)

Date of sample: ______________ (mm/yyyy) Source: ☐ Sputum ☐ Induced sputum ☐ BAL ☐ Throat swab

☐ No organism isolated
☐ Organism:___________________________ Antibiotic: Sensitive:_______________________
Sensitive:_______________________
Sensitive:_______________________
Resistant:_______________________
Resistant:_______________________
Resistant:_______________________

☐ Organism:___________________________ Antibiotic: Sensitive:_______________________
Sensitive:_______________________
Sensitive:_______________________
Resistant:_______________________
Resistant:_______________________
Resistant:_______________________

Mycobacterial samples

Please provide details of all sputum results for acid fast bacilli/mycobacterial culture over the last 12 months (use additional sheets where necessary).

Date of sample: ______________ (mm/yyyy) Source: ☐ Sputum ☐ Induced sputum ☐ BAL ☐ Throat swab

☐ No organism isolated
☐ Organism:___________________________

Is there evidence the patient has ever grown Pseudomonas aeruginosa? ☐ Yes ☐ No

If yes;
How long ago was the most recent isolation of Pseudomonas? ☐ Present ☐ Last 10 years ☐ Last 2 years ☐ Over 10 years ☐ Last 5 years ☐ Last 10 years

Type: ☐ Mucoid ☐ Non-mucoid ☐ Unknown

Has the patient ever had nebulised, oral or intravenous antibiotics aimed at eradication of pseudomonas? ☐ Yes ☐ No

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RADIOLOGY

****

Patients must have a diagnosis of bronchiectasis confirmed by CT imaging. Cases will be rejected from the registry without CT confirmed diagnosis.

****

Date of CT scan: ____________ (dd/mm/yyyy)

Type of imaging:
☐ High resolution CT scan (HRCT)
☐ CT Thorax

Is there CT evidence of Bronchiectasis in;

Right upper lobe:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

Left upper lobe:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

Right middle lobe:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

Lingula:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

Right lower lobe:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

Left lower lobe:
☐ No Bronchiectasis
☐ Cylindrical
☐ Varicose
☐ Cystic
☐ Unknown Severity

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RESPIRATORY TREATMENTS

Long term oxygen therapy: ☐ Yes ☐ No

Non invasive ventilation: ☐ Yes ☐ No

Oral theophylline: ☐ Yes ☐ No

The patient has regular respiratory treatments: ☐ **Yes** ☐ **No**

If yes;

Respiratory Medications

☐ Inhaled steroid — Drug:______________________
☐ Inhaled steroid/Long acting beta agonist — Drug:______________________
☐ Intravenous immunoglobulin — Drug:______________________
☐ Itraconazole — Drug:______________________
☐ Leukotriene receptor antagonist — Drug:______________________
☐ Long acting anti-muscarinic — Drug:______________________
☐ Long acting beta agonist/Long acting anti-muscarinic — Drug:______________________
☐ Long acting beta agonist — Drug:______________________
☐ Long term (>28 days) Oral corticosteroids — Drug:______________________
☐ Monoclonal antibody — Drug:______________________
☐ Mucolytic — Drug:______________________
☐ Nebulised bronchodilators — Drug:______________________

Antibiotic Medications

☐ Inhaled/Nebulised antibiotics — Drug:______________________
☐ Long term (>28 days) Oral antibiotics — Drug:______________________
☐ Cyclical antibiotic therapy — Drug:______________________

Physiotherapy Adjuncts

☐ DNAase
☐ Inhaled mannitol
☐ Nebulised Hypertonic saline
☐ Nebulised Normal saline
☐ Sodium Hyaluronate

Vaccination

Is there evidence the patient has ever received;

Pneumococcal polysaccharide vaccine (e.g.: PSV23): ☐ Yes ☐ No

Pneumococcal conjugate vaccine (e.g.: PCV13): ☐ Yes ☐ No

In the last year has the patient received Influenza vaccination: ☐ Yes ☐ No

PHYSIOTHERAPY AND ACTIVITY

Does the patient practice regular chest physiotherapy? ☐ Yes ☐ No

If yes;

Manual airway clearance:

- ☐ Active cycle of breathing technique
- ☐ Autogenic drainage
- ☐ Postural drainage
- ☐ Assisted cough
- ☐ Manual vibration
- ☐ Percussion
- ☐ ELTGOL
- ☐ Regular physical exercise
- ☐ None

Devices:

- ☐ Positive expiratory pressure (PEP) device
- ☐ Flutter device
- ☐ Cornet
- ☐ Acapella
- ☐ Mechanical vibration
- ☐ Percussionaire
- ☐ High frequency chest wall oscillation
- ☐ Other
- ☐ None

Has the patient attended pulmonary rehabilitation?

- ☐ Yes
- ☐ Not referred
- ☐ Not fit due to co-morbidities
- ☐ Patient refused
- ☐ Patient failed to attend

ADDITIONAL INFORMATION

Provide any additional required information in the free text provided:

____

____

____

____

____

____

Disclaimer
In using this paper case report form to record identifiable patient data, the user accepts all responsibility for the secure storage of this data and disposal of this data in accordance with local ethical approvals and policies.

Acknowledgements
EMBARC is a European Respiratory Society Clinical Research Collaboration.
This case report form was created with the kind support of:

- Innovative Medicines Initiative
- European Respiratory Society
- The United States COPD Foundation Bronchiectasis Registry
- Bronch-UK, the UK bronchiectasis network
- The European Cystic Fibrosis Society
- Italian Society of Respiratory Medicine (SIP)
- Lung Foundation of Australia
- The European Lung Foundation
- Bayer HealthCare
- Novartis Pharma AG
- Aradigm Corporation
- The Prospective German Non-CF Bronchiectasis (PROGNOSIS) Registry
- The Group for Research and Education in Pneumo-Infectious Diseases (GREPI), France

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