Baseline Medical Data Form

Section 1 - Participant Details

Patient Trial Number: ☐☐☐☐   Initials: *First, Middle, Last* ☐☐☐   Site Name: _____

Ethnicity

- ○ White- British/English/Northern Irish/Scottish/Welsh   ○ White- Irish   ○ White- Gypsy/Traveller   ○ Mixed- White and Black Caribbean
- ○ Mixed- White and Black African   ○ Mixed- White and Asian   ○ Asian and Asian British- Indian   ○ Asian and Asian British- Pakistani
- ○ Asian and Asian British- Bangladeshi   ○ Asian and Asian British- Chinese   ○ Black and Black British- African
- ○ Black and Black British- African Caribbean   ○ Other (please specify)_____

Section 2 - Covid-19 Details

Since your last trial appointment have you had a test for Covid-19?	○ No ○ Yes
What was the outcome of the test?	○ Negative ○ Positive

Section 3 - Baseline Demographics

Date of assessments: *e.g. 31-Dec-2017* D D - M M M - Y Y Y Y	
Was height measured?	○ No ○ Yes
Height __ __ __ . __ cm	
Was weight measured?	○ No ○ Yes
Weight __ __ __ . __ Kg	

Section 4 - COPD History

Pre-existing medical conditions related to COPD: *Please tick all that apply*

- ○ Bronchiectasis
- ○ Chronic bronchitis
- ○ Asthma
- ○ Emphysema
- ○ Frequent exacerbations

Please confirm all items above have been considered and all those suffered by the participant have been ticked?	○ No ○ Yes
For how many years has the patient had COPD? __ __ __ years	
How many exacerbations required hospitalisation *in the last year?* __ __ hospitalisations	
Attended pulmonary rehabilitation? ○ No ○ Yes	If "yes", most recent date: D D - M M M - Y Y Y Y
Has the patient been vaccinated for pneumonia?	○ No ○ Yes
Has the patient had non-invasive ventilation?	○ No ○ Yes

Trial Number: ☐☐☐☐	Initials *First, Middle, Last* ☐☐☐

Section 5 - Medical History

Pre-existing medical conditions related to COPD: *Please tick all that apply*
- ◯ Anxiety
- ◯ Depression
- ◯ Osteoporosis
- ◯ Gastro-oesophageal reflux disease
- ◯ Diabetes

Please confirm all items above have been considered and all those suffered by the participant have been ticked?   ◯ No   ◯ Yes

Section 6 - Lifestyle Factors

Was smoking status assessed? *If yes please indicate status below*   ◯ No   ◯ Yes

Smoking Status: *Please tick one*
◯ Never   ◯ Current smoker   ◯ Stopped < 6 weeks ago   ◯ Stopped ≥6 weeks to < 1 year ago   ◯ Stopped ≥1 year ago

Smoking pack years: *Pack years = number of packs smoked per day x number of years smoked*   __ __ __   pack years

Section 7 - Lung Function

Please add details of Forced Expiratory Volume (FEV1) in the stable state completed within the last 2 years

If not completed, please complete lung function test prior to completing this form

FEV1: __ . __ __ Litres	FEV1 % Predicted: __ __ __ %	Date assessed: *e.g. 31-JAN-2017* D D - M M M - Y Y Y Y

Section 8 - Patient Completed Questionnaire Booklet

Has patient completed baseline questionnaire booklet?   ◯ No   ◯ Yes

If no, please provide reason

Section 9 - Form Completion Details

Completed By:	Signature:	Date: *e.g. 31-JAN-2017* D D - M M M - Y Y Y Y
Principal Investigator Name:	Principal Investigator Signature:	Date: *e.g. 31-JAN-2017* D D - M M M - Y Y Y Y