

GNOME: 3 month measures form

DATE OF APPOINTMENT

Study ID number:

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SPRAY NUMBER:

VISIT 2 SPRAY collected Yes No

8 week diary collected Yes No

NASAL SPRAY ADHERENCE

Did your child take the spray

Not at all Some of the time Most of the time All of the time

CHECK REFERRAL STATUS

Has your child been referred to an ENT surgeon Yes No

If yes, has the surgeon recommended surgery Yes No

If yes, do you have an appointment yet Yes No

When

CHECK ADVERSE EVENTS / SIDE EFFECTS

Stinging in the nose Yes No

Nosebleed Yes No

Dryness and irritation at back of throat Yes No

Diarrhoea Yes No

Cough Yes No

If patient and/or parents are concerned about the side effects or they are severe they should be referred to the GP

Please turn over

OTOSCOPY *please circle:*

	Clear	RIGHT	LEFT
<i>If you suspect wax or perforation to be a problem check by using tympanometry (see Appendix 4)</i>	Wax	RIGHT	LEFT
	Perforation	RIGHT	LEFT
Child continues with study ←	Grommet	RIGHT	LEFT

TYMPANOMETRY

if **FAIL**, *please circle combination:* B + C2 or B + B

if **PASS**, *please circle combination:* A + A A + B A + C1 A + C2
C1 + B C1 + C2 C1 + C1 C2 + C2

Large amounts of wax (> 95% obscured) and a **low** compliance (< 0.2 ml) Yes No

Perforation, **flat line** and **high volume** (> 1.5 ml) Yes No

Please attach print out

SWEEP PURE TONE AUDIOMETRY (3 MONTHS)

Performed at **25dB** in a *quiet room*

✓ = pass × = fail

	0.5 kHz	1 kHz	2 kHz	3 kHz	4 kHz
Right ear					
Left ear					

Comment: co-operative not co-operative

OPTIONAL

Appointment made with yourself or GP as part of *standard clinical care** Yes No

If yes, please specify the date(s)

**This is your standard management (i.e. further watchful waiting, antibiotics, nose drops, referral or other treatment) for glue ear which you would do or advise to the patient if the trial were not taking place.*