



BRONCHIECTASIS SYMPTOM SNAPSHOT

Don't underestimate the impact of bronchiectasis (BE) flares.

If you're experiencing worsening BE symptoms, such as coughing, increased mucus, shortness of breath, and fatigue, over a period of time—it could be a **BE flare**. BE flares can lead to **lung damage**, so it's important to tell your doctor when they happen and work together to manage them.

If BE symptoms **worsen**, it could be a BE flare. Some worsening symptoms may include:



Coughing



Mucus production



Change in mucus thickness or color



Blood in mucus



Shortness of breath



Fatigue

It's important to track your worsening BE symptoms. Follow these easy steps:

1. Get started by writing down the week you've tracked. At the end of each week, you can circle a rating (Better, Normal, or Worse)
2. Checking off which symptoms got worse can help you keep track of which days were worse than normal
3. If you think you've had a BE flare, you can check the "Share with doctor" box as a reminder. You can also add possible triggers at the bottom right of the form
4. Print as many pages as you need to cover additional weeks
5. Once completed, these pages can be a helpful snapshot to share with your doctor, so you can discuss possible BE flares. You can also note when you've had the discussion in the checkbox at the bottom of the form

Example

WEEK OF: 9/17-9/23 MY WEEK WAS: Better Normal **Worse**

Monday	Tuesday	Wednesday	Thursday
Today, I felt: <i>exhausted</i>	Today, I felt: <i>good day!</i>	Today, I felt: <i>just ok</i>	Today, I felt: <i>tired</i>
<input checked="" type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing
<input checked="" type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production
<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness
<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color
<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus
<input checked="" type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath
<input checked="" type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue	<input checked="" type="checkbox"/> Fatigue
<input checked="" type="checkbox"/> Other: <i>body ache</i>	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor

Possible triggers: *Really humid week*

Notes:

Discussed with doctor



For more questions to ask your doctor about BE, use your phone to scan the QR code or visit SpeakUpInBronchiectasis.com/Discussion

Check the boxes to note your *worsening* bronchiectasis (BE) symptoms

WEEK OF: _____

MY WEEK WAS: **Better** **Normal** **Worse**

Monday	Tuesday	Wednesday	Thursday
Today, I felt: _____	Today, I felt: _____	Today, I felt: _____	Today, I felt: _____
<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing
<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production
<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness
<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color
<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor

Friday	Saturday	Sunday
Today, I felt: _____	Today, I felt: _____	Today, I felt: _____
<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Coughing
<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production	<input type="checkbox"/> Mucus production
<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness	<input type="checkbox"/> Change in mucus thickness
<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color	<input type="checkbox"/> Change in mucus color
<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus	<input type="checkbox"/> Blood in mucus
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor	<input type="checkbox"/> Share with doctor

Possible triggers: _____

Notes: _____

Discussed with doctor



Disclaimer: If you have any medical concerns, please contact your doctor, or seek emergency medical care.

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Think it might be a bronchiectasis (BE) flare? Speak to your doctor.



BE flares can lead to lung damage. **That's why it's so important to tell your doctor when you think you're having flares and how they impact your life.**

This information can help your doctor determine how to best manage what you're experiencing. And it all starts with tracking your BE symptoms.

Here are some questions about BE flares you can ask your doctor

I think I've had about _____
write a number
BE flares since my last visit. Is there anything I can do to help reduce them?

I seem to have BE flares when _____,
write your triggers
and it forces me to _____.
write how you cope
Is there anything we can do to manage my condition?

What can I do if my BE flares are starting to happen more often?

Are there any specific triggers or factors that increase my risk of BE flares?

Can BE flares result in lung damage?

What's the best way for me to share how often I'm experiencing possible BE flares?