## **GNOME:** beginning of watchful waiting form

Study ID number:			
OTOSCOPY please circle:			
	Clear	RIGHT	LEFT
If you suspect wax or perforation	Wax	RIGHT	LEFT
to be a problem check by using tympanometry (see Appendix 4)	Perforation	RIGHT	LEFT
Exclude child from study	Grommet	RIGHT	LEFT
TYMPANOMETRY			
if FAIL, please circle combination:	B + C2	or	B + B
if <b>PASS</b> , please tick box indicating p given to them as to why □	atient has been ε	excluded from s	tudy and explanation has been
Large amounts of wax (> 95% obscuand a <b>low</b> compliance (< 0.2 ml)		□ No	If yes, exclude
Perforation, flat line and <b>high volume</b> (> 1.5 ml)	☐ Yes	□ No	If yes, exclude
Please attach print out			

OPTIONAL
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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, antibiotic	cs, nose droj	ps, referral or
other treatment) for glue ear which you would do or advise to the patient is	f the trial we	re not taking
place		