

## PARENT DIARY CARD

Patient Serial Number \_\_ - \_\_\_\_

### INSTRUCTIONS

**START** the trial medicine when your child has a **COLD** or you think they will have a **WHEEZE** attack

**CONTINUE** it for **10 days** even if your child is well

- Complete this diary card every time you start the trial medicine
- Complete the card at the END of each day for 10 days
- Stop the card when you stop the trial medicine
- Post the card back to us in the freepost envelope
- Remember to send back your empty sachets with this card.

Subject No. (IMP)  _ _ _ _ _	Study Site  _ _	Card Number  _ _
Patient Initials:  _ _ _	Researcher Initials:  _ _	Date Given/Posted  _ _ / _ _ / _ _

Parent Initials |\_|\_|

# DAY 1 OF MEDICINE

SUN      MON      TUES      WED      THUR      FRI      SAT

DATE: I\_\_I\_\_/\_I\_\_/\_20\_\_I\_\_I      TIME: \_\_I\_\_:\_\_I\_\_

The questions below refer to the past 24 hours.

Please answer as well as you can remember

Please answer the questions by ticking (v) Yes or No →	Y	N
Did your child wheeze in the last 24 hours?		
Did your child have a cold in the last 24 hours?		
Did you give your child the TRIAL medicine TODAY?		
Did your child vomit the medicine TODAY?		
Did your child miss school or nursery TODAY?		
Did <b>ANYONE</b> stay home to look after your child TODAY?		
Did your child see a doctor or nurse TODAY?		
Did you give your child the blue inhaler in the last 24 hrs		
If yes? How many times did you give it to them in the last 24 hours?		
On average, how many puffs did you give them <u>each time</u> ?		

Parent Initials I\_\_I\_\_I

## DAY 10 OF MEDICINE

SUN      MON      TUES      WED      THUR      FRI      SAT

DATE: I\_\_I\_\_/\_I\_\_/\_20\_\_I\_\_I      TIME: \_\_I\_\_:\_\_I\_\_

The questions below refer to the past 24 hours.

Please answer as well as you can remember

Please answer the questions by ticking (✓) Yes or No →	Y	N
Did your child wheeze in the last 24 hours?		
Did your child have a cold in the last 24 hours?		
Did you give your child the TRIAL medicine TODAY?		
Did your child vomit the medicine TODAY?		
Did your child miss school or nursery TODAY?		
Did <b>ANYONE</b> stay home to look after your child TODAY?		
Did your child see a doctor or nurse TODAY?		
Did you give your child the blue inhaler in the last 24 hrs		
If yes? How many times did you give it to them in the last 24 hours?		
On average, how many puffs did you give them <u>each time</u> ?		

Parent Initials I\_\_I\_\_I

WAIT DIARY CARD, v4 100112

## TRIAL MEDICINE COMMENTS

(write anything you would like to tell us about the medicine)

## OTHER MEDICINES TAKEN THIS WEEK

Medicine	Dose	Days	Doses per day

**THANK YOU FOR COMPLETING THIS DIARY.**

**NOW PLEASE RETURN IT IN THE FREEPOST ENVELOPE PROVIDED. THIS WILL INFORM YOUR RESEARCHER THAT YOU HAVE USED THE MEDICINE.**

**RESEARCHER PHONE NUMBER** \_\_\_\_\_

**Parent Initials** I\_\_I\_\_I