

Diary of your child's illness

	With nurse (0 hours)	Family (2 hours)	Family (4 hours)	Family (16 hours)	Family with nurse (24 hours)	Family (32 hours)	Family (40 hours)	With nurse (48 hours)	Nurse (phone call)
Date									
Planned time									
Actual time									
Temperature (now)									
Discomfort (now)					If asleep, score when last awake + Time			If asleep, score when last awake + Time	
Activity (now)									
Appetite (since last time)									
Sleeping (since last time)									

Fill in the chart at the times written in by the nurse, or as near then as possible. If time is different, please write the correct time in the box

Temperature	Fill in your child's temperature after taking it with the thermometer supplied								
Discomfort (due to the illness)	1 = asleep	2 = normal (laughing or quiet but happy)	3 = not quite normal (quiet, not moving, not happy),	4 = some pain/distress, moaning, trying to curl up/ stretch away from discomfort (attempting to withdraw)	5 = crying, very distressed, hard to settle (agitated)				
Activity	1 = asleep	2 = normal	3 = playing sometimes, quiet for longer than usual	4 = not interested in playing, hardly moving about	5 = not moving about willingly				
Appetite	A = no meal or drink due	B = normal	C = eating less than normal	D = much less than normal	E = vomiting or refusing all food and drink				
Sleeping	A = normal	B = more sleep than usual (day or night)	C = sleep a bit more disturbed than usual	D = sleep a lot more disturbed than usual					

Study Medicines given at:- please write in the date & time medicines were given.

(NB: This may differ to the dates and times above)

Paracetamol									
Ibuprofen									
How well swallowed? Choose from the following:									
Easy (all medicine swallowed), OK (most swallowed, less than a few drops lost), Difficult (probably more than a few drops lost)									
Paracetamol									
Ibuprofen									

Please describe anything else done to try and help bring temperature down

Please write date, time and what was done.									
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Important – please remember to fill in any other problems (such as temperature probe coming off, being sick, having diarrhoea, headache) on the back page

FEVER IN YOUNG CHILDREN



Other changes or problems	Please write in any health or behaviour problems which are not already included. Please record any times temperature probe comes off and goes back on	
Day and time started or first noticed	Problem	What was done (if anything)

Child's name.....

Relationship to the child of person completing diary.....

Enrolment number

Randomisation number

Contact with GP, hospital, NHS direct or others	Please write in any contact with GP, hospital, NHS Direct, out of hours service		
Day and time	Who was contacted	Why (what the problem was)	What happened or was suggested

<i>Nurse to complete:</i>				
<i>Doctor's or nurse's diagnosis</i>				
Symptoms of illness (tick box)				
Cough	Headache	Diarrhoea	Stomach ache	Earache
Cold	Vomiting	Rash	Other (please specify)	

Time second dose of paracetamol due:	Between and
Time second dose of Ibuprofen due:	Between and

Thank you for completing this diary!

The PITCH Study Team

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