Study number | | | | | | | |

WEEK 1

1. How many days has your child had earache (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

2. How many days has your child had any hearing loss (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

3. How many days has your child had a problem concentrating (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

4. How many days has your child had off school / playgroup (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

5. How many days has your child received pain relief (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

6. How many **nights** has your child had disturbed sleep (please put a cross in the relevant box)

0	1	2	3	4	5	6	7

Thinking only of this week: tick whether or not your child had the symptoms in the table below and for the ones they did have use the following ratings to rate how bad each one got at its worst in the week

0 = Not present at all 1 = Very little problem 2 = Slight problem 3= Moderately bad 4 = Bad 5 = Very bad 6 = As bad as it could be

Has your child.....	Yes	No	How bad at its worst
Been clumsy / off balance			
Been unwell / had a temperature			
Had a runny nose			
Had a blocked nose / been snoring			
Had stinging / discomfort in their nose and sneezing			
Had any nosebleeds			
Had any dryness in nose or throat			