### **About this Diary**

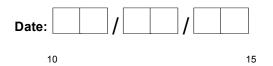
We would like you to keep this diary for four weeks to tell us about your child's health over that time.

We would like you to tell us any symptoms your child has each day. We also want to know about what your child was able to do each day.

Please try to fill in the diary at the end of each day all through the four weeks.

If you forget to fill in the diary sometimes, don't worry! Just start again at whichever day in the week it is when you remember. It may help to put the diary somewhere where you will see it easily.

Please start filling in the diary on a Monday. To help you remember which Monday you started, please fill in the date you started below.



If you have any problems filling in the diary, please give us a ring. Our phone number is 0191 222 8709. Please ask for Cheryl Wiscombe.

Thank	vou	for	vour	help
1 mann	you	101	your	noip

Is there anything else you would like to tell us about your child or your child's sore throats? If there is, please write it in the space below.

WEEK 1
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#### MON

1.	Was your child bothered by any of the following today? ( <i>please ring <u>all</u> that apply</i> )
	Sore throat1
	Sore ear2
	Difficulty swallowing3
	Feeling sick (nausea) or being sick (vomiting) 4
	Diarrhoea5
	Aches and pains all over6
	Having a fever/temperature7
	Didn't want to eat food/no appetite8
	Felt tired/no energy9

2

# 2. What did your child do today? (please ring only <u>one</u>)

They carried on with their usual activities1
They were not able to do as much as usual
They had to stay at home, but not in bed 3
They had to stay at home in bed4
They had to stay in hospital5

16

25



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### WEEK 1 TUES

1.	. Was your child bothered by any of the following today? ( <i>please ring <u>all</u> that apply</i> )		
	Sore throat1		
	Sore ear2		
	Difficulty swallowing3		
	Feeling sick (nausea) or being sick (vomiting)4		
	Diarrhoea5		
	Aches and pains all over6		
	Having a fever/temperature7		
	Didn't want to eat food/no appetite8		
	Felt tired/no energy9		
	None of these symptoms0		

27

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## 2. What did your child do today? (please ring only <u>one</u>)

They carried on with their usual activities1	
They were not able to do as much as usual2	2
They had to stay at home, but not in bed3	;
They had to stay at home in bed4	-
They had to stay in hospital5	;

1.	Was your child bothered by any of the following
	today? (please ring <u>all</u> that apply)

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Sore ear2
Difficulty swallowing 3
Feeling sick (nausea) or being sick (vomiting) 4
Diarrhoea5
Aches and pains all over6
Having a fever/temperature7
Didn't want to eat food/no appetite 8
Felt tired/no energy9

None of these symptoms	0	83
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They had to stay in hospital5	



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Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9

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None of these symptoms0	72
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Aches and pains all over6
Having a fever/temperature7
Didn't want to eat food/no appetite 8
Felt tired/no energy9

None of these symptoms......0

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They had to stay in hospital5	

WEEK 1

FRI

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## 1. Was your child bothered by any of the following today? (*please ring <u>all</u> that apply*)

Sore throat	.1
Sore ear	2
Difficulty swallowing	3
Feeling sick (nausea) or being sick (vomiting)	4
Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9
None of these symptoms	0
	<u> </u>

### 2. What did your child do today? (please ring only <u>one</u>)

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None of these symptoms0	50
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Sore throat	1
Sore ear	2
Difficulty swallowing	3
Feeling sick (nausea) or being sick (vomiting)	4
Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9
None of these symptoms	0

WEEK 2

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## 2. What did your child do today? (please ring only <u>one</u>)

1.

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They carried on with their usual activities1	
They were not able to do as much as usual	
They had to stay at home, but not in bed 3	
They had to stay at home in bed 4	
They had to stay in hospital5	



		WEE
		THU
1.	Was your child bothered by any of the follo	owing

WEEK 2

THURS

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Sore throat	1
Sore ear	2
Difficulty swallowing	3
Feeling sick (nausea) or being sick (vomiting)	4
Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9
None of these symptoms	0

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None of these symptoms0	

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WEEK	2
SAT	

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Sore ear2	
Difficulty swallowing3	
Feeling sick (nausea) or being sick (vomiting)4	
Diarrhoea5	
Aches and pains all over6	
Having a fever/temperature7	
Didn't want to eat food/no appetite8	
Felt tired/no energy9	
None of these symptoms0	

19

28

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## 2. What did your child do today? (please ring only <u>one</u>)

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18

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None of these symptoms0	17
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WEEK 3	2
MON	

1.	Was your child bothered by any of the following today?( <i>please ring <u>all</u> that apply</i> )		
	Sore throat1		
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	Difficulty swallowing3		
	Feeling sick (nausea) or being sick (vomiting) 4		
	Diarrhoea5		
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None of these symptoms0	17
-------------------------	----

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They carried on with their usual activities	1	
They were not able to do as much as usual	2	
They had to stay at home, but not in bed	3	
They had to stay at home in bed	4	
They had to stay in hospital	5	18

### WEEK 3 TUES

## 1. Was your child bothered by any of the following today? (*please ring <u>all</u> that apply*)

Sore throat	1
Sore ear	2
Difficulty swallowing	3
Feeling sick (nausea) or being sick (vomiting)	4
Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9

19

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None of these symptoms ......0 28

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Didn't want to eat food/no appetite8
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None of these	symptoms0	83
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## 2. What did your child do today? (please ring only <u>one</u>)

They carried on with their usual activities 1	
They were not able to do as much as usual	
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They had to stay at home in bed	
They had to stay in hospital5	

### WEEK 3 THURS

## 1. Was your child bothered by any of the following today? (*please ring <u>all</u> that apply*)

Sore throat	1
Sore ear	2
Difficulty swallowing	3
Feeling sick (nausea) or being sick (vomiting)	4
Diarrhoea	5
Aches and pains all over	6
Having a fever/temperature	7
Didn't want to eat food/no appetite	8
Felt tired/no energy	9
None of these symptoms	0
	0

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None of these symptoms0	39
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SAT	
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Sore throat1	41
Sore ear2	
Difficulty swallowing3	
Feeling sick (nausea) or being sick (vomiting)4	
Diarrhoea5	
Aches and pains all over6	
Having a fever/temperature7	
Didn't want to eat food/no appetite8	
Felt tired/no energy9	
None of these symptoms0	50

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They had to stay at home, but not in bed3	
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They had to stay in hospital5	

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### WEEK 3

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1.	. Was your child bothered by any of the following today? ( <i>please ring <u>all</u> that apply</i> )	
	Sore throat1	
	Sore ear2	
	Difficulty swallowing3	
	Feeling sick (nausea) or being sick (vomiting) 4	
	Diarrhoea5	
	Aches and pains all over6	
	Having a fever/temperature7	
	Didn't want to eat food/no appetite 8	
	Felt tired/no energy9	
	None of these symptoms0	
2.	What did your child do today? ( <i>please ring only <u>one</u></i> )	
	They carried on with their usual activities 1	
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	None of these symptoms0

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Diarrhoea5		
Aches and pains all over6		
Having a fever/temperature7		
Didn't want to eat food/no appetite8		
Felt tired/no energy9		
None of these symptoms0		

WEEK 4

TUES

52

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## 2. What did your child do today? (please ring only <u>one</u>)

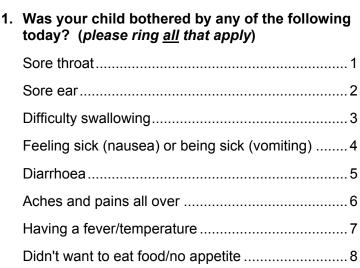
1.

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They carried on with their usual activities1	
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They had to stay at home in bed4	
They had to stay in hospital5	





Felt tired/no energy......9

None of these symptoms.....0

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2.	What did your child do today?
	(please ring only <u>one</u> )

They carried on with their usual activities1	
They were not able to do as much as usual2	2
They had to stay at home, but not in bed	3
They had to stay at home in bed4	ŀ
They had to stay in hospital5	5

	[	THURS
1.	Was your child bothered by any of the follo today? ( <i>please ring <u>all</u> that apply</i> )	wing
	Sore throat	1
	Sore ear	2
	Difficulty swallowing	3
	Feeling sick (nausea) or being sick (vomiting).	4
	Diarrhoea	5
	Aches and pains all over	6
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They were not able to do as much as usual	2
They had to stay at home, but not in bed	3
They had to stay at home in bed	4
They had to stay in hospital	5

None of these symptoms.....0

#### 30

WEEK

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WE	EΚ	4
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### SAT

1.	Was your child bothered by any of the following today? ( <i>please ring <u>all</u> that apply</i> )	1.	Wa too
	Sore throat1	19	So
	Sore ear2		So
	Difficulty swallowing3		Dif
	Feeling sick (nausea) or being sick (vomiting)4		Fe
	Diarrhoea5		Dia
	Aches and pains all over6		Ac
	Having a fever/temperature7		На
	Didn't want to eat food/no appetite8		Dio
	Felt tired/no energy9		Fe
	None of these symptoms0	28	No
2.	What did your child do today? ( <i>please ring only <u>one</u></i> )	2.	Wł (pl

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They carried on with their usual activities	
They were not able to do as much as usual	
They had to stay at home, but not in bed	
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	They had to stay at home in bed4	
	They had to stay in hospital5	

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WEEK 4	3	
SUN		7

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Sore throat1
Sore ear2
Difficulty swallowing3
Feeling sick (nausea) or being sick (vomiting) 4
Diarrhoea5
Aches and pains all over6
Having a fever/temperature7
Didn't want to eat food/no appetite 8
Felt tired/no energy9

None of these symptoms......0 17

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They had to stay in hospital5