

## 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.

Date:   /   /

10

15

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 you for your help**

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.

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

- Sore throat..... 1 16
- 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 25

**2. What did your child do today? (please ring only one)**

- 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 26

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

Sore throat.....	1	27
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	36

2. What did your child do today?  
(*please ring only one*)

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	37

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

Sore throat.....	1	74
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	83

2. What did your child do today?  
(*please ring only one*)

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	84

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

- Sore throat..... 1 63
- 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 72

2. What did your child do today? (please ring only one)

- 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 73

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

- Sore throat..... 1 38
- 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 47

2. What did your child do today? (please ring only one)

- 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 48

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

- Sore throat..... 1 49
- 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 58

2. What did your child do today? (please ring only one)

- 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 59

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

- Sore throat..... 1 52
- 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 61

2. What did your child do today? (please ring only one)

- 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 62

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

Sore throat.....	1	41
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	50

**2. What did your child do today? (please ring only one)**

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	51

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

Sore throat.....	1	60
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	69

**2. What did your child do today? (please ring only one)**

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	70

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

- Sore throat..... 1 71
- 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 80

2. What did your child do today? (please ring only one)

- 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 81

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

- Sore throat..... 1 30
- 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 39

2. What did your child do today? (please ring only one)

- 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 40

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

Sore throat.....	1	19
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	28

**2. What did your child do today? (please ring only one)**

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	29

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

Sore throat.....	1	82
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	91

**2. What did your child do today? (please ring only one)**

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	92



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

- Sore throat..... 1 8
- 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 17

**2. What did your child do today? (please ring only one)**

- 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

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

Sore throat.....	1	8
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	17

**2. What did your child do today? (please ring only one)**

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

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

- Sore throat..... 1 19
- 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 28

2. What did your child do today? (please ring only one)

- 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 29

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

- Sore throat..... 1 74
- 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 83

2. What did your child do today? (please ring only one)

- 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 84

1. Was your child bothered by any of the following today? (please ring all 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

63

72

2. What did your child do today? (please ring only one)

- They carried on with their usual activities..... 1
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- They had to stay at home in bed ..... 4
- They had to stay in hospital..... 5

73

1. Was your child bothered by any of the following today? (please ring all 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

30

39

2. What did your child do today? (please ring only one)

- 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

40

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

- Sore throat..... 1 41
- 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 50

2. What did your child do today? (please ring only one)

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- 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 51

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

- Sore throat..... 1 52
- 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 61

2. What did your child do today? (please ring only one)

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- They were not able to do as much as usual .....2
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- They had to stay at home in bed .....4
- They had to stay in hospital.....5 62

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

Sore throat.....	1	41
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	50

2. What did your child do today?  
*(please ring only one)*

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They were not able to do as much as usual .....	2	
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None of these symptoms.....	0	61

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- Diarrhoea..... 5
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- Having a fever/temperature ..... 7
- Didn't want to eat food/no appetite ..... 8
- Felt tired/no energy..... 9
- None of these symptoms..... 0 72

2. What did your child do today? (please ring only one)

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- 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 73

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

- Sore throat..... 1 30
- 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 39

2. What did your child do today? (please ring only one)

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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 40

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

- Sore throat..... 1 19
- 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 28

2. What did your child do today? (please ring only one)

- They carried on with their usual activities..... 1
- They were not able to do as much as usual ..... 2
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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
- None of these symptoms..... 0 83

2. What did your child do today? (please ring only one)

- 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 84



WEEK 4

3

7

SUN

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

- Sore throat..... 1      8
- 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      17

**2. What did your child do today? (please ring only one)**

- 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