

Follow on study of two swine flu vaccines in children

CHILDREN UNDER 5 YEARS OF AGE DIARY

Study No:

First name: _____

Date of Vaccination: ____/____/____ Time of vaccination: _____

RIGHT / LEFT ARM

INSTRUCTIONS

Please note that Day 0 is the day of vaccination, Day 1 is the next day and so on. At about the same time each evening, please fill in the chart overleaf

HOW AND WHEN TO MEASURE YOUR CHILDS TEMPERATURE

Take the temperature under the arm (axillary)

Day 0 -6 hours after the injection / later that evening (6 - 8 pm)

Day 1 - 7 -Evening (6 - 8 pm)

Look at the vaccination site and measure the maximum width of any redness or swelling using the ruler and fill in the chart accordingly

VACCINE SITE SYMPTOMS:

Please score any pain or tenderness at the injection site and measure any swelling or redness at the injection site.

	<i>Day 0 (Day of vaccine)</i>		<i>Day 1</i>		<i>Day 2</i>		<i>Day 3</i>		<i>Day 4</i>		<i>Day 5</i>		<i>Day 6</i>		<i>Day 7</i>		<i>If symptom was ongoing at day 7, please record the date this symptom resolved below</i>
Has there been pain at the injection site? 0 None 1 Mild – transient with no limitation on normal activity 2 Moderate – some limitation in daily activity 3 Severe – unable to perform normal daily activity	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Maximum swelling (mm)																	
Maximum redness (mm)																	

TEMPERATURE

Day	Day 0 Evening	Day 1 Evening	Day 2 Evening	Day 3 Evening	Day 4 Evening	Day 5 Evening	Day 6 Evening	Day 7 Evening
Axillary (under arm) temperature**	°C	°C	°C	°C	°C	°C	°C	°C
Any medication for <u>pain or temperature</u> used?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
If medication used please specify name								

****TEMPERATURE (UNDER ARM):** For an accurate temperature place the tip of the thermometer against the skin under the armpit and hold your child with his or her arm by their side closed for approximately 1 minute until the rapid beeps confirming that the temperature measurement is complete (see instruction leaflet enclosed with the thermometer for further information). On days 1 to 7, please measure your child’s temperature at approximately the same time on each day.

If your child feels warm at any other time of day please record the date and time below:

_____°C ____/____/____ : _____ _____°C ____/____/____ : _____

_____°C ____/____/____ : _____ _____°C ____/____/____ : _____

If you need to see a doctor before the 2nd study visit, please take this diary with you and tell the doctor about the study.

If your child is unwell at all, if you need to call a doctor or your child is seen by a doctor or is given any medicine then please write the details below:

Date	Problem	Action taken (please circle answer)	Medicine given	
Start date: ____/____/____ Stop date: ____/____/____		Did you telephone a GP? Yes No Was your child seen by a GP? Yes No Seen by GP at Home/Surgery Taken to hospital? Yes No Admitted to hospital Yes No	(1 st medicine) Name: _____ Start date: _____ End date: _____ Dosage: _____	(2 nd medicine) _____ _____ _____ _____
Start date: ____/____/____ Stop date: ____/____/____		Did you telephone a GP? Yes No Was your child seen by a GP? Yes No Seen by GP at Home/Surgery Taken to hospital? Yes No Admitted to hospital Yes No	(1 st medicine) Name: _____ Start date: _____ End date: _____ Dosage: _____	(2 nd medicine) _____ _____ _____ _____
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If you, your doctor or anyone else needs advice regarding the study, he/she should contact:

H1N1 Study Team

Oxford Vaccine Group

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24 hour emergency telephone number: 07699 785400

Thank you for taking the time to fill in this diary.

We would be grateful if you would bring it with you to your next visit.