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 o	f vaccination:	-	
			RIGHT / LEFT	ARM
		INSTR	UCTIONS	
Please note that Day 0 is the day of vaccin	ation, Day 1 is	the next day and so on	. At about the sar	ne time each evening, please fill in the chart overleaf
HOW AND WHEN TO MEASURE YOUR CH	ILDS TEMPERA	ATURE		
Take the temperature under the arm (axi	llary)			
Day 0	-6 hours afte	er the injection / later t	hat evening (6 - 8	3 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

GENERAL SYMPTOMS

Please circle the appropriate number. If you child has symptoms then please evaluate the severity (mild, moderate or severe) of the symptom(s). Please complete each day.	(Da	ny 0 ny of cine)	Da	y 1	Da	y 2	Da	y 3	Da	y 4	Da	y 5	Da	y 6	Da	y 7	If symptom was ongoing at day 7, please record the date this symptom resolved below
Has your child been feeding less than usual? O None 1 Mild – Eating less than normal for 1-2 feeds/meals	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
2 Moderate – Missed 1-2 feeds/meals completely 3 Severe – Refused most or all feeds/meals	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Has your child been less active than usual? O None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
 Mild – transient with no limitation on normal activity Moderate – some limitation in daily activity Severe – unable to perform normal daily activity 	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Has your child been more irritable than usual? O None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
1 Mild – Continuously irritable for less than 1 hour 2 Moderate – Continuously irritable for 1 to less than 3 hours 3 Severe – Continuously irritable for 3 or more hours	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Has your child cried persistently? 0 None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
1 Mild – Cried continuously for less than 1 hour 2 Moderate – Cried continuously for 1 to less than 3 hours 3 Severe – Cried continuously for 3 or more hours	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Has your child vomited? 0 None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Mild – 1-2 episodes without interfering with routine Moderate – Several episodes & cannot keep any food down Severe – Frequent episodes & taking nothing by mouth	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	
Has your child had diarrhoea? 0 None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Mild – More loose stools than usual Moderate – Frequent runny stools without much solid material Severe Multiple liquid stools without much solid material	2	3	2	3	2	3	2	3	2	3	2	3	2	3	2	3	

VACCINE SITE SYMPTOMS: Please score any pain or tenderness at the injection site and measure any swelling or redness at the injection site.	(Da	y 0 y of cine)	Da	y 1	Da	y 2	Da	y 3	Da	y 4	Da	y 5	Da	y 6	Da	y 7	If symptom was ongoing at day 7, please record the date this symptom resolved below
Has there been pain at the injection site? O None	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
Mild – transient with no limitation on normal activity Moderate – some limitation in daily activity Severe – unable to perform normal daily activity	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							
Any medication for pain or temperature used?	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	1	/		°C / / ·					

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? Was your child seen by a GP? Seen by GP at Taken to hospital? Admitted to hospital	Yes No Yes No Home/Surgery Yes No Yes No	Name: Start date: End date: Dosage:	(1 st medicine)					
Start date: // Stop date:		Did you telephone a GP? Was your child seen by a GP? Seen by GP at Taken to hospital? Admitted to hospital	Yes No Yes No Home/Surgery Yes No Yes No	Name: Start date: End date: Dosage:	(1 st medicine)					
Start date:// Stop date://		Did you telephone a GP? Was your child seen by a GP? Seen by GP at Taken to hospital? Admitted to hospital	Yes No Yes No Home/Surgery Yes No Yes No	Name: Start date: End date: Dosage:	(1 st medicine)					
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Start date:// Stop date://		Did you telephone a GP? Was your child seen by a GP? Seen by GP at Taken to hospital? Admitted to hospital	Yes No Yes No Home/Surgery Yes No Yes No	Name: Start date: End date: Dosage:	(1 st medicine)					

If you, your doctor or anyone else needs advice regarding the study, he/she should contact:

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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.