

## CHILDREN OVER 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.

	Day 0 (Day of vaccine)		Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		If symptom was ongoing at day 7, please record the date this symptom resolved below
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 \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_

If you need to see a doctor before the 2<sup>nd</sup> 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? <b>Yes</b> <b>No</b> Was your child seen by a GP? <b>Yes</b> <b>No</b> Seen by GP at <b>Home/Surgery</b> Taken to hospital? <b>Yes</b> <b>No</b> <b>Admitted to hospital</b> <b>Yes</b> <b>No</b>	(1 <sup>st</sup> medicine) Name: _____ Start date: _____ End date: _____ Dosage: _____	(2 <sup>nd</sup> medicine) _____ _____ _____ _____
Start date: ___/___/___  Stop date: ___/___/___		Did you telephone a GP? <b>Yes</b> <b>No</b> Was your child seen by a GP? <b>Yes</b> <b>No</b> Seen by GP at <b>Home/Surgery</b> Taken to hospital? <b>Yes</b> <b>No</b> <b>Admitted to hospital</b> <b>Yes</b> <b>No</b>	(1 <sup>st</sup> medicine) Name: _____ Start date: _____ End date: _____ Dosage: _____	(2 <sup>nd</sup> medicine) _____ _____ _____ _____
Start date: ___/___/___  Stop date: ___/___/___		Did you telephone a GP? <b>Yes</b> <b>No</b> Was your child seen by a GP? <b>Yes</b> <b>No</b> Seen by GP at <b>Home/Surgery</b> Taken to hospital? <b>Yes</b> <b>No</b> <b>Admitted to hospital</b> <b>Yes</b> <b>No</b>	(1 <sup>st</sup> medicine) Name: _____ Start date: _____ End date: _____ Dosage: _____	(2 <sup>nd</sup> 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**

Centre for Clinical Vaccinology and Tropical Medicine

Churchill Hospital

Old Road, Headington

Oxford

OX3 7LJ

Tel: 01865 857420

Email: [ovg@paediatrics.ox.ac.uk](mailto:ovg@paediatrics.ox.ac.uk)

**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.**