

ARTIC PC pro forma to replace missing diary

Patient study number

1. Child's Date of birth

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2. On a scale of 0 to 6, how bad do you think your child was feeling on the 3 days after you went to see your doctor. (day 1 was the first day after you saw your doctor)

SCORE	Severity of symptom
0	Normal/not affected
1	Very little problem
2	Slight problem
3	Moderately bad
4	Bad
5	Very bad
6	As bad as it could be

Symptoms	Score Day 1	Score Day 2	Score Day 3	unknown
Cough				
Phlegm				
Shortness of breath				
Wheeze				
Blocked / runny nose				
Chest pain				
Fever (high				
Muscle aching				
Headache				
Disturbed sleep				
Feeling generally unwell				
Interference with normal activities				
Interference with social activities				

3. For how many days after seeing your doctor was your child's illness moderately bad?

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4. After seeing your doctor, how long did it take for your child's illness to settle completely? days

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5. Did you have the study medication? Yes
No

if yes, for how many days did you give it to your child?

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6. Did your child experience any of the following during their illness? If yes, for how many days?

Diarrhoea

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Nausea

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Skin rash

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7. Did you take time off work due to your child illness in the last week? If yes, how many days?

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Please fax back to study team on 023 8000 2380