

PATIENT DIARY

No
(kit number dispensed in the program)

Date of next visit:



Date:.....

1. The visit to my doctor’s office was today in the morning/afternoon.

This evening I need to report in my diary how the child feels:

- Measure and record his or her body temperature
- Indicate the current severity of each of the listed symptoms
- Indicate if the child has taken MEDICATIONS to lower body temperature
- Indicate how the child feels at the moment: sick, improved, healthy

COMPLETE THE DIARY DAILY – IN THE MORNING AND IN THE EVENING, UNTIL MY NEXT VISIT TO THE DOCTOR’S OFFICE.

1. The following are medications for fever:

- Nurofen, Ibuprom, Siafen, MIG, Ibulek
- Paracetamol, Panadol, Efferalgan, Solpadeine, Tylol Hot, TheraFlu, Gripex Max/Hot, Fervex, Coldrex, Paracofdal, Vicks AntiGrip
- Analgin, Hexalgin, Dialgin
- Other...
 - ..



2. How to evaluate the severity of my child’s

symptoms

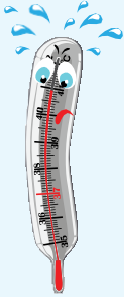
- MISSING** – The child doesn’t have symptoms.
- VERY MILD** – barely perceivable symptoms. The child doesn’t notice them most of the time.
- MILD** – bearable symptoms, which are not that severe, the child gets used to them. Doesn’t notice them most of the time, after all.
- MODERATE** – The symptoms bother the child a lot, he or she notices them all the time and constantly seeks how to alleviate them.
- SEVERE** – The symptoms are so severe, that the child cannot play and keep simple conversation.
- VERY SEVERE** – The symptoms are so severe, that the child cannot think clearly anymore. At this moment he or she only wants to stay in bed and is not capable of daily self-care activities.

Date:.....

DAY 1 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child’s symptoms are at the moment.

<p>RUNNY NOSE:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>	<p>COUGH:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>	<p>THROAT PAIN:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>
<p>HEADACHE:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>	<p>FATIGUE:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>	<p>SLEEP DISTURBANCES:</p> <p>0 2 4 6 8 10</p> <p>Missing Very mild Mild Moderate Severe Very severe</p>



MY BODY TEMPERATURE IS:

Please measure and record what your child’s body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:

Feels sick Feels better Feels healthy


Data:.....







Date:.....

DAY 2 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.

RUNNY NOSE:












0246810

Missing Very mild Mild Moderate Severe Very severe

COUGH:












0246810

Missing Very mild Mild Moderate Severe Very severe

THROAT PAIN:












0246810

Missing Very mild Mild Moderate Severe Very severe

HEADACHE:












0246810

Missing Very mild Mild Moderate Severe Very severe

FATIGUE:












0246810

Missing Very mild Mild Moderate Severe Very severe

SLEEP DISTURBANCES:





0246810

Missing Very mild Mild Moderate Severe Very severe



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 2 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.

RUNNY NOSE:












0246810

Missing Very mild Mild Moderate Severe Very severe

COUGH:












0246810

Missing Very mild Mild Moderate Severe Very severe

THROAT PAIN:












0246810

Missing Very mild Mild Moderate Severe Very severe

HEADACHE:












0246810

Missing Very mild Mild Moderate Severe Very severe

FATIGUE:












0246810

Missing Very mild Mild Moderate Severe Very severe

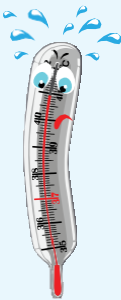
SLEEP DISTURBANCES:





0246810

Missing Very mild Mild Moderate Severe Very severe



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:

Feels sick Feels better Feels healthy

Date:.....

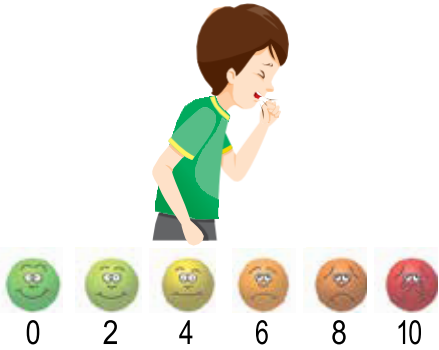
DAY 3 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.

RUNNY NOSE:



COUGH:



THROAT PAIN:



HEADACHE:



FATIGUE:



SLEEP DISTURBANCES:



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:

Feels sick Feels better Feels healthy

Date:.....

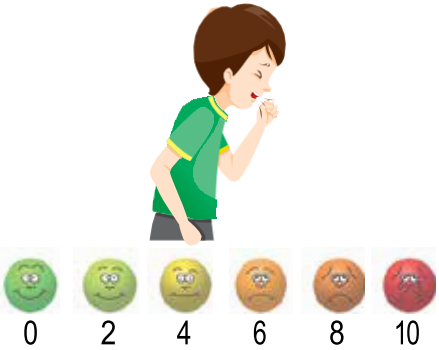
DAY 3 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.

RUNNY NOSE:



COUGH:



THROAT PAIN:



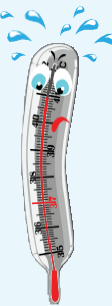
HEADACHE:



FATIGUE:



SLEEP DISTURBANCES:



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 4 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 4 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 5 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 5 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 6 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 6 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0 2 4 6 8 10


COUGH:











0 2 4 6 8 10


THROAT PAIN:











0 2 4 6 8 10


HEADACHE:











0 2 4 6 8 10


FATIGUE:











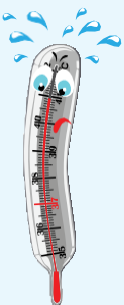
0 2 4 6 8 10

SLEEP DISTURBANCES:





0 2 4 6 8 10



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 7 MORNING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0246810


COUGH:











0246810


THROAT PAIN:











0246810


HEADACHE:











0246810


FATIGUE:











0246810

SLEEP DISTURBANCES:





0246810



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:


Feels sick Feels better Feels healthy







Date:.....

DAY 7 EVENING

For each of the symptoms listed below, please circle the number (the face) that best describes how severe your child's symptoms are at the moment.


RUNNY NOSE:











0246810


COUGH:











0246810


THROAT PAIN:











0246810


HEADACHE:











0246810


FATIGUE:











0246810

SLEEP DISTURBANCES:





0246810



MY BODY TEMPERATURE IS:

Please measure and record what your child's body temperature is at the moment:

.....

DID THE CHILD TAKE TODAY MEDICATIONS TO LOWER BODY TEMPERATURE?

Please circle the correct statement.

YES NO

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how your child feelC at the moment:

Feels sick Feels better Feels healthy

Date:.....



Today (DAY 8 MORNING) is the date of the visit to the doctor's office:

.....

HOW DOES THE CHILD FEEL AT THE MOMENT?

Please underline the statement, which describes most accurately how the child feels at the moment:

Still sick

Feels better

Feels healthy

IT IS IMPORTANT THAT:

- I indicated the severity of my child's symptoms in the last 7 days.
- I accurately measured my child's body temperature in the morning and in the evening in the last 7 days.
- I give this diary to my doctor.

