Version 2

# Ear Infection Diary

Instructions:
This diary intends to help us understand how the child's ear infection symptoms change over the next 10 days. Each day, the same caregiver is to complete the diary.

**Question 1**: To be completed when starting the diary.
Circle where you usually measure the child's temperature:

| Under arm | In the mouth | In the ear | In the rectum |
|---|---|---|---|
| 1 | 2 | 3 | 4 |

When completing question 2, please use the symptoms checklist provided below.

**Symptoms Checklist:**

**Ear Pain**

0 No ear pain due to ear infection
1 Sometimes complains, whines and/or pulls ear(s)
2 Often complains, cries and/or pulls ear(s)
3 Screams in pain and/or holds ear(s)

**Appetite**

0 Usual appetite
1 Decreased appetite
2 Almost no appetite or eating only certain food
3 No appetite

**Behavior**

0 Usual behavior
1 Fussy and/or playing less
2 Irritable and/or playing much less
3 Very irritable and/or not playing at all

**Nighttime Sleep**

0 Usual sleep
1 Woke up a few times due to ear infection
2 Woke up throughout the night due to ear infection
3 Up all night due to ear infection

**Question 2:** To be completed for 10 consecutive days, starting at the doctor's office.

Record at the same time everyday (preferably after breakfast and at bed time) and before giving any prescribed or over-the-counter pain or fever medication:
- The child's highest temperature since the last recording.
- The most severe level the child has experienced for ear pain, appetite and behaviour since the last recording.

Record every morning:
- The child's nighttime sleep from the previous night.

| | | Temperature | Ear pain | Appetite | Behavior | Nighttime sleep (last night) |
|---|---|---|---|---|---|---|
| Example | | 99.9°F | 0 (1) 2 3 | 0 1 (2) 3 | 0 1 (2) 3 | (0) 1 2 3 |
| Day 1 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 2 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 3 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 4 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 5 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 6 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 7 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 8 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 9 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |
| Day 10 | am | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 |
| | pm | _____°F | 0 1 2 3 | 0 1 2 3 | 0 1 2 3 | × × × × |

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# Ear Infection Diary Supplement 1

**Question 3:** To be completed for 10 consecutive days, starting today (the day the child visited the doctor).
**Since the last time you checked**, has there been any change in the child's overall ear infection symptoms?

| | A great deal better | Moderately better | A little better | Almost the same, hardly any better at all | No change | Almost the same, hardly any worse at all | A little worse | Moderately worse | A great deal worse |
|---|---|---|---|---|---|---|---|---|---|
| Visit to physician | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× |
| Day 1 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 2 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 2 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 3 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 3 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 4 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 4 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 5 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 5 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 6 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 6 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 7 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 7 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 8 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 8 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 9 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 9 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 10 am | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 10 pm | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |

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# Ear Infection Diary Supplement 2

**Question 4:** To be completed for 10 consecutive days, starting today (the day the child visited the doctor).
**Since you began this study (day 1)**, has there been any change in the child's overall ear infection symptoms?

| | Completely better (No more symptoms) | A great deal better | Moderately better | A little better | Almost the same, hardly any better at all | No change | Almost the same, hardly any worse at all | A little worse | Moderately worse | A great deal worse |
|---|---|---|---|---|---|---|---|---|---|---|
| Visit to physician | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× | ×××× |
| Day 1 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 2 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 2 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 3 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 3 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 4 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 4 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 5 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 5 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 6 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 6 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 7 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 7 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 8 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 8 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 9 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 9 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 10 am | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |
| Day 10 pm | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 | ☐5 | ☐6 | ☐7 | ☐8 | ☐9 |

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# Ear Infection Diary Supplement 3

**Question 5:** To be completed for 10 consecutive days, starting today (the day the child visited the doctor).

Record below treatments that the child received during the day and any side effects that the child may experience.

| | Today, I gave the child his/her antibiotic | | Today, the child experienced the following side effects: (Please provide details) | Today, I gave the child the following other medications (for instance, pain relief medication) (Please provide details) |
|---|---|---|---|---|
| Visit to physician | ×××× | ×××× | *Example: Vomiting* | *Example: Advil* |
| Day 1 pm | ☐1 Yes | ☐2 No | | |
| Day 2 am | ☐1 Yes | ☐2 No | | |
| Day 2 pm | ☐1 Yes | ☐2 No | | |
| Day 3 am | ☐1 Yes | ☐2 No | | |
| Day 3 pm | ☐1 Yes | ☐2 No | | |
| Day 4 am | ☐1 Yes | ☐2 No | | |
| Day 4 pm | ☐1 Yes | ☐2 No | | |
| Day 5 am | ☐1 Yes | ☐2 No | | |
| Day 5 pm | ☐1 Yes | ☐2 No | | |
| Day 6 am | ☐1 Yes | ☐2 No | | |
| Day 6 pm | ☐1 Yes | ☐2 No | | |
| Day 7 am | ☐1 Yes | ☐2 No | | |
| Day 7 pm | ☐1 Yes | ☐2 No | | |
| Day 8 am | ☐1 Yes | ☐2 No | | |
| Day 8 pm | ☐1 Yes | ☐2 No | | |
| Day 9 am | ☐1 Yes | ☐2 No | | |
| Day 9 pm | ☐1 Yes | ☐2 No | | |
| Day 10 am | ☐1 Yes | ☐2 No | | |
| Day 10 pm | ☐1 Yes | ☐2 No | | |