

**APPENDIX 9
 DIARY CARD
 ACUTE RESPIRATORY INFECTION DIARY/ANTIBIOTIC USE DIARY**

Date: From _____ to _____

Section 1

Please rate each symptom: 0 – not present 1-mild 2-moderate 3-severe

DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Sore Throat							
Cough							
Runny Nose							
Nasal Congestion							
Sore Muscles							
Sneezing							
Ear Aches							
Fever							
Fatigue							
Headache							
Chills							
Change in shortness of breath							
Limited participation in normal activities							

Section 2

Total number study pills taken today	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm

Section 3

If you took any additional over the counter medication or antibiotics for your cold please list them below: (No herbal supplements allowed)

Name							
Dose							
Name							
Dose							
Name							
Dose							
Name							
Dose							
Name							
Dose							

Patient Signature: _____ Date: _____

Comments: _____

PID #: _____ Site: _____ CRA Signature: _____