

BASELINE ASSESSMENT FORM



____/____/____
ARCHIE ID

CHILD'S BASELINE DETAILS

Please tick to confirm that child meets eligibility criteria AND parent/guardian has signed consent form:

Date of study entry (day 1)

D	D	M	M	Y	Y	Y	Y
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 Sex: M F

Date of birth

D	D	M	M	Y	Y	Y	Y
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 Smoker(s) in household: YES NO

Received **this season's** seasonal influenza vaccination? YES NO NOT KNOWN

Received **last season's** seasonal influenza vaccination? YES NO NOT KNOWN

AT RISK CATEGORIES (please tick all that apply):

- Respiratory
- Neurological
- Liver
- Cardiac
- Renal
- Immunodeficiency
- Other (please state)

CURRENT INFLUENZA-LIKE ILLNESS EPISODE (as reported by parent/guardian)

Date symptoms started

D	D	M	M	Y	Y	Y	Y
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Date fever started

D	D	M	M	Y	Y	Y	Y
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MEDICATIONS TAKEN BY CHILD DURING CURRENT INFLUENZA-LIKE ILLNESS EPISODE

Antivirals (e.g. oseltamivir)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT KNOWN <input type="checkbox"/>
If YES, give name(s) of antiviral(s):			
Antipyretics (e.g. paracetamol)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT KNOWN <input type="checkbox"/>
If YES, give name(s) of antipyretic(s):			
Date (DD/MM/YYYY) and time (hh:mm) of most recent dose.	__/__/____ __:__ am/pm (please circle)		
Other medications	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT KNOWN <input type="checkbox"/>
If YES, give name(s) of medication(s):			

PHYSICAL EXAMINATION

Temperature: _____ °C Time temperature taken: __:__ am/pm (please circle)

Heart rate: _____ beats per minute Respiratory rate: _____ breaths per minute

Weight : _____ kg

SWABS

High nasal swab taken? YES NO Throat swab taken? YES NO

STUDY MEDICATION – Please write participant's study medication ID and dose in the yellow box

Please go to www.archiestudy.com to generate the child's study medication ID number. You will need to enter the child's age, weight and current influenza vaccination status.

Study medication ID: _____ **Study medication dose:** _____ ml twice daily for 5 days

QUESTIONNAIRES TO BE COMPLETED DURING BASELINE APPOINTMENT

By parent/guardian (compulsory):

- 1. EQ-5D-Y proxy YES NO
- 2. CARIFS YES NO

By child (optional):

EQ-5D-Y YES NO

Please tick to confirm study pack given and explained:

Completed by (print name): _____ Sign: _____ Date: _____

Please return TOP copy to Oxford PC CTU in reply envelope provided and file BOTTOM copy in ISF