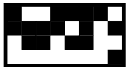
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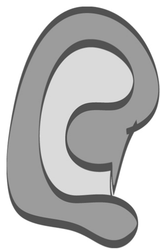
SITE - RESPONDENT ID: ☐☐ ☐☐☐☐



BMC/BUSM Acute Otitis Media Study

FOLLOW-UP FORM

RA ID: ☐☐

DATE: ☐☐ / ☐☐ / ☐☐ ☐☐ / ☐☐ / ☐☐

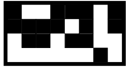
	DAY 3-5	**DAY 9-11**
	1 ☐ Unable to contact	1 ☐ Unable to contact
1. I would just like to confirm your relationship to this child. Are you the child's:	1 ☐ Mother 2 ☐ Father 3 ☐ Other: ___________	1 ☐ Mother 2 ☐ Father 3 ☐ Other: _________
2. Have you been able to complete the diary each day?	*Confirm header information.* *Prompt to check 1st dose date and hour of first dose.*	
3. Could you please read me the prescription name and dosing information from the prescription package(s)? *(Code 99 for "other" or multiple prescriptions.)*	☐☐ Code ☐☐ times per day ☐☐ Days ☐☐☐ mg (*strength*) ☐☐☐.☐☐ (*dosage*) 1 ☐ mg 6 ☐ ml 2 ☐ tabs 3 ☐ tablesp 4 ☐ teasp 5 ☐ other:	
4. Which ear is infected, or are both?	☐ Left ☐ Right ☐ Bilateral	
5. Since we last talked to you, how would you rate the health of your child in relation to his/her acute ear infection? Would you say s/he is...?	1 ☐ Completely Better 2 ☐ Better 3 ☐ Same 4 ☐ Worse 5 ☐ Much Worse	1 ☐ Completely Better 2 ☐ Better 3 ☐ Same 4 ☐ Worse 5 ☐ Much Worse
6. How would you rate the general health of your child today? Would you say it is...?	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor	1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor

7. Since we last talked to you, has your child experienced any of the following problems since the antibiotics were prescribed for his/her acute ear infection? If yes, how many days?

	DAY 3-5	DAY 9-11
a. Temperature *(101 F or greater, or warm to touch)*	☐ Y ☐ N ☐☐ days	☐ Y ☐ N ☐☐ days
b. Vomiting	☐ Y ☐ N ☐☐ days	☐ Y ☐ N ☐☐ days
c. Diarrhea	☐ Y ☐ N ☐☐ days	☐ Y ☐ N ☐☐ days
d. Skin Rash	☐ Y ☐ N ☐☐ days	☐ Y ☐ N ☐☐ days

Faxed: ☐☐☐☐☐☐

FOR OFFICE USE ONLY



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SITE - RESPONDENT ID: ☐☐ ☐☐☐☐

FOLLOW-UP FORM page 2

Question	**DAY 3-5**	**DAY 9-11**
8. How many total days have you given the child the antibiotic that this child is currently taking? (If less than expected, prompt for reason why.)	☐☐ days	☐☐ days
9. Since we last talked to you, have you seen or spoken with your health care provider again about a concern related to the child's acute ear infection?	1 ☐ Yes 2 ☐ No IF NO, STOP	1 ☐ Yes 2 ☐ No IF NO, STOP
10. What condition did the medical provider say he/she has? If Otitis Media, which ear is infected, or are both ears infected?	1 ☐ Otitis Media (Primary Dx) 3 ☐ Bronchiolitis 4 ☐ Sinusitis 5 ☐ URI/fever/cold 6 ☐ Pneumonia 7 ☐ Other:_______ 9 ☐ Don't Know	1 ☐ Otitis Media. (Primary Dx) 2 ☐ Otitis Media (recurrance) ☐ L ☐ R ☐ B 3 ☐ Bronchiolitis 4 ☐ Sinusitis 5 ☐ URI/fever/cold 6 ☐ Pneumonia 7 ☐ Other:_______ 9 ☐ Don't Know
11. Did you receive a new antibiotic?	1 ☐ Yes 2 ☐ No IF NO, STOP	1 ☐ Yes 2 ☐ No IF NO, STOP
12. What antibiotic did you receive? *Please use the antibiotic reference chart to select the appropriate code for the drug.*	Code: ☐☐ Name: ________________	Code: ☐☐ Name: ________________
13. When was the antibiotic started?	☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐
14. Since a new antibiotic was prescribed, would you be willing to complete another symptom diary so that we can assess the effectiveness of this new prescription?	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

RA's: Please continue with the NEW ANTIBIOTIC FORM, and then make sure to use the Contact Form to set up new times for follow-up phone calls.

Faxed:

☐☐☐☐☐☐
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