



## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

### Weights Abstracted from Prenatal and/or Labor and Delivery Charts

Most obstetric practices and prenatal clinics use a standardized form to chart prenatal course. The American Congress of Obstetricians and Gynecologists (ACOG, formerly the American College of Obstetricians and Gynecologists) has an Antenatal Record form that is periodically upgraded and available for its members. There are others, such as the POPRAS (Problem-Oriented Perinatal Risk Assessment System) or Hollister Maternal/Newborn Record System forms, which are also in common use. All of the standardized forms have places or spaces to report information on gestational age, pre-pregnancy weight, height, and weights measured during pregnancy at every prenatal visit and dates of examination, and these can be abstracted. For charts with only nurse/physician notes, measured weight should be recorded for each prenatal visit. For women carrying a singleton fetus, the expected schedule of prenatal visits suggested by ACOG is monthly through the 7th month (28 weeks), every 2-3 weeks through the 9th month (36 weeks), and weekly thereafter until delivery. Weight is occasionally measured at delivery and can be found in the labor and delivery chart along with the gestational age at delivery.

An example of the relevant section of the **ACOG Antenatal Record Form B (Initial Physical Exam)** which charts date of exam, pre-pregnancy weight, and height:

**INITIAL PHYSICAL EXAMINATION**

DATE _____ / _____ / _____	PREPREGNANCY WEIGHT _____	HEIGHT _____
1. HEENT <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	12. VULVA	
2. FUNDI <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	13. VAGINA	
3. TEETH <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	14. CERVIX	
4. THYROID <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	15. UTERUS SIZE	
5. BREASTS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	16. ADNEXA	
6. LUNGS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	17. RECTUM	
7. HEART <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	18. DIAGONAL CONJUGATE	
8. ABDOMEN <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	19. SPINES	
9. EXTREMITIES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	20. SACRUM	
10. SKIN <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	21. SUBPUBIC ARCH	
11. LYMPH NODE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	22. GYNECOD PELVIC TYPE	

COMMENTS (Number and explain abnormal) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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An example of the relevant section of the **ACOG Antenatal Record Form C** which contains the date of the woman's last menstrual period (LMP) and estimated due date(s) (EDD) for establishing (or correcting) gestational age at each prenatal visit:

NAME _____		_____		_____										
LAST		FIRST		MIDDLE										
DRUG ALLERGY _____														
RELIGIOUS/CULTURAL CONSIDERATIONS _____				ANESTHESIA CONSULT PLANNED <input type="checkbox"/> YES <input type="checkbox"/> NO										
PROBLEMS/PLANS			MEDICATION LIST: _____											
1. _____			Start Date _____ Stop Date _____											
2. _____			1. _____											
3. _____			2. _____											
4. _____			3. _____											
5. _____			4. _____											
6. _____			5. _____											
6. _____			6. _____											
EDD CONFIRMATION			18-20-WEEK EDD UPDATE:											
INITIAL EDD: _____			QUICKENING _____ / ____ / ____ +22WKS = ____ / ____ / ____											
LMP _____ / ____ / ____ = EDD _____ / ____ / ____			FUNDAL HT. AT UMBIL _____ / ____ / ____ +20WKS = ____ / ____ / ____											
INITIAL EXAM _____ / ____ / ____ = WKS = EDD _____ / ____ / ____			FHT W/ FETOSCOPE _____ / ____ / ____ +20WKS = ____ / ____ / ____											
ULTRASOUND _____ / ____ / ____ = WKS = EDD _____ / ____ / ____			ULTRASOUND _____ / ____ / ____ = WKS = ____ / ____ / ____											
INITIAL EDD _____ / ____ / ____ INITIALED BY _____			FINAL EDD _____ / ____ / ____ INITIALED BY _____											
VISIT DATE	WEEKS GEST. (BEST EST)	FUNDAL HEIGHT (cm)	PRESENTATION	FHA	FETAL MOVEMENT	PASTERN LABOR SIGNS (REFLECT)	CERVIX EXAM (DILAT/EFX)	BLOOD PRESSURE	ED/EMA	WEIGHT	URINE GLUC/OS/HA/UMBO	NEXT APPOINTMENT	PROVIDER INITIALED	COMMENTS:
(YEAR)														

Gestational age (written with both weeks and days, e.g., 39 weeks and 0 days or 39 + 0) is calculated using the best obstetrical EDD based on the following formula:

$$\text{Gestational Age} = (280 - (\text{EDD} - \text{Reference Date})) / 7$$

Protocol source: <https://www.phenxtoolkit.org/protocols/view/21701>