

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.

1. Have you had any of these clinician-diagnosed illnesses?		Year of Diagnosis
mark here for Yes → Leave blank for NO ;	Yes	
	↓	
Myocardial infarction (heart attack)	<input type="checkbox"/>	_ _ _ _ _
Angina pectoris	<input type="checkbox"/>	_ _ _ _ _
Confirmed angiography? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Coronary bypass, angioplasty, or stent	<input type="checkbox"/>	_ _ _ _ _
Transient ischemic attack (TIA)	<input type="checkbox"/>	_ _ _ _ _
Stroke (CVA)	<input type="checkbox"/>	_ _ _ _ _
Deep vein thrombosis/Pulmonary embolism	<input type="checkbox"/>	_ _ _ _ _
Melanoma	<input type="checkbox"/>	_ _ _ _ _
Basal cell skin cancer	<input type="checkbox"/>	_ _ _ _ _

Squamous cell skin cancer	<input type="checkbox"/>	_____
Fibrocystic/other benign breast disease	<input type="checkbox"/>	_____
Confirmed by breast biopsy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Confirmed by aspiration? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Breast cancer	<input type="checkbox"/>	_____
Other cancer	<input type="checkbox"/>	_____
Specify site of other cancer: _____		
Colon or rectal polyp (benign)	<input type="checkbox"/>	_____
Ulcerative colitis/Crohns	<input type="checkbox"/>	_____
Gastric or duodenal ulcer	<input type="checkbox"/>	_____
Barretts Esophagus	<input type="checkbox"/>	_____
Gallstones	<input type="checkbox"/>	_____
Did you have symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes		
How diagnosed? <input type="checkbox"/> X-ray or ultrasound <input type="checkbox"/> Other		
Cholecystectomy	<input type="checkbox"/>	_____

Diabetes mellitus	<input type="checkbox"/>	_____
Elevated cholesterol	<input type="checkbox"/>	_____
High blood pressure	<input type="checkbox"/>	_____
Endometriosis-1st diagnosis	<input type="checkbox"/>	_____
Confirmed by laparoscopy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Uterine fibroids-1st diagnosis	<input type="checkbox"/>	_____
Confirmed by pelvic exam? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Confirmed by ultrasound/hysterectomy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Premenstrual syndrome (PMS)	<input type="checkbox"/>	_____
Kidney stones	<input type="checkbox"/>	_____
Multiple Sclerosis	<input type="checkbox"/>	_____
Asthma, doctor diagnosed	<input type="checkbox"/>	_____
Emphysema/Chronic Bronchitis, doctor diagnosis	<input type="checkbox"/>	_____
Pneumonia, x-ray confirmed	<input type="checkbox"/>	_____
Graves Disease/Hyperthyroidism	<input type="checkbox"/>	_____

Hypothyroidism	<input type="checkbox"/>	____
Thyroid nodule (benign)	<input type="checkbox"/>	____
Gout	<input type="checkbox"/>	____
SLE (systemic lupus)	<input type="checkbox"/>	____
Rheumatoid arthritis, doctor diagnosis	<input type="checkbox"/>	____
Other arthritis	<input type="checkbox"/>	____
Depression, clinician diagnosis	<input type="checkbox"/>	____
Other major illness or surgery	<input type="checkbox"/>	____
Please specify: Date:		
<p><i>Editors Note: The Cancer Working Group (WG) slightly modified this question from the original protocol text. The original protocol obtains year of diagnosis by asking respondents to choose between three choices (Before June 1, 2003; June 2003 to May 2005; or after June 1, 2005). The Cancer WG removed the phrase "since June 2003" in order to allow collection of diagnoses that occurred prior to June 2003. The additional response options were deleted, and respondents are now asked to write in the four-digit year of diagnosis.</i></p>		

Protocol source: <https://www.phenxtoolkit.org/protocols/view/70801>