

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.

Please complete the following table by circling **YES** or **NO** for each of the beverages that your child may have consumed **during the past week**. For beverages that your child drank, write the number of servings (per day or week) that your child drank, and the **amount drank per serving** during the past week.

Beverage	Yes	No	Number of Servings per: (pick day or week for each item)		Amount per Serving
			Day	Week	
<i>Examples:</i> Water	<u>Yes</u>	No	5		4 oz
Other sugared beverages	<u>Yes</u>	No		1	4 oz
1. Cows' Milk	Yes	No			oz
2. 100% Juice	Yes	No			oz
3. Juice Drinks	Yes	No			oz
4. Water	Yes	No			oz
5. Flavored Water	Yes	No			oz

6. Sugared Beverages made from Powder (e.g., Kool-Aid®)	Yes	No			oz
7. Sugar-free Beverages made from Powder (e.g., Crystal Light®)	Yes	No			oz
8. Regular Pop (e.g., Pepsi®, Coke®)	Yes	No			oz
9. Diet Pop	Yes	No			oz
10. Sports Drinks (e.g., Gatorade®, Powerade®)	Yes	No			oz
11. Other Sugared Beverages (e.g., lemonade, sweetened tea)	Yes	No			oz
12. Other Sugar-free Beverages (e.g., iced tea, coffee)	Yes	No			oz

Please check the best response to the following questions.

1. If your child drinks cows milk, what type of cows milk does your child usually drink?

1 Whole milk

2 2% milk

3 1% milk

4 Chocolate milk

5 Other flavored milk (e.g., strawberry, vanilla)

6 Doesnt drink milk

2. What type of container does your child most often use for beverages?

1 Infant bottle

- 2 Open cup
- 3 Closed cup (sippy cup)
- 4 Cup with nonspilling, straw mechanism
- 5 Water bottle
- 6 Product container (e.g., juice box, pop can, or bottle)

3. What beverage does your child most often consume at meals?

- 1 Cows milk
- 2 Juice or juice drinks
- 3 Water
- 4 Regular soda pop or other sugared beverages
- 5 Diet soda pop or other sugar-free beverages

4. What beverage does your child most often consume between meals?

- 1 Cows milk
- 2 Juice or juice drinks
- 3 Water
- 4 Regular soda pop or other sugared beverages
- 5 Diet soda pop or other sugar-free beverages
- 6 Other: _____

5. Which statement best describes your child's nighttime feedings?

- 1 My child falls asleep with a bottle.
- 2 My child has a bottle in the middle of the night.
- 3 My child has a snack at bedtime.
- 4 My child has a snack in the middle of the night.
- 5 None of the above.

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