

## 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.

### Survey of Autonomic Symptoms

	Q1a. Have you had any of the following health symptoms during the past 6 months? (1 _Yes; 0 _ No)	Q1b. If you answered yes in Q1a, how much would you say the symptom bothers you? (1 _ Not at all; 2 _ A little; 3 _ Some; 4 _ A moderate amount; 5 _ A lot)
Symptom/health problem	1 0	1 2 3 4 5
1. Do you have lightheadedness?	1 0	1 2 3 4 5
2. Do you have a dry mouth or dry eyes?	1 0	1 2 3 4 5
3. Are your feet pale or blue?	1 0	1 2 3 4 5
4. Are your feet colder than the rest of your body?	1 0	1 2 3 4 5
5. Is sweating in your feet decreased compared to the rest of your body?	1 0	1 2 3 4 5

6. Is sweating in your feet decreased or absent (for example, after exercise or during hot weather)?	1 0	1 2 3 4 5
7. Is sweating in your hands increased compared to the rest of your body?	1 0	1 2 3 4 5
8. Do you have nausea, vomiting, or bloating after eating a small meal?	1 0	1 2 3 4 5
9. Do you have persistent diarrhea (more than 3 loose bowel movements per day)?	1 0	1 2 3 4 5
10. Do you have persistent constipation (less than 1 bowel movement every other day)?	1 0	1 2 3 4 5
11. Do you have leaking of urine?	1 0	1 2 3 4 5
12. Do you have difficulty obtaining an erection (men)?	1 0	1 2 3 4 5
Number of symptoms reported: _____ (sum of column A, 0-12 for men and 0-11 for women); total symptom impact score: _____ (sum of column B, 0-60 for men and 0-55 for women).		

Protocol source: <https://www.phenxtoolkit.org/protocols/view/130202>