

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. General Information	Gender [] Male [] Female	Age	*Today's Date Month/Day/Year (Clinic Visit Date)
*Country of Birth		Primary Country of Residency Before Age 10	
*Country of Citizenship		*Country of Current Residence	
[] Immigrant	If you were not born in <u>USA</u> , indicate as Month/Day/Year closely as possible the date you first arrived here:		

2. History of Recent Travel			<p><i>List in order, starting with the most recent trip, all international travel in the past 6 months. Using 1 line for each separate trip, list each country visited during that trip. Indicate if the trip included travel on a ship.</i></p>				
Trip	*Trip Start Date Month/Day/Year	*Trip End Date Month/Day/Year	*Country 1	*Country 2	*Country 3	*Country 4	*Country 5

consecutive days																		
*Country:	4						5						6					
*Check each year of travel to the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if stay was >30 consecutive days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT SHOULD NOT COMPLETE THIS PAGE—TO BE COMPLETED BY CLINICIAN ONLY

Country of Exposure >5 years ago: If a country of exposure that is related to a Final Diagnosis for the current illness was visited more than 5 years ago, add that country to the history of previous travel (section 3) and indicate that travel there occurred >5 years ago (use the notation <2003).

4. Exposure Details
<p>*Country of Exposure/Other (Check the applicable box and/or enter up to 2 countries. The country[s] where the current illness as defined by the final diagnosis was to a high degree of certainty acquired. A single country of exposure is the preferred standard. However, 2 countries may be designated if the likelihood of exposure is almost equal amongst the 2 countries. Exposure Country Not Ascertainable should be selected for situations where it is not possible to attribute Country of Exposure.):</p> <p><input type="checkbox"/> Exposure Country Not Ascertainable <input type="checkbox"/> Ship <input type="checkbox"/> Plane</p> <p>Country</p>

1: _____ Country
2: _____

More Specific Place of Exposure (below level of country; i.e., city, state, location, event; leave blank if 2 countries are listed above):

***Reason for Travel Related to Current Illness** (Check One):

<input type="checkbox"/> Tourism	<input type="checkbox"/> Business	<input type="checkbox"/> Missionary/Volunteer/ Researcher/Aid Work	<input type="checkbox"/> Student
<input type="checkbox"/> Medical Tourism	<input type="checkbox"/> Immigration	<input type="checkbox"/> Visiting Friends & Relatives	<input type="checkbox"/> Military

Risk Level Qualifier (Check One): Pre-Arranged or Organized Travel Risk
Travel
 Expatriate

***Clinical Setting** (Check One): Seen During Travel Seen After Travel
 Immigration Travel Only

***Patient Type**(Check One): Inpatient Outpatient TeleConsult-Outpatient
 TeleConsult-Inpatient

Did the patient have a pre-travel encounter with a health care provider?
(Check One):
 Yes No Dont Know

***Main Presenting Symptoms** (Check at least one symptom below, but include all symptoms that apply):

<input type="checkbox"/> Abnormal Lab Test	<input type="checkbox"/> Asymptomatic Screening	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Fatigue
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<input type="checkbox"/> Fever	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> HEENT
<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Neurologic	<input type="checkbox"/> Psychologic
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Skin		
<input type="checkbox"/> Other If "Other," Specify: _____			

5. Diagnoses

Dx#	Working Diagnosis	Working Dx Status (circle one)	*Final Diagnosis	*Final Dx Status (circle one)
1		C P S E CT PT ST		C P S
2		C P S E CT PT ST		C P S
3		C P S E CT PT ST		C P S
4		C P S E CT PT ST		C P S
5		C P S E CT PT ST		C P S

Dx Status Legend: C = Confirmed; P = Probable; S = Suspected; E = Exclusion of; CT, PT, ST = Status Post (Confirmed, Probable, Suspected)

Not Travel Related Check this box if patient was primarily diagnosed with an infection or disease that was acquired or existed at home prior to departure or which was acquired after travel but prior to the clinic visit. If **Not Travel Related** is checked, Main Presenting Symptoms are still required; however, all other fields in the Exposure Details section are optional, but they should be answered as

related to the reason for clinic visit and not related to the current illness.

Dx Diagnosis

* = These items are required fields for successful online data entry. Note: Sections 2 and 3 may be omitted if not applicable.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/161201>