

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

1. Have you lost 5 or more pounds at any time over the past 12 months?

- 1 Yes (if yes, go to 1b)
- 0 No (go to question 2)
- 8 Don't know (go to question 2)
- 7 Refused (go to question 2)

1b. How much weight did you lose in the past 12 months? If you are not sure, please make your best guess.

- ___ ___ ___ pounds
- 8 Don't know/don't remember
- 7 Refused

2. Were you trying to lose weight?

- 1 Yes (go to question 2b)
- 0 No (go to question 3)
- 8 Don't know (go to question 3)
- 7 Refused (go to question 3)

2b. What methods did you use to lose weight?

- 1 Reduced food intake (decreased quantities of all food eaten)
- 1 Limiting your intake to only 1 or 2 types of food (e.g., ate only grapefruit or only lean meats)
- 1 Reduced fat intake
- 1 Use of fat/caloric modified foods (low fat, fat-free)
- 1 Use of a liquid diet formula such as Slim-fast or Optifast
- 1 Commercial weight loss program (Weight Watcher, Jenny Craig, or self-help group (Over Eaters Anonymous, TOPS)
- 1 Decreased alcohol intake
- 1 Increased exercise
- 1 Increased smoking
- 1 Diet pills (prescription or nonprescription)
- 1 Stomach surgery/intestinal bypass

- 1 [] Consulted with dietician/physician/other professional
- 1 [] Other (Please specify): _____

3. What do you think caused this weight loss? (Interviewer note: Please check all that apply)

- 1 [] Illness (please specify): _____
- 1 [] Surgery (please specify): _____
- 1 [] Medications
- 1 [] Stressful time
- 1 [] Loss of appetite
- 1 [] Change in eating habits
- 1 [] Change in exercise habits/amount of physical activity
- 1 [] Other (please specify): _____
- 1 [] Don't know

Protocol source: <https://www.phenxtoolkit.org/protocols/view/251101#Source>