



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.

- | | No | Yes |
|--|----|-----|
| 1. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not. | | |
| a. Vaginal bleeding | N | Y |
| b. Kidney or bladder (urinary tract) infection | N | Y |
| c. Severe nausea, vomiting, or dehydration | N | Y |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) | N | Y |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia | N | Y |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) | N | Y |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) | N | Y |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) | N | Y |
| i. I had to have a blood transfusion | N | Y |
| j. I was hurt in a car accident | N | Y |

The next questions are about the time since your new baby was born.

2. After your baby was born, was he or she put in an intensive care unit?

No

Yes

I don't know

3. After your baby was born, how long did he or she stay in the hospital?

Less than 24 hours (less than 1 day)

24 to 48 hours (1 to 2 days)

3 to 5 days

6 to 14 days

More than 14 days

My baby was not born in a hospital

My baby is still in the hospital

4. Is your baby alive now?

No

Yes

5. Is your baby living with you now?

No

Yes

6. Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

No

Yes

7. *Did you quit smoking for 7 days or longer during your pregnancy with your last child?*

Yes

No

Refused

Don't know

8. [If yes:] *In what month of your pregnancy did you first quit for 7 days or longer?*

First

Second

Third

Fourth

Fifth

Sixth

Seventh

Eighth

Ninth

Refused

Don't know

9. *Did you start smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?*

Stayed off rest of pregnancy

Started again

Never started again

Refused

Don't know

Protocol source: <https://www.phenxtoolkit.org/protocols/view/720901>