



## 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. Prior to the COVID-19 outbreak, did you have a medical condition that could cause you to get very sick if you were to get COVID-19? (e.g., asthma, a breathing or lung problem, suppressed immune system, diabetes, high blood pressure, obesity, or some other significant health problem)

No -> GO TO 2

Yes

If yes, ask:

1.a. What was that? \_\_\_\_\_

2. During or in the few months prior to the COVID-19 outbreak, were you a smoker or vaper? [check all that apply]

No -> GO TO 3

Yes, smoker

Yes, vaper

If smoker, ask:

2a. How much [do/did] you smoke?

A pack or more a day (a pack is 20 cigarettes)

Daily, 10-19 cigarettes

Daily, 4-9 cigarettes

Daily 1-3 cigarettes

Less than one cigarette per day

If vaper, ask:

2b. How often did you vape?

- More than once a day
- Daily or almost every day
- 3-4 days a week
- 1-2 days a week
- Less than that

3. During or after the COVID-19 outbreak started, were you pregnant?

- No
- Yes

4. During the COVID-19 outbreak, did you ever live with someone that was sick with COVID-19?

- No -> GO TO 5
- Yes
- Not sure, I think someone I lived with might have had COVID-19

If yes or not sure, ask:

4a. Who was this? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Roommate
- Other: \_\_\_\_\_

4b. Were they (any of them) hospitalized for COVID-19?

- No

Yes

4c. Did they (any of them) die because of COVID-19?

No -> GO TO 5

Yes

If yes, ask:

4d. Who died? [check all that apply]

Partner

Parent

Child

Sibling

Grandparent

Other family members (e.g. aunt, uncle, cousin)

Roommate

Other

5. Has anyone in your family who you did not live with or any of your close friends been diagnosed or been sick with COVID-19?

No -> GO TO 6

Yes

Not sure, I think someone in my family or a close friend might have had COVID-19

If yes or not sure, ask:

5a. Who was this? [check all that apply]

Partner

Parent

Child

Sibling

Grandparent

Other family members (e.g. aunt, uncle, cousin)

Close friend

Other

5b. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

No

Yes

5c. Were they (any of them) hospitalized for COVID-19?

No

Yes

5d. Did they (any of them) die because of COVID-19?

No

Yes

If yes, ask:

5e. Who died? [check all that apply]

Partner

Parent

Child

Sibling

Grandparent

Other family members (e.g. aunt, uncle, cousin)

Close friend

Other

6. Has anyone (else) that you interact with regularly, by this we mean at least twice a week, been diagnosed or been sick with COVID-19?

No

Yes

Not sure, I think someone I interacted with might have had COVID-19

If yes or not sure, ask:

6a. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

No

Yes

Protocol source: <https://www.phenxtoolkit.org/protocols/view/940201>