



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. In what ways has the COVID-19 outbreak affected your overall healthcare? (Mark all that apply)

01 I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office

02 My healthcare provider canceled appointments

03 My healthcare provider changed to phone or online visits

04 My healthcare provider told me to self-isolate or quarantine

05 None of these apply

2. Which of the following behaviors have you done less because of the COVID-19 outbreak? (Mark all that apply)

01 In-person contact with people inside the home (that is, you are quarantined separately from one or more family or household members)

02 In-person contact with family who live outside the home

03 In-person contact with friends

04 In-person contact with colleagues at work

05 In-person events in the community, including religious events

06 None of these apply

3. Which of the following behaviors have you changed because of the COVID-19 outbreak? (Mark all that apply)

01 Eat more home-cooked meals

02 Eat more takeout / delivered food

03 Get more physical exercise

- 04 [] Get less physical exercise
- 05 [] Spend more time outdoors in nature
- 06 [] Spend less time outdoors in nature
- 07 [] None of these apply

4. In what ways has the COVID-19 outbreak affected your work? (Mark all that apply)

- 01 [] I moved to working remotely or from home
- 02 [] I lost my job permanently
- 03 [] I lost my job temporarily, or was not told for how long
- 04 [] I got a new job
- 05 [] I reduced my work hours
- 06 [] I increased my work hours
- 07 [] My job put me at increased risk of getting COVID-19
- 08 [] I laid off employees
- 09 [] I did not have a paying job before the COVID-19 outbreak
- 10 [] None of these apply

5. In what ways has the COVID-19 outbreak affected your spouse/partner's work? (Mark all that apply)

- 00 [] Not applicable - I do not have a spouse/partner → If marked, skip to Question 6.
- 01 [] My spouse/partner moved to working remotely or from home
- 02 [] My spouse/partner lost his/her job permanently
- 03 [] My spouse/partner lost his/her job temporarily, or was not told for how long
- 04 [] My spouse/partner got a new job
- 05 [] My spouse/partner reduced his/her work hours
- 06 [] My spouse/partner increased his/her work hours
- 07 [] My spouse/partner's job put him/her at increased risk of getting COVID-19
- 08 [] My spouse/partner laid off employees

09 [] My spouse/partner did not have a paying job before the COVID-19 outbreak

10 [] None of these apply

6. How has the COVID-19 outbreak affected your regular childcare? (Mark all that apply)

01 [] I had difficulty arranging for childcare

02 [] I had to pay more for childcare

03 [] My spouse/partner or I had to change our work schedule to care for our children ourselves

04 [] My regular childcare has not been affected by the COVID-19 outbreak

05 [] I do not have a child in childcare.

7. What have been your greatest sources of stress from the COVID-19 outbreak? (Mark all that apply)

01 [] Health concerns

02 [] Financial concerns

03 [] Impact on work

04 [] Impact on your child

05 [] Impact on your community

06 [] Impact on family members

07 [] Access to food

08 [] Access to baby supplies (e.g., formula, diapers, wipes)

09 [] Access to personal care products or household supplies

10 [] Access to medical care, including mental health care

11 [] Social distancing or being quarantined

12 [] I am not stressed about the COVID-19 outbreak

8. What have you done to cope with your stress related to the COVID-19 outbreak? (Mark all that apply)

01 [] Meditation and/or mindfulness practices

02 [] Talking with friends and family (e.g., by phone, text, or video)

- 03 [] Engaging in more family activities (e.g., games, sports)
- 04 [] Increased television watching or other “screen time” activities (e.g., video games, social media)
- 05 [] Eating more often, including snacking
- 06 [] Increasing time reading books, or doing activities like puzzles and crosswords
- 07 [] Drinking alcohol
- 08 [] Using tobacco (e.g., smoking, vaping)
- 09 [] Using marijuana (e.g., vaping, smoking, eating) or cannabidiol (CBD)
- 10 [] Talking to my healthcare providers more frequently, including mental healthcare provider (e.g., therapist, psychologist, counselor)
- 11 [] Volunteer work
- 12 [] I have not done any of these things to cope with the COVID-19 outbreak

9. Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.

- 01 [] Extremely negative
- 02 [] Moderately negative
- 03 [] Somewhat negative
- 04 [] No impact
- 05 [] Slightly positive
- 06 [] Moderately positive
- 07 [] Extremely positive

10. Since becoming aware of the COVID-19 outbreak, how often have you felt happy and satisfied with your life?

- 01 [] Not at all
- 02 [] Rarely
- 03 [] Sometimes
- 04 [] Often
- 05 [] Very often

For rows 11.a through 11.i below, please mark 'Not at all', 'Rarely', 'Sometimes', 'Often', or 'Very often' for how often you have had the experience since becoming aware of the COVID-19 outbreak.

11. Since becoming aware of the COVID-19 outbreak, how often have you ...

a. had difficulty sleeping

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

b. startled easily

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

c. had angry outbursts

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

d. felt a sense of time slowing down

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

e. felt in a daze

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

f. tried to avoid thoughts and feelings about COVID-19

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

g. tried to avoid reading or watching information about COVID-19

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

h. had distressing dreams about COVID-19

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

i. been distressed when I see something that reminds me of COVID-19

01 [] Not at all

02 [] Rarely

03 [] Sometimes

04 [] Often

05 [] Very often

Protocol source: <https://www.phenxtoolkit.org/protocols/view/960201>