



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. Did your school close because of the COVID-19 outbreak?

01 Yes

02 No → Skip to Question 3

03 I am not enrolled in any school → Skip to Question 3

2.a. Do you usually receive free meals at school?

01 Yes

02 No → Skip to Question 2.b

2.a.1. Has your school offered meals during the school closure from COVID-19?

01 Yes

02 No → Skip to Question 2.b

2.a.1.a. Have you been able to get the school-provided meals during the COVID-19 associated closure?

01 Yes

02 No

2.b. Has your school offered online learning while closed?

01 Yes

02 No → Skip to Question 3

2.b.1. Has your school provided either of the following to support online learning?

a. Free home internet access

01 Yes

02 No

b. Free computer or tablet

01 Yes

02 No

3.a. What type of internet access do you have at home? (Mark all that apply)

01 High-speed broadband internet (“WiFi”) (e.g., DSL, cable, fiber optic)

02 Dial-up internet (not WiFi) → Skip to Question 4

03 Smartphone not connected to WiFi network at home (e.g., use cellular, LTE, mobile hotspot, neighbor’s WiFi) → Skip to Question 4

04 I do not have internet access at home → Skip to Question 4

3.b. Did you have high-speed broadband internet access at home prior to March 1, 2020?

01 Yes

02 No

For rows 4.a through 4.h below, please mark ‘Less’, ‘Same amount’, or ‘More’ for how much you are now engaged in the activity compared to before the COVID-19 outbreak.

4. Compared to before the COVID-19 outbreak, how much are you now doing the following:

1. Eating

01 [] Less

02 [] Same amount

03 [] More

2. Sleeping

01 [] Less

02 [] Same amount

03 [] More

3. Physical activity

01 [] Less

02 [] Same amount

03 [] More

4. Spending time outside

01 [] Less

02 [] Same amount

03 [] More

5. Spending time with friends in-person

01 [] Less

02 [] Same amount

03 [] More

6. Spending time with friends remotely (e.g., online, social media, texting)

01 [] Less

02 [] Same amount

03 [] More

7. Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school work

01 [] Less

02 [] Same amount

03 [] More

8. Spending time watching TV, playing video/computer games, or using social media for non-educational purposes

01 [] Less

02 [] Same amount

03 [] More

5. Compared to before the COVID-19 outbreak, do you feel ...

01 [] much less socially connected

02 [] less socially connected

03 [] slightly less socially connected

04 [] slightly more socially connected

05 [] more socially connected

06 [] much more socially connected

6. 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 [] Engaging in more family activities (e.g., games, sports)

03 [] Eating more often, including snacking

04 [] Increasing time reading books, or doing activities like puzzles and crosswords

05 [] Drinking alcohol

06 [] Using tobacco (e.g., smoking; do not include vaping)

07 [] Using marijuana (e.g., smoking, edibles; do not include vaping) or cannabidiol (CBD)

08 [] Vaping marijuana

09 [] Vaping other substances (e.g., using e-cigarettes, e-juice)

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

7. 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

8. 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 9.a through 9.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.

9. 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/960203>