



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. Has your Household income changed significantly since February 2020? (please EXCLUDE a stimulus payment from the federal government if you have received one)

- 1 Yes, my household income is more
- 2 Yes, my household income is less
- 3 No, my household income is about the same

2. How worried are you that your household income has been or will be negatively impacted the coronavirus (COVID-19) and its effects?

- 1 Very worried
- 2 Somewhat worried
- 3 Not very worried
- 4 Not at all worried

3. How worried are you that the value of your assets (including housing, savings, and other financial assets) has been or will be negatively impacted by the coronavirus (COVID-19) and its effects?

- 1 Very worried
- 2 Somewhat worried
- 3 Not very worried
- 4 Not at all worried

4. In the past month, how difficult has it been for you to cover your expenses and pay all your bills?

- 1 Very difficult

2 [] Somewhat difficult

3 [] Not at all difficult

4 [] Don't know

If 4 equals 3 or 4, then ask 5a

if 4 equals 1 or 2, then ask 5b

5a. Suppose now you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay this expense?	Yes [1]	No [2]
By putting it on my credit card and paying it off in full at the next statement	[]	[]
By putting it on my credit card and paying it off over time	[]	[]
With the money currently in my checking/savings account or with cash	[]	[]
Using a bank loan or line of credit	[]	[]
By borrowing from a friend or family member	[]	[]
Using a payday loan, deposit advance, or overdraft	[]	[]
By selling something	[]	[]
By using my stimulus payment	[]	[]
By asking my landlord or mortgage provider for an extension	[]	[]

I wouldn't be able to pay for the expense right now	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other method:		

5b. What methods are you using or do you plan to use to cover your expense?	Yes [1]	No [2]
By putting it on my credit card and paying it off in full at the next statement	<input type="checkbox"/>	<input type="checkbox"/>
By putting it on my credit card and paying it off over time	<input type="checkbox"/>	<input type="checkbox"/>
With the money currently in my checking/savings account or with cash	<input type="checkbox"/>	<input type="checkbox"/>
Using a bank loan or line of credit	<input type="checkbox"/>	<input type="checkbox"/>
By borrowing from a friend or family member	<input type="checkbox"/>	<input type="checkbox"/>
Using a payday loan, deposit advance, or overdraft	<input type="checkbox"/>	<input type="checkbox"/>
By selling something	<input type="checkbox"/>	<input type="checkbox"/>
By using my stimulus payment	<input type="checkbox"/>	<input type="checkbox"/>
By asking my landlord or mortgage provider for an extension	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't be able to pay for the expense right now	<input type="checkbox"/>	<input type="checkbox"/>

Other:

[]

[]

Please specify other method:

6. Since February 2020, have you either received, applied for, or tried to apply for any of the following forms of income or assistance?	Received [1]	Applied and waiting to receive [2]	Tried but was not able to apply for, or was not eligible [3]	Did not apply for [4]
Unemployment Insurance	[]	[]	[]	[]
SNAP (Supplemental Nutrition Assistance Program) or Food Stamps	[]	[]	[]	[]
TANF (Temporary Assistance for Needy Families)	[]	[]	[]	[]
Social Security	[]	[]	[]	[]
Supplemental Social Security	[]	[]	[]	[]
Any kind of government health insurance or health	[]	[]	[]	[]

coverage plan including Medicaid, Medical Assistance or Medicare				
Paycheck Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other aid from the government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from a union or other association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from a church or religious organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from another community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A food pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protocol source: <https://www.phenxtoolkit.org/protocols/view/980101>