



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. Which of the following best describes your work situation in the two weeks prior to the COVID-19 outbreak?

- Working full time -> GO TO 1B
- Working part time -> GO TO 1B
- Self-employed -> GO TO 1B
- Looking for work, unemployed -> GO TO 1A
- Unemployed, not looking -> GO TO 1A
- Temporarily laid off -> GO TO 1A
- Retired -> GO TO 1A
- Homemaker -> GO TO 1A
- Maternity Leave -> GO TO 1A
- Illness/sick leave -> GO TO 1A
- Disabled -> GO TO 1A
- Other -> GO TO 1B

If not working before COVID-19 outbreak, ask:

1a. Did you start a new job during the COVID-19 outbreak?

- No -> GO TO 5
- Yes -> GO TO 4

1b. What setting(s) were you working in the two weeks before the COVID-19 outbreak? [check all that apply]

- At home
- In a medical setting (hospital, clinic, doctor's office, urgent care center, etc.)
- In an office or apartment building
- In a private household(s) (nanny, housekeeper, etc.)
- In a setting with regular customer interaction (delivery, transport, retail, food service, restaurant, etc.)
- In the community as a first responder (police, EMS, firefighter, etc.)
- In a warehouse or factory
- Outside (gardening, construction, road work, etc.)
- Other _____

1c. What kind of work did you do? _____

If employed before COVID-19 outbreak, ask:

2. Did you lose any job(s) during the covid-19 outbreak?

- No -> GO TO 2B
- Yes, I was laid off from a job
- Yes, I was furloughed from a job
- Yes, I lost all my jobs -> GO TO 2B

If laid off or furloughed, ask;

2a. Did you continue to work at all during the COVID-10 outbreak?

- No -> GO TO 5
- Yes

2b. Did you start or get [a new/another] job during the COVID-19 outbreak?

- No
- Yes

If currently working, ask:

3. Did you experience significant changes with your job (e.g. workload, hours, pay, etc.) because of or during the outbreak? [check all that apply]

No

Yes, switched to working remotely

Yes, increase in work hours

Yes, decrease in work hours

Yes, increase in workload

Yes, decrease in workload

Yes, salary or wages cut

Yes, salary or wages increased

Yes, other significant change: _____

4. What setting(s) have you been working in since the COVID-19 outbreak began? [check all that apply]

At home

In a medical setting (hospital, clinic, doctor's office, urgent care center, etc.)

In an office or apartment building

In a private household(s) (nanny, housekeeper, etc.)

In a setting with regular customer interaction (delivery, transport, retail, food service,

restaurant, etc.)

In the community as a first responder (police, EMS, firefighter, etc.)

In a warehouse or factory

Outside (gardening, construction, road work, etc.)

Other _____

5. In the weeks before COVID-19 outbreak began, were you a student (enrolled in an academic program)?

Full time student

Part time student

No -> GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING

If a full or part time student, ask:

5a. After the COVID-19 outbreak began, did you continue to be a student?

No -> GO TO 6 IF WORKING DURING THE OUTBREAK; GO TO 8 IF NOT WORKING

No, graduated or finished program early -> GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING

Yes

5b. Since the COVID-19 outbreak, has your school offered > No -> GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING

Yes

5c. Did you experience an increase or decrease in schoolwork (time spent working)

Increase

Decrease

No change

If working at home or in school virtually, ask:

6. [Has it been/Was it] hard to get your [work/schoolwork] done because of other responsibilities at home (taking care of children, family, tension, space)?

No

Yes

7. [Has it been/Was it] hard to get your [work/school work] done because of your home environment (internet, computers, tension, space)?

No

Yes

8. Did anyone in your house lose their job or lose a significant amount of their income as a result of the COVID-19 outbreak?

No

Yes

If yes, ask:

8a. Who lost their job or significant amount of income as a result of the COVID-19 outbreak?

Partner

Parents

My children

Siblings

Grandparents

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

Friend(s)

Other household members/roommates

Protocol source: <https://www.phenxtoolkit.org/protocols/view/980201>