



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. Climbing stairs and transferring

This includes any of the following: getting into/out of bed, standing up/sitting down in a chair, getting into/out of a car, getting on/off a toilet, stepping onto a curb.

	None, I can perform these tasks independently	A little help	A Lot of help	Unable to perform task
BEFORE you were diagnosed with COVID-19, how much help did you need climbing stairs/transferring?	[]	[]	[]	[]
TODAY, how much help do you need climbing stairs/transferring?	[]	[]	[]	[]

1a. Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another persons help to get out of bed.)

2. Personal grooming and dressing

This includes any of the following: brushing/flossing teeth, denture care, skin care, shaving, putting on socks and shoes, taking off underwear, putting on pants, putting on a jacket.

	None, I can perform these tasks independently	A little help	A Lot of help	Unable to perform task
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BEFORE you were diagnosed with COVID-19, how much help did you need with personal grooming and dressing?	[]	[]	[]	[]
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TODAY, how much help do you need with personal grooming and dressing?	[]	[]	[]	[]
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2a. Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another persons help to get out of bed.)

3. Using the toilet and bathing

This includes any of the following: wiping your body with wipes, taking a shower or bath, scrubbing and rinsing your body, wiping after you use the toilet.

	None, I can perform these tasks independently	A little help	A Lot of help	Unable to perform task
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BEFORE you were diagnosed with COVID-19, how much help did you need using the restroom and bathing?	[]	[]	[]	[]
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TODAY, how much help do you need using the restroom and bathing?	[]	[]	[]	[]
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3a. Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another persons help to get out of bed.)

4. Doing household chores

This includes any of the following: food preparation, cooking, folding laundry, vacuuming the floor, making the bed, feeding pets, wiping a table, loading the dishwasher, tidying up a room.

	None, I can perform these tasks independently	A little help	A Lot of help	Unable to perform task
BEFORE you were diagnosed with COVID-19, how much help did you need doing household chores?	[]	[]	[]	[]
TODAY, how much help do you need doing household chores?	[]	[]	[]	[]

4a. Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another persons help to get out of bed.)

5. Managing personal affairs

This includes any of the following: using the phone or computer, paying bills, scheduling a doctor appointment, managing medications, refilling a prescription, making a shopping list

None, I can perform these tasks independently	A little help	A Lot of help	Unable to perform task
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BEFORE you were diagnosed with COVID-19, how much help did you need managing your personal affairs?

TODAY, how much help do you need managing your personal affairs?

5a. Please state which activities, if any, have been impacted and describe how they have been impacted.

(Ex: Prior to my illness, I would need to sit for a moment before rising out of bed independently. Now I require another persons help to get out of bed.)

6. Do you experience shortness of breath or fatigue when performing any activities in the following categories? Please select all that apply.

- Climbing stairs or transferring
- Personal grooming and dressing
- Using the toilet and bathing
- Doing household chores
- Managing personal affairs

7. When you are climbing stairs or transferring, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time
- 50-75% of the time
- 75-100% of the time

8. When you are dressing or performing personal grooming, how often do you feel shortness of breath/fatigue?

- 0-25% of the time
- 25-50% of the time

50-75% of the time

75-100% of the time

9. When you are using the toilet or bathing, how often do you feel shortness of breath/fatigue?

0-25% of the time

25-50% of the time

50-75% of the time

75-100% of the time

10. When you are doing household chores, how often do you feel shortness of breath/fatigue?

0-25% of the time

25-50% of the time

50-75% of the time

75-100% of the time

11. When you are managing your personal affairs, how often do you feel shortness of breath/fatigue?

0-25% of the time

25-50% of the time

50-75% of the time

75-100% of the time

Protocol source: <https://www.phenxtoolkit.org/protocols/view/992101>