PhenX Toolkit

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. Was (name of child) born with any health problems (either physical or mental)?

   1 [ ] yes (specify_____)

   2 [ ] no

   8 [ ] refused

   9 [ ] dont know

2. During the past 12 months (if child less than 12 months, the childs age in months) has (name of child) appeared to have any difficulty seeing?

   1 [ ] yes

   2 [ ] no

   8 [ ] refused

   9 [ ] dont know

3. Has (name of child) ever been diagnosed with an eye problem?

   1 [ ] yes

   2 [ ] no (skip to Q4)

   8 [ ] refused

   9 [ ] dont know

3a. When was (name of child) first diagnosed as having an eye problem?

Month_____

Year_____

4. Has a doctor ever told you that (name of child) needs to wear glasses or contact

lenses?

    1 [ ] yes

    2 [ ] no (skip to Q5)

    8 [ ] refused

    9 [ ] dont know

4a. When did (name of child) first begin wearing glasses or contact lenses?

Month_____

Year_____

5. Has a doctor ever told you that (name of child) had amblyopia, that is, poor vision that cannot be corrected with glasses or contact lenses?

    1 [ ] yes

    2 [ ] no (skip to Q6)

    8 [ ] refused

    9 [ ] dont know

5a. When was (name of child) first diagnosed as having amblyopia?

Month_____

Year_____

6. Does (name of child) have strabismus that is crossed or wall eyes, where one or both eyes turn in or turn out or up or down.

    1 [ ] yes

    2 [ ] no (skip to Q7)

    8 [ ] refused

    9 [ ] dont know

6a. When was (name of child) first diagnosed as having strabismus?

Month_____

Year_____

7. Did (he/she) ever have an operation to straighten (his/her) eyes?

1 [ ] yes

2 [ ] no (skip to Q8)

8 [ ] refused

9 [ ] dont know

7a. When did (name of child) first (?) have this type of operation?

Month_____

Year_____

8. Did (he/she) ever have to wear an eye patch to improve his/her vision?

1 [ ] yes

2 [ ] no (skip to Q9)

8 [ ] refused

9 [ ] dont know

8a. When did (name of child) first start wearing an eye patch?

Month_____

Year_____

9. In general, is your childs overall health:

1 [ ] excellent

2 [ ] very good

3 [ ] good

4 [ ] fair

5 [ ] poor

8 [ ] refused

9 [ ] dont know

10. At the present time, is your childs eyesight <u>using both eyes</u>:

1 [ ] excellent

2 [ ] very good

3 [ ] good

4 [ ] fair

5 [ ] poor

8 [ ] refused

9 [ ] dont know

Protocol source: https://www.phenxtoolkit.org/protocols/view/110601