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.

A. Medical History (Check appropriate)			
[ ] Acquired Immunodeficiency Syndrome (AIDS) or HIV Positive:	Date of Onset	[ ] High Blood Pressure	Date of Onset
[ ] Arthritis		[ ] Hypoglycemia	
[ ] Asthma		[ ] Jaundice	
[ ] Bronchitis		[ ] Kidney Disease	
[ ] Cancer		[ ] Low Blood Pressure	
[ ] Chlamydia		[ ] Mental Retardation	
[ ] Diabetes		[ ] Pain or Pressure in Chest	

[ ] Dizziness		[ ] Palpitations	
[ ] Emphysema		[ ] Periods of Unconsciousness	
[ ] Epilepsy		[ ] Rheumatic Fever	
[ ] Eye Problem		[ ] Rheumatism	
[ ] Fainting		[ ] Seizures	
[ ] Frequent or Severe Headaches		[ ] Shortness of Breath	
[ ] Glaucoma		[ ] Stomach Liver or Intestinal Problems	
[ ] Gonorrhea		[ ] Syphilis	
[ ] Hearing Impairment		[ ] Tuberculosis	
[ ] Heart Condition		[ ] Tumor	
[ ] Hemodialysis		[ ] Thyroid Problems	
[ ] Herpes		[ ] Urinary Tract Infection	

[ ] High Blood Cholesterol		[ ] Other	

B. Infectious Disease

Disease	**Age**	**Date**	**Remarks**
Chicken Pox			
Hepatitis			
Measles			
Mumps			
Pertussis/ Whooping Cough			
Pneumonia			
Polio			
Rubella			
Scarlet Fever			
Other			

C. Immunizations

	Booster 1	**Booster 2**	**Booster 3**

Immunization for	**Age**	**Date**	**Age**	**Date**	**Age**	**Date**
Diphtheria						
Hepatitis B						
Measles						
Mumps						
Pertussis/ Whooping Cough						
Polio						
Rubella						
Smallpox						
Tetanus						
Tuberculosis						
Typhoid						
Other						

D. Allergies/Drug Sensitivities

Allergy/ **Sensitivity Type** (include medications, foods, environmental, or other)	**Reaction**	**Date last Occurred**	**Treatment**

E. Health Log (Noninfectious major illnesses. Include pregnancies and childbirth.)

Date Diagnosed	Doctor	Nature of Health Problems	Age of Onset	Condition Status	Remarks (e.g., medications, special tests, x-rays, length of hospital stays, surgery)

F. Doctor Visits

Date	Doctor	Reason	Diagnosis

G. Hospitalizations

Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date	Discharge Date	
Doctor		
Hospital		

Reason		Complications
Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date		
Doctor		
Hospital		
Reason		Complications
Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date		
Doctor		
Hospital		
Reason		Complications

H. Surgeries

Date	Doctor	Results
Hospital		
Surgical Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Surgical Procedure		
Description		Comments

Date	Doctor	Results

Hospital	
Surgical Procedure	
Description	Comments

I. Lab or Imaging (e.g., x-ray, MRI, mammogram)

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by
Reason		Reason	
Result		Result	

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by

Reason		Reason	
Result		Result	

J. Medical Devices (e.g., pacemaker, insulin pumps, breathing devices)

Device Type	Doctor	Device Type	Doctor
Hospital	Date	Hospital	Date
Reason			

K. Physical/Occupation Therapy

Therapy Type	**Start Date**	**Stop Date**	**Frequency**	**Therapist**