



## 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.

### Questions About Your Health and Wellness in the 3 Months Before Pregnancy, During Your Pregnancy and During Your Child's First Year of Life

(Please remember that **pregnancy** begins with conception and includes the period of time after you conceived but before you knew you were pregnant.)

	In the 3 Months Before Pregnancy	During Pregnancy	During Your Child's First Year of Life
1. How would you describe your physical health (including physical illness and Injury)?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know
2. How would you describe your mental health (including stress, depression, and problems with emotion)?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Declined

	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Don't Know
3. How often did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know
4. How often did you feel that you were unable to control the important things in your life?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know
5. How often did you feel that things were going your way?	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know	<input type="checkbox"/> Never <input type="checkbox"/> Almost Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly Often <input type="checkbox"/> Very Often <input type="checkbox"/> Declined <input type="checkbox"/> Don't Know

Protocol source: <https://www.phenxtoolkit.org/protocols/view/241101>