



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.

Speech and Language Issues

1. Have you experienced any issues with **SPEECH AND LANGUAGE** since the start of your COVID-19 illness?

Yes

No

1a. Which of the following speech and language symptoms have you experienced since the start of your COVID-19 illness?

Difficulty finding the right words while speaking/writing

Difficulty communicating verbally

Difficulty speaking in complete sentences

Speaking unrecognizable words

Difficulty communicating in writing

Difficulty processing/understanding what others say

Difficulty reading/processing written text

(If applicable) changes to your non-primary (second/third) language skills

None of the above

Other _____

1b. When did you experience these symptoms?

Please mark symptoms for the first 4 weeks, then months (if applicable). Even if you have only experienced these symptoms for part of a week or month, please select it.

Week Week Week Week Month Month Month Month Month Month

1 2 3 4 2 3 4 5 6 7

Speech and Language Issues

2. Do you speak multiple languages?

Yes

No

Optional: Please use this space to describe examples of your language issues, including speech, writing, reading, and listening to words. Please include any changes to your speech/language that are not mentioned above. For instance, if you speak multiple languages and have noticed different problems with your primary and non-primary language.

3. Did you experience these symptoms, and when did you experience them?

Please mark symptoms for the first 4 weeks, then months (if applicable). Even if you have only experienced these symptoms for part of a week or month, please select it. If you experienced none of the symptoms in a set, select the checkbox (None of the below issues apply to me) above the grouped set.

None of the below ear and hearing symptoms apply to me

Ear and Hearing Symptoms

N/A Week 1 Week 2 Week 3 Week 4 Month 2 Month 3 Month 4 Month 5

Hearing loss

Tinnitus

Other

ear/hearing

issues

All Other Symptoms - Checkbox

4. Have you experienced any of these symptoms since the start of your COVID-19 illness? (Please choose all options that apply)

Ear and Hearing

Ear pain

Changes to the ear canal (such as pressure, blockage, burning, swelling)

Numbness/loss of sensation

Sensitivity to noise

Other ear/hearing symptoms

None of the above

Symptom Course

5. How severe were/are your symptoms over the course of the weeks/months?

If you experienced multiple severities for symptoms within the time period, select the most severe within that time period.

No symptom Very Mild Mild Moderate Severe Very Severe

Week 1

Week 2

Week 3

Week 4

Month 2

Month 3

Month 4

Month 5

Month 6

Month 7+

6. Which of these descriptions appropriately describes your experience with relapses, and your symptom course overall? Please select all that apply:

- My relapses happen in a regular pattern (monthly, daily, or weekly).
- My relapses happen in an irregular pattern (randomly).
- My relapses happen in response to a trigger (stress, alcohol, exercise/exertion, etc).
- My relapses are getting shorter/easier over time.
- My relapses are getting longer/harder over time.
- My relapse severity has stayed about the same over time.
- Overall, my symptoms have slowly gotten better over time.
- Overall, my symptoms have stayed about the same over time.
- Overall, my symptoms have slowly worsened over time.
- I got worse rapidly.
- I got better rapidly.
- Other _____

7. Which of these trigger a relapse or worsening of symptoms? Please select all that apply:

- Stress
- Alcohol
- Caffeine
- Heat
- Period/menstruation
- Week before period/menstruation
- Exercise
- Physical activity
- Mental activity
- Other _____

Protocol source: <https://www.phenxtoolkit.org/protocols/view/992005>