



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.

Eye and Vision Symptoms

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

None of the below eye and vision symptoms apply to me

Eye and Vision Symptoms

	N/A	Week 1	Week 2	Week 3	Week 4	Month 2	Month 3	Month 4	Month 5
Vision symptoms	<input type="checkbox"/>								
Other eye symptoms	<input type="checkbox"/>								

All Other Symptoms - Checkbox

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

Vision symptoms - Blurred vision

Vision symptoms - Double vision

Vision symptoms - Sensitivity to light

Vision symptoms - Tunnel vision

Vision symptoms - Total loss of vision

Eye pressure or pain

Month 6

Month 7+

4. 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/992015>