# 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.

Reproductive and Urinary Symptoms

1. 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 reproductive and urinary symptoms apply to me

Reproductive and Urinary Symptoms

| | N/A | Week 1 | Week 2 | Week 3 | Week 4 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| All menstrual/period issues | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| Bladder control issues | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |

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)

[ ] Early Menopause

[ ] Post-Menopausal bleeding/spotting

[ ] Abnormally heavy periods/clotting

[ ] Abnormally irregular periods
[ ] Other menstrual issues _____

[ ] Decrease in size of testicles/penis

[ ] Pain in testicles

[ ] Other semen/penis/testicles issues _____

[ ] Sexual dysfunction (difficulty maintaining erection, vaginal dryness, difficulty orgasming)

[ ] Urinary issues, other _____

[ ] None of the above

Symptom Course

3. 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+ [ ]           [ ]          [ ] [ ]            [ ]       [ ]

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/992017