



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.

1. If you have had symptoms of COVID-19, how much do you agree with the following statement?

"I have fully recovered from COVID-19"

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

2. How do you feel right now?

- I feel as healthy as normal
- I am not feeling quite right

3. Do you have a fever?

- Yes
- No

4. Do you feel chills or shivers (feel too cold)?

- Yes
- No

5. If you are able to measure it, what is your temperature?

6. Do you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?

Yes

No

7. Are you experiencing unusual fatigue/tiredness?

No

Mild fatigue

Severe fatigue - I struggle to get out of bed

8. Are you experiencing problems with your sleep, including getting to sleep, waking in the night or waking early?

Yes

No

8a. If yes, please describe

9. Are you experiencing unusual shortness of breath?

No

Yes, **mild** symptoms - slight shortness of breath during ordinary activity

Yes, **significant** symptoms - breathing is comfortable only at rest

Yes, **severe** symptoms - breathing is difficult even at rest

10. What are your current symptoms? (Please tick all that apply)

loss of smell/taste

unusually hoarse voice

unusual chest pain or tightness in your chest

unusual abdominal pain

diarrhoea

headache

confusion, disorientation or drowsiness

unusual eye-soreness or discomfort (e.g. light sensitivity, excessive tears, or pink/red eye)

skipping meals

dizziness or light-headedness

- sore throat
- unusual strong muscle pains
- earache or ringing in your ears (tinnitus)
- raised, red, itchy welts on the skin or sudden swelling of the face or lips
- red/purple sores or blisters on your feet, including your toes
- no symptoms
- other

10a. Are there other important symptoms you want to share with us?

11. Since the start of your COVID-19 symptoms, have you had a period longer than one week with none of the above symptoms at all (where you were back to how you were pre-COVID)

- Yes (I have had a period of one week or more since my test with none of the above symptoms)
- No (My symptoms have been continuous since Covid test)
- Not applicable

Protocol source: <https://www.phenxtoolkit.org/protocols/view/992020>