



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.

Lifestyle & Pre-existing Conditions

1. Did you have any of these pre-existing conditions/diagnoses or did you experience any of the following pre-COVID?

- ☐ Food Allergies
- ☐ Environmental Allergies (dust, mold)
- ☐ Chemical Allergies
- ☐ Seasonal Allergies
- ☐ Allergies of unknown origin
- ☐ Other allergies
- ☐ Insomnia
- ☐ Lucid dreams (dreams where you are aware you are dreaming or have some control over what you dream)
- ☐ Nightmares
- ☐ Vivid dreams
- ☐ Night sweats
- ☐ Sleep apnea
- ☐ Acid Reflux Disease
- ☐ Celiac Disease
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis

- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Other GI issues
- ☐ Asthma
- ☐ COPD
- ☐ Tuberculosis
- ☐ Eczema
- ☐ Viral skin conditions (cold sores, herpes, warts, molluscum)
- ☐ Dementia
- ☐ Seizures/epilepsy
- ☐ Migraine
- ☐ ALS
- ☐ Parkinson's disease
- ☐ Multiple Sclerosis
- ☐ Peripheral neuropathy
- ☐ Coronary Heart Disease
- ☐ Heart failure
- ☐ Hypertension (high blood pressure)
- ☐ Hypotension (low blood pressure)
- ☐ History of clotting
- ☐ History of strokes
- ☐ High cholesterol / hyperlipidemia
- ☐ Mitral valve prolapse
- ☐ Anemia
- ☐ Autism
- ☐ Auto-immune/rheumatological conditions
- ☐ Cancer (all types)
- ☐ Chronic kidney disease

- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Ehlers-Danlos Syndrome (EDS)
- ☐ Endometriosis
- ☐ Fibromyalgia
- ☐ IgA deficiency
- ☐ Interstitial Cystitis (Bladder Pain Syndrome)
- ☐ Hepatitis (A/B/C)
- ☐ HIV
- ☐ Mast Cell Activation Syndrome (MCAS)
- ☐ Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
- ☐ Obesity
- ☐ Postural Orthostatic Tachycardia Syndrome (POTS)
- ☐ Recurrent bacterial infections
- ☐ Recurrent viral infections
- ☐ Restless leg syndrome
- ☐ TMJ (temporomandibular joint dysfunction)
- ☐ Vertigo
- ☐ Vision: near-sighted/far-sighted
- ☐ Vitamin D deficiency
- ☐ None of the above

2. Please indicate other pre-existing conditions/diagnoses not listed here. If multiple, please separate them with a comma. Please only list the conditions, no descriptions or explanations.

3. Did any of your pre-existing conditions change during the course of COVID-19 symptoms?

- ☐ Yes, they got worse.

☐ Yes, they got better.

☐ Some got better, some stayed the same, some got worse (please add an explanation in the text boxes in the following page).

☐ No, they stayed the same.

☐ N/A (I did not have any pre-existing condition)

3a. If any of your pre-existing conditions got worse, please describe here.
(optional)

3b. If any of your pre-existing conditions got better, please describe here.
(optional)

Protocol source: <https://www.phenxtoolkit.org/protocols/view/992401>