



## 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.

### **POSSIBLE SIGNS AND SYMPTOMS OF MULTISYSTEM INFLAMMATORY SYNDROME** *(complete when MIS is first suspected)*

Fever (measured or self-reported)

- ☐ Yes
- ☐ No
- ☐ Unknown

Duration of fever \_\_\_\_ days

Rash

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes type of rash \_\_\_\_\_

Bilateral conjunctivitis

- ☐ Yes, purulent
- ☐ Yes, non-purulent
- ☐ No
- ☐ Unknown

Oral mucosal inflammation signs

- ☐ Yes
- ☐ No
- ☐ Unknown

Peripheral cutaneous inflammation signs (hands or feet)

- ☐ Yes
- ☐ No
- ☐ Unknown

Hypotension (age-appropriate)

☐ Yes

☐ No

☐ Unknown

Tachycardia (age-appropriate)

☐ Yes

☐ No

☐ Unknown

Prolonged capillary refill time

☐ Yes

☐ No

☐ Unknown

Pale/mottled skin

☐ Yes

☐ No

☐ Unknown

Cold hands/feet

☐ Yes

☐ No

☐ Unknown

Urinary output < 2 mL/kg/hr

☐ Yes

☐ No

☐ Unknown

Chest pain

☐ Yes

☐ No

☐ Unknown

Tachypnoea (age-appropriate)

☐ Yes

☐ No

☐ Unknown

Respiratory distress

☐ Yes

☐ No

☐ Unknown

Abdominal pain

☐ Yes

☐ No

☐ Unknown

Diarrhoea

☐ Yes

☐ No

☐ Unknown

Vomiting

☐ Yes

☐ No

☐ Unknown

**OTHER SIGNS AND SYMPTOMS** (*complete when MIS is first suspected*)

Cough

☐ Yes

☐ No

☐ Unknown

Fatigue/malaise

☐ Yes

☐ No

☐ Unknown

Sore throat

☐ Yes

☐ No

☐ Unknown

Seizures

☐ Yes

☐ No

☐ Unknown

Runny nose

☐ Yes

☐ No

☐ Unknown

Headache

☐ Yes

☐ No

☐ Unknown

Wheezing

☐ Yes

☐ No

☐ Unknown

Hypotonia/floppiness

☐ Yes

☐ No

☐ Unknown

Swollen joints

☐ Yes

☐ No

☐ Unknown

Paralysis

☐ Yes

☐ No

☐ Unknown

Cervical lymphadenopathy

☐ Yes

☐ No

☐ Unknown

Irritability

☐ Yes

☐ No

☐ Unknown

Joint pain (arthralgia)

☐ Yes

☐ No

☐ Unknown

Photophobia

☐ Yes

☐ No

☐ Unknown

Muscle aches

☐ Yes

☐ No

☐ Unknown

Hyposmia/anosmia (loss of smell)

- ☐ Yes
- ☐ No
- ☐ Unknown

Skin ulcers

- ☐ Yes
- ☐ No
- ☐ Unknown

Hypogeusia (loss of taste)

- ☐ Yes
- ☐ No
- ☐ Unknown

Stiff neck

- ☐ Yes
- ☐ No
- ☐ Unknown

Not able to drink

- ☐ Yes
- ☐ No
- ☐ Unknown

Other? Specify \_\_\_\_\_

Bleeding (haemorrhage)

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, specify site \_\_\_\_\_

## RECENT HISTORY

Has the child been admitted to hospital in the last 3 months?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, date of discharge from hospital

[\_D\_] [\_D\_] / [\_M\_] [\_M\_] / [\_2\_] [\_0\_] [\_Y\_] [\_Y\_]

If yes, was it related to this illness episode or for the same or similar problems?

- ☐ Yes

- ☐ No
- ☐ Unknown

History of COVID-19 infection in the previous 4 weeks prior to current illness?

- ☐ Yes - Lab confirmed
- ☐ Yes - Clinically diagnosed
- ☐ No
- ☐ Unknown

History of any respiratory infection in the previous 4 weeks prior to current illness?

- ☐ Yes
- ☐ No
- ☐ Unknown

Any household member (or other contact) with confirmed COVID-19 in previous 4 weeks?

- ☐ Yes
- ☐ No
- ☐ Unknown

Past history of Kawasaki disease?

- ☐ Yes
- ☐ No
- ☐ Unknown

Family history of Kawasaki disease?

- ☐ Yes
- ☐ No
- ☐ Unknown

Protocol source: <https://www.phenxtoolkit.org/protocols/view/992501>