

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.

READ: I would like to ask you about your other health conditions and how your health care has been impacted by the COVID-19 pandemic.

1. Do you have any of the following conditions? (Select all that apply)

	Yes	No
HIV	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Hepatitis B virus (HBV)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Hepatitis C virus (HCV)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Tuberculosis (TB)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Hypertension	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Chronic kidney disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Cardiovascular disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Chronic obstructive pulmonary disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Alcohol or substance use disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Other mental health condition	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Other chronic condition (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 0

(SKIP to Q2 if all No)

1a. Specify: _____

1b. Are you currently taking any medications for any of these conditions?

1 Yes

0 No

1c. Are you currently taking any medications for any other health or mental health conditions?

1 Yes

0 No

(SKIP to 2 if 1b and 1c are both No)

1d. How many days' worth of medication do you currently have at home? If you take more than one medication, choose the medication you have the lowest supply of.

_____ days (If >30 days, skip to Q2)

1e. Have you made arrangements to get your medication refill/s?

0 No

1 You have been able to arrange for some medication refills but not all

2 [] You are waiting to hear from your physician on how to refill medications

3 [] Yes, home delivery

4 [] Yes, you will be picking up from the pharmacy

5 [] Yes, someone will be picking up your medications for you

2. Since the COVID-19 pandemic (March 1, 2020), have you needed to postpone any medical procedures?

1 [] Yes

0 [] No

3. In the past month, have you missed any scheduled appointments with any health care provider?

1 [] Yes

0 [] No (SKIP to 4)

97 [] Don't Know (SKIP to 4)

98 [] Refused to answer (SKIP to 4)

3a. What is the MAIN reason you missed appointments with any healthcare provider in the past month?

1 [] Your clinic cancelled your appointment because of COVID-19

2 [] Your clinic is closed because of the COVID-19

3 [] You had symptoms of COVID-19, so you stayed home

4 [] You cancelled the appointment to avoid being around others

5 [] You cancelled the appointment because you did not want to be in a healthcare setting

6 [] You felt okay or good enough

7 [] You didn't have money or insurance

8 [] You didn't want to take public transportation and had no other way to get there

9 [] You forgot to go/just missed your appointment

10 [] You felt disrespected by the office or medical staff

12 [] You were drinking/using drugs

12 [] Other (specify)

97 [] Don't know

98 [] Refused to answer

3a1. Specify: _____

4. In the past month, have you missed taking any medications?

1 [] Yes

0 [] No (SKIP to Q4)

97 [] Don't Know (SKIP to Q4)

98 [] Refused to answer (SKIP to Q4)

4a. What is the MAIN reason you missed taking medications in the past month?

1 [] You couldn't get your medications because the pharmacy closed

2 [] You couldn't get to the pharmacy because of COVID-19 shutdowns

3 [] You couldn't get to the pharmacy because you wanted to avoid being around others

4 [] You felt good, didn't need your medications

5 [] Your doctor advised you to delay treatment

6 [] You were worried about side effects

7 [] You didn't have money or insurance to get medicine

8 [] You didn't want to take public transport to pick up your prescription and had no other way to get there

9 [] You were drinking or using drugs

10 [] You forgot to take your medications

11 [] Other (specify)

97 [] Don't know

98 [] Refused to answer

4a1. Specify: _____

Protocol source: <https://www.phenxtoolkit.org/protocols/view/940301>