

Questionnaire

Coronavirus-2019 (COVID-19)vaccine post-vaccination adverse reaction/events survey

1. Survey participation (if you do not agree, choose 'Do not agree' and then, click 'Next'.)

Agree

Do not agree

2. Have you ever received COVID-19 vaccine?

Never

Only once

Twice

Three times

3. On which side of your shoulder did you receive vaccine on? (If you haven't been vaccinated, no answer is required).

4. How old are you?

5. What is your sexual identity?

Female

Male

Others

6. What is your occupation?

Medical student

Nursery student

Pharmacist student

University lecturer (Medical doctor)

University lecturer (Dentist)

University lecturer (Those with medical license, not specified above)

University lecturer (Not specified above)

University staff

Nursery school lecturer

Nursery school staff

Pharmacy University (Lecturer)
Hospital Resident
Nurse
Clinical laboratory technician
Physiotherapist
Other staffs of hospital
Others

7. Have you ever had an allergic reaction following vaccines?

Yes
No

8. Do you have allergy to food, chemicals or cosmetics?

None.
Yes.

9. Do you regularly take a medicine?

None.
Yes.

10. There are reports of association between blood types (ABO) and adverse events. What is your blood type?

A
B
O
AB
Unknown

11. Are you one of those who have a particular background such as those who need special caution to vaccination ? (You can choose several answers)

Not
Anticoagulation therapy
Cardiac disease
Kidney disease or functional problem
Hematological disorder
History of seizure

Abnormal liver function
Developmental problem
Pregnant
Lactating
Others

12. Have you ever developed COVID-19 or have been diagnosed with SARS-CoV-2 infection?

Never
Yes

13. This question is for someone who has ever developed COVID-19 or infected with SARS-CoV-2. When did the symptom start or became infected ? (you can choose multiple answers)

Prior to the first vaccine
Between the first and second vaccines
Between the second and third vaccines
After the third vaccines
Never vaccinated

14. If there is a past medical history (major diseases you got in the past) or a lifestyle-associated disorder such as metabolic syndrome, describe below.

15. Smoking habit

Never
In the past but not currently smoking
Currently smoking

16. This question is for someone who has never been vaccinated. Describe the reason why you have not been vaccinated.

17. This question is for someone who has been vaccinated once but not twice. Describe the reason why you have not received second dose.

18. This question is for someone who has been vaccinated twice but not third times. Describe the reason why you have not received third dose.

19. Did you take antipyretics prior to vaccination?

Yes

No

20. Did you take antipyretics after your vaccination?

Took after an adverse event

Took it before the adverse event or even if there was no adverse event

Did not take

21. Have you ever experienced at least one adverse reaction after COVID-19 vaccination?

Never → Finish the survey

Yes

22. Please select from the following the adverse reactions/adverse events you experienced with the COVID-19 vaccine. (multiple choice is allowed)

Anaphylactic reaction

Local reactions/events

pain

swelling

redness

itching

others

Systemic reactions/events

fever

fatigue

nausea/vomiting

headache

chills

sore throat

muscle pain other than at the vaccination site

joint pain

diarrhea

abdominal pain
skin rash outside the vaccination site
decreased or abnormal sensation around the mouth
lymphadenopathy
hot flashes (flushing)
others

23. What was the severity of your adverse reaction/event after the third vaccination compared to the first and second?

More severe

Milder

No change

Note, Questions 3, 19, 20, 22, and 23 were asked for each vaccination dose.