

## Questionnaire on the Safety of the COVID-19 Vaccine among Medical Staff

This is a questionnaire regarding adverse reactions to the COVID-19 vaccine and the possible influencing factors. The data collected by the questionnaire were only used for statistical analysis. This study was approved by the ethics committee. You have volunteered to participate in this survey.

### • **Basic Information**

1. **Gender:** 1=male 2=female
2. **Date of Birth:** year month day
3. **Education Level:**  
1=Junior College and below 2=Undergraduate 3=Graduate
4. **Position:** 1=Health professionals 2= Administrative support staff
5. **Professional titles:** 1= Internship or primary 2= Medium or higher
6. **Total service time (years):**
7. **Height:** cm
8. **Weight:** kg
9. **Are there any underlying diseases prior to vaccination against COVID-19?**  
0 = None  
1 = Hypertension  
2 = Diabetes  
3 = Dyslipidaemia  
4 = Gout  
5 = Heart disease  
6 = Cerebrovascular disease  
7 = Cancer /malignant tumours  
8 = Other diseases

**10. Did you take medicine before receiving the COVID-19 vaccine?**

1=Yes   2=No

**11. Have you had any adverse reactions to other vaccines?**

1=Yes   2=No

**12. Are you concerned about adverse effects of the COVID-19 vaccine?**

1=Yes   2=No

**13. What platform of the COVID-19 vaccine is being used in our hospital?**

1=RNA vaccine   2=Inactivated vaccine   3=Viral vector vaccine  
4= Protein/virus-like particle vaccine   5=Other

**14. If conditions permit, will you take the COVID-19 vaccine for your family proactively?**

1=Yes   2=No   3=Not sure

**15. Have you ever been vaccinated against influenza?**

1=Yes   2=No

**16. Have you ever had a severe allergic reaction to drugs, food, pollen, etc. ?**

1=Yes   2=No

**17. Health status before vaccination with the COVID-19 vaccine:**

1=Good   2=Moderate   3=Bad

**18. Sleep quality before vaccination with the COVID-19 vaccine:**

1=Good   2=Moderate   3=Bad

- **Adverse Reaction to the COVID-19 Vaccine**

**19. How many doses of the COVID-19 vaccine have you been vaccinated with?**

0=Unvaccinated    1=Vaccinated 1 dose    2= Vaccinated 2 doses

**20. Did you experience the following adverse reactions after receiving the first and second doses of the COVID-19 vaccine?**    1=Yes    2=No

Adverse reactions	After first dose	After second dose
1) Fever	<input type="checkbox"/>	<input type="checkbox"/>
2) Fever over 38.5°C, repeated fever, or fever lasting more than 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
3) Pain, induration, redness, swelling, or itchiness at the injection site	<input type="checkbox"/>	<input type="checkbox"/>
4) Allergic reaction, urticaria, rash	<input type="checkbox"/>	<input type="checkbox"/>
5) Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
6) Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>
7) Headache, dizziness	<input type="checkbox"/>	<input type="checkbox"/>
8) Appetite impaired, nausea	<input type="checkbox"/>	<input type="checkbox"/>
9) Vomiting, diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
10) Stuffy, runny nose	<input type="checkbox"/>	<input type="checkbox"/>
11) Cough, throat pain	<input type="checkbox"/>	<input type="checkbox"/>
12) Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>
13) Other adverse reactions	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____
	_____	_____
	_____	_____

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