

Supplementary material 1- Survey questionnaire

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1. Did you experience one or more of the following symptoms after receiving the vaccine?

Please indicate all relevant symptoms

1. I did not experience any symptoms after receiving the vaccine
2. Fever
3. Fatigue
4. Headaches
5. Vomiting
6. Nausea
7. Muscle ache
8. Joint pain
9. Hoarseness – if yes, please contact your doctor
10. Cough – if yes, please contact your doctor
11. Eye irritation – if yes, please contact your doctor
12. Facial swelling – if yes, please contact your doctor
13. Skin rash – if yes, please contact your doctor
14. Dizziness
15. Significant weariness
16. Chills
17. Abnormal sensation in the face (numbness, tingling)
18. Other:

2. Age: _____

3. Sex: _____

Supplementary material 2- Comparison of reporting systemic side effects after the first and second vaccine doses between pregnant women and their matched controls*

	First Dose					Second Dose				
	Pregnant women N= 1,650		Controls N=6,600		P value	Pregnant women N=1,014		Controls N=4,052		P value
	N	%	N	%		N	%	N	%	
Any Symptom	591	35.8	3,032	45.9	<.001	671	66.2	3,207	79.1	<.001
Weakness, Dizziness and Fatigue	366	22.2	1,877	28.4	<.001	542	53.5	2,631	64.9	<.001
Myalgia and Arthralgia	117	7.1	1,044	15.4	<.001	294	29	1,914	47.2	<.001
Headaches	190	11.5	1,096	16.6	<.001	343	33.8	1,867	41.6	<.001
Chills	40	2.4	316	4.8	<.001	213	21	1,477	36.5	<.001
Fever	16	1	176	2.7	<.001	146	14.4	1,170	28.9	<.001
Vomiting, Nausea and Diarrhea	101	6.1	548	8.3	0.003	166	16.4	854	21.1	<.001
Facial paresthesia	5	0.3	84	1.3	0.001	2	0.2	79	1.9	<.001
Eye irritation, Facial swelling , Rash	11	0.7	58	0.9	0.397	6	0.6	70	1.7	0.008
Hoarseness and cough	17	1	46	0.7	0.164	9	0.9	78	1.9	0.023
Other	71	4.3	356	5.4	0.074	71	7	311	7.7	0.468

*Non-pregnant controls are women respondents matched by age and ethnicity and when compared to pregnant women respondents the ratio was 4:1 respectively