## **Supplementary Material**

## S1. Predetermined Questionnaire for Patient Phone Interviews

- 1. Did you receive the COVID Vaccine?
- 2. What vaccine did you receive and how many doses of each?
- 3. Did you have a reaction to the vaccine?
- 4. Did it cause a flare up of your dermatomyositis?
- 5. Did you have flu-like symptoms up to 1 week after your vaccine?