

Supplementary Online Content

Elias MD, Truong DT, Oster ME, et al; for the Pediatric Heart Network MUSIC Study Investigators. Examination of adverse reactions after COVID-19 vaccination among patients with a history of multisystem inflammatory syndrome in children. *JAMA Netw Open*. 2023;6(1):e2248987. doi:10.1001/jamanetworkopen.2022.48987

eFigure. Participating MUSIC Sites

eTable 1. Demographics and Baseline Characteristics of Vaccine-Eligible Participants With and Without Vaccination Data Collected

eTable 2. Demographics and Baseline Characteristics of Vaccine Data Collected Among Participants With and Without COVID-19 Vaccination Following MIS-C, by Age Group

eTable 3. COVID-19 Vaccination Adverse Reactions Following MIS-C, by Dose and Age Group

eTable 4. COVID-19 Vaccination Adverse Reactions Following MIS-C, by MIS-C Severity

eTable 5. Third COVID-19 Vaccination Dose Demographics, Baseline Characteristics, and Adverse Reactions

eAppendix. Telephone Questionnaire for Vaccination Data Collection

This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure: Participating MUSIC Sites

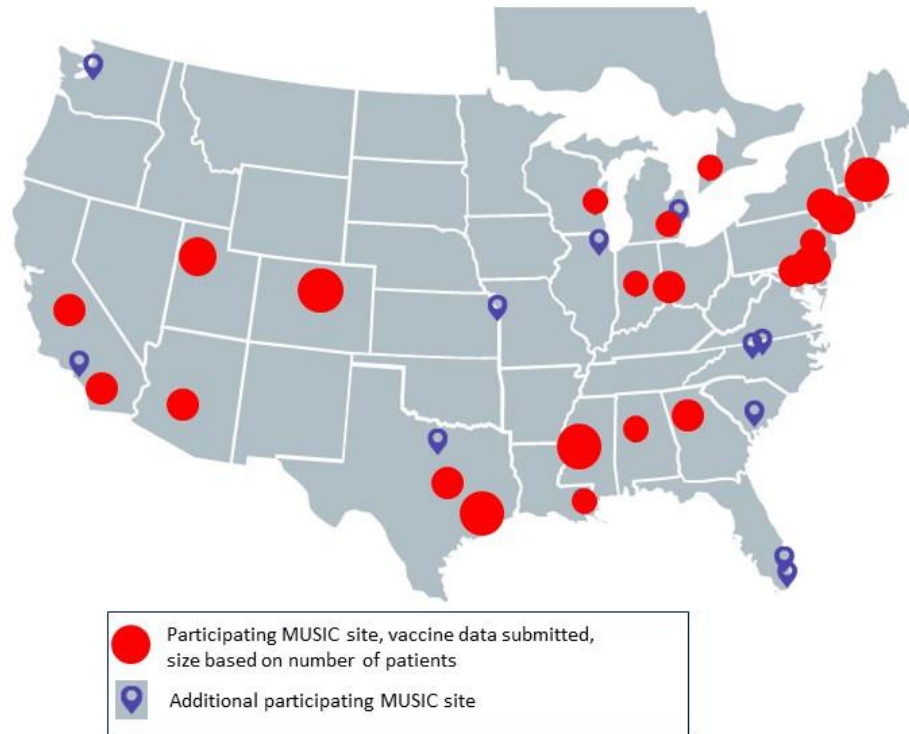


Figure Legend:

Sites that contributed vaccine data include: Boston Children's Hospital, MA; Children's Healthcare of Atlanta, GA; Children's Hospital Colorado, CO; Children's Hospital New Orleans, LA; Children's Hospital of Philadelphia, PA; Children's National Hospital, DC; Children's Wisconsin, WI; Cincinnati Children's Hospital Medical Center, OH; Cohen Children's Hospital, NY; Dell Medical Center, CA; Hospital for Sick Children, Toronto ON; Morgan Stanley Children's Hospital, NY; Nemours Children's Hospital, DE; Phoenix Children Hospital, AZ; Primary Children's Hospital, UT; Rady Children's Hospital, CA; Riley Children's Hospital, IN; Texas Children's Hospital, TX; University of Alabama, AL; University of Michigan Health System, MI; University of Mississippi, MS; Valley Children's Healthcare and Hospital, CA.

eTable 1: Demographics and Baseline Characteristics of Vaccine-Eligible Participants With and Without Vaccination Data Collected

	Vaccine-eligible with data collected N=385	Vaccine-eligible without data collected N=510	P value ^a
Age at time of MIS-C admission, years (median, IQR)	10.3 (7.6-13.9)	9.8 (7.2-12.7)	0.02
Sex			0.004
Male, n (%)	262 (68.1)	299 (58.6)	
Female, n (%)	123 (31.9)	211 (41.4)	
Race/Ethnicity			0.007
American Indian/Alaska Native, non-Hispanic, n (%)	1 (0.3)	0 (0.0)	
Asian, non-Hispanic, n (%)	11 (2.9)	21 (4.1)	
Black, non-Hispanic, n (%)	87 (22.6)	153 (30.0)	
Hawaiian Native/Pacific Islander, non-Hispanic, n (%)	0 (0.0)	1 (0.2)	
Hispanic or Latino, n (%)	113 (29.4)	121 (23.7)	
White, non-Hispanic, n (%)	140 (36.4)	144 (28.2)	
Multi-Racial, non-Hispanic, n (%)	5 (1.3)	18 (3.5)	
Other, non-Hispanic, n (%)	3 (0.8)	6 (1.2)	
Unknown or Refused, n (%)	25 (6.5)	46 (9.0)	
MIS-C hospitalization			
Length of stay, days (median, IQR)	5 (4-7)	5 (4-8)	0.65

	Vaccine-eligible with data collected N=385	Vaccine-eligible without data collected N=510	P value^a
Intensive care unit admission, n/N (%)	184/289 (63.7)	261/379 (68.9)	0.15
Ventricular dysfunction, n/N (%)	136/292 (46.6)	144/376 (38.3)	0.03
Mechanical ventilation, n/N (%)	15/293 (5.1)	22/377 (5.8)	0.68
Vasoactive infusions, n/N (%)	139/293 (47.4)	174/376 (46.3)	0.76

^a Wilcoxon rank sum test for continuous variables and Chi-Square test for categorical variables

eTable 2: Demographics and Baseline Characteristics of Vaccine Data Collected Among Participants With and Without COVID-19 Vaccination Following MIS-C, by Age Group

	No vaccine			≥1 vaccine dose		
	5 to <12 years N=122	12 to <18 years N=67	18 to <21 years N=8	5 to <12 years N=87	12 to <18 years N=93	18 to <21 years N=5
Age at time of MIS-C admission, years (median, IQR)	7.8 (6.0-9.2)	14.1 (12.5-15.2)	18.0 (17.5-18.9)	8.0 (6.1-9.7)	13.8 (12.7-14.9)	18.1 (18.0-19.4)
Sex						
Male, n (%)	73 (59.8)	47 (70.1)	5 (62.5)	59 (67.8)	72 (77.4)	5 (100.0)
Female, n (%)	49 (40.2)	20 (29.9)	3 (37.5)	28 (32.2)	21 (22.6)	0 (0.0)
Race/Ethnicity						
American Indian/Alaska Native, non-Hispanic, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (20.0)
Asian, non-Hispanic, n (%)	2 (1.6)	0 (0.0)	0 (0.0)	4 (4.6)	4 (4.3)	1 (20.0)
Black, non-Hispanic, n (%)	17 (13.9)	19 (28.4)	4 (50.0)	22 (25.3)	23 (24.7)	0 (0.0)
Hawaiian Native/Pacific Islander, non-Hispanic, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Hispanic or Latino, n (%)	37 (30.3)	16 (23.9)	1 (12.5)	26 (29.9)	32 (34.4)	1 (20.0)
White, non-Hispanic, n (%)	53 (43.4)	31 (46.3)	3 (37.5)	27 (31.0)	26 (28.0)	0 (0.0)
Multi-Racial, non-Hispanic, n (%)	3 (2.5)	0 (0.0)	0 (0.0)	1 (1.1)	1 (1.1)	0 (0.0)
Other, non-Hispanic, n (%)	1 (0.8)	0 (0.0)	0 (0.0)	1 (1.1)	1 (1.1)	0 (0.0)
Unknown or Refused, n (%)	9 (7.4)	1 (1.5)	0 (0.0)	6 (6.9)	6 (6.5)	2 (40.0)

	No vaccine			≥1 vaccine dose		
	5 to <12 years N=122	12 to <18 years N=67	18 to <21 years N=8	5 to <12 years N=87	12 to <18 years N=93	18 to <21 years N=5
Number of eligible individuals in participant's household who are vaccinated for COVID-19						
All, n (%)	23 (18.9)	7 (10.4)	1 (12.5)	72 (82.8)	62 (66.7)	3 (60.0)
Some, n (%)	43 (35.2)	19 (28.4)	3 (37.5)	9 (10.3)	14 (15.1)	1 (20.0)
None, n (%)	32 (26.2)	11 (16.4)	3 (37.5)	0 (0.0)	0 (0.0)	0 (0.0)
Missing, n (%)	24 (19.7)	30 (44.8)	1 (12.5)	6 (6.9)	17 (18.3)	1 (20.0)
Time since MIS-C diagnosis, months (median, IQR)	n/a	n/a	n/a	9.6 (8.5-12.3)	7.3 (4.9-11.3)	5.8 (4.6-9.9)
Time since vaccine eligibility to data collection deadline in February 2022, months (median, IQR)	9.5 (3.5-10.7)	9.4 (5.1-10.3)	9.6 (8.0-10.5)	3.5 (3.5-3.5)	9.3 (9.1-9.3)	10.9 (10.8-11.1)
MIS-C hospitalization						
Length of stay, days (median, IQR)	5 (3-7)	5 (4-7)	10.5 (8-14)	5 (4-7)	6 (4-8)	8 (6-10)
Intensive care admission, n (%)	54/89 (60.7)	33/47 (70.2)	5/6 (83.3)	36/65 (55.4)	51/75 (68.0)	3/5 (60.0)
Ventricular dysfunction, n (%)	39/90 (43.3)	26/49 (53.1)	4/6 (66.7)	28/65 (43.1)	36/75 (48.0)	3/5 (60.0)
Mechanical ventilation, n (%)	6/90 (6.7)	1/49 (2.0)	0/6 (0.0)	4/65 (6.2)	4/76 (5.3)	0/5 (0.0)
Vasoactive infusions, n (%)	40/90 (44.4)	26/49 (53.1)	5/6 (83.3)	31/65 (47.7)	34/76 (44.7)	3/5 (60.0)

Age groups were determined based on age at first vaccination (for those with vaccination date) or age at data collection (for those without vaccination date).

eTable 3: COVID-19 Vaccination Adverse Reactions Following MIS-C, by Dose and Age Group

	5 to <12 years N=87			12 to <18 years N=93			18 to <21 years N=5		
	1st dose N=87	2nd dose N=73	3rd dose N=0	1st dose N=93	2nd dose N=78	3rd dose N=11	1st dose N=5	2nd dose N=3	3rd dose N=1
Vaccination brand/manufacture, n (%)									
Pfizer, n (%)	86 (98.9)	73 (100.0)	0 (0.0)	93 (100.0)	78 (100.0)	11 (100.0)	4 (80.0)	2 (66.7)	0 (0.0)
Moderna, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (20.0)	1 (33.3)	1 (100.0)
Other or Unknown, n (%)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Number of patients who experienced any adverse reactions, n (%)	30 (34.5)	32 (43.8)	0 (0.0)	32 (34.4)	29 (37.2)	6 (54.5)	4 (80.0)	2 (66.7)	1 (100.0)
Arm soreness, n (%)	22 (25.3)	22 (30.1)	0 (0.0)	22 (23.7)	16 (20.5)	4 (36.4)	4 (80.0)	2 (66.7)	1 (100.0)
Fatigue, n (%)	7 (8.0)	4 (5.5)	0 (0.0)	17 (18.3)	14 (17.9)	5 (45.5)	2 (40.0)	0 (0.0)	1 (100.0)
Fever, n (%)	6 (6.9)	7 (9.6)	0 (0.0)	5 (5.4)	5 (6.4)	2 (18.2)	0 (0.0)	0 (0.0)	0 (0.0)
Headache, n (%)	3 (3.4)	4 (5.5)	0 (0.0)	4 (4.3)	6 (7.7)	1 (9.1)	1 (20.0)	0 (0.0)	0 (0.0)
Myalgia, n (%)	4 (4.6)	1 (1.4)	0 (0.0)	2 (2.2)	3 (3.8)	3 (27.3)	0 (0.0)	0 (0.0)	0 (0.0)
Arm redness/swelling, n (%)	3 (3.4)	5 (6.8)	0 (0.0)	2 (2.2)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)
Chills, n (%)	0 (0.0)	1 (1.4)	0 (0.0)	2 (2.2)	3 (3.8)	0 (0.0)	2 (40.0)	1 (33.3)	0 (0.0)
Rash, n (%)	2 (2.3)	4 (5.5)	0 (0.0)	2 (2.2)	0 (0.0)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)
Abdominal pain, n (%)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	2 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Nausea or vomiting, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.3)	0 (0.0)	1 (20.0)	0 (0.0)	0 (0.0)
Palpitations, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.3)	0 (0.0)	1 (20.0)	0 (0.0)	0 (0.0)
Chest Pain, n (%)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Diarrhea, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Conjunctival injection, n (%)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Lymphadenopathy, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	1 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

	5 to <12 years N=87			12 to <18 years N=93			18 to <21 years N=5		
	1st dose N=87	2nd dose N=73	3rd dose N=0	1st dose N=93	2nd dose N=78	3rd dose N=11	1st dose N=5	2nd dose N=3	3rd dose N=1
Shortness of breath, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Menstrual cycle changes, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other adverse reactions, n (%)	5 (5.7)	5 (6.8)	0 (0.0)	5 (5.4)	2 (2.6)	2 (18.2)	0 (0.0)	0 (0.0)	0 (0.0)
Medical evaluation among those with adverse reactions, n (%)	0 (0.0)	2 (2.7)	0 (0.0)	2 (2.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medical tests performed due to adverse reactions, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medications due to adverse reactions, n (%)	9 (10.3)	10 (13.7)	0 (0.0)	10 (10.8)	10 (12.8)	3 (27.3)	1 (20.0)	0 (0.0)	0 (0.0)
Acetaminophen, n (%)	5 (5.7)	8 (11.0)	0 (0.0)	7 (7.5)	8 (10.3)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)
Ibuprofen, n (%)	5 (5.7)	4 (5.5)	0 (0.0)	2 (2.2)	2 (2.6)	1 (9.1)	1 (20.0)	0 (0.0)	0 (0.0)
Antibiotics, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other immunomodulatory medication, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other medications, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	1 (1.3)	1 (9.1)	0 (0.0)	0 (0.0)	0 (0.0)

Note: N in the header represents the number of subjects who received vaccine and is used as the denominator for calculation of percentage with data collected.

eTable 4: COVID-19 Vaccination Adverse Reactions Following MIS-C, by MIS-C Severity

	Vaccinated participants with severe MIS-C ^a N=110			Vaccinated participants with non-severe MIS-C ^a N=75		
	1st dose N=110	2nd dose N=88	3rd dose N=10	1st dose N=75	2nd dose N=66	3rd dose N=2
Vaccination brand/manufacturer, n (%)						
Pfizer, n (%)	108 (98.2)	87 (98.9)	9 (90.0)	75 (100.0)	66 (100.0)	2 (100.0)
Moderna, n (%)	1 (0.9)	1 (1.1)	1 (10.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other or Unknown, n (%)	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Number of patients who experienced any adverse reactions, n (%)	35 (31.8)	33 (37.5)	60 (60.0)	31 (41.3)	30 (45.5)	1 (50.0)
Arm soreness, n (%)	24 (21.8)	19 (21.6)	4 (40.0)	24 (32.0)	21 (31.8)	1 (50.0)
Fatigue, n (%)	17 (15.5)	14 (15.9)	5 (50.0)	9 (12.0)	4 (6.1)	1 (50.0)
Fever, n (%)	7 (6.4)	6 (6.8)	1 (10.0)	4 (5.3)	6 (9.1)	1 (50.0)
Headache, n (%)	5 (4.5)	6 (6.8)	1 (10.0)	3 (4.0)	4 (6.1)	0 (0.0)
Myalgia, n (%)	4 (3.6)	3 (3.4)	2 (20.0)	2 (2.7)	1 (1.5)	1 (50.0)
Arm redness/swelling, n (%)	2 (1.8)	1 (1.1)	1 (10.0)	3 (4.0)	4 (6.1)	0 (0.0)
Chills, n (%)	3 (2.7)	3 (3.4)	0 (0.0)	1 (1.3)	2 (3.0)	0 (0.0)
Rash, n (%)	1 (0.9)	1 (1.1)	1 (10.0)	3 (4.0)	3 (4.5)	0 (0.0)
Abdominal pain, n (%)	0 (0.0)	2 (2.3)	0 (0.0)	0 (0.0)	1 (1.5)	0 (0.0)
Nausea or vomiting, n (%)	1 (0.9)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Palpitations, n (%)	1 (0.9)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Chest Pain, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.5)	0 (0.0)
Diarrhea, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.5)	0 (0.0)
Conjunctival injection, n (%)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Lymphadenopathy, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.3)	1 (1.5)	0 (0.0)

	Vaccinated participants with severe MIS-C ^a N=110			Vaccinated participants with non-severe MIS-C ^a N=75		
	1st dose N=110	2nd dose N=88	3rd dose N=10	1st dose N=75	2nd dose N=66	3rd dose N=2
Shortness of breath, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Menstrual cycle changes, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other adverse reactions, n (%)	7 (6.4)	4 (4.5)	2 (20.0)	3 (4.0)	3 (4.5)	0 (0.0)
Medical evaluation among those with adverse reactions, n (%)	1 (0.9)	2 (2.3)	0 (0.0)	1 (1.3)	0 (0.0)	0 (0.0)
Medical tests performed due to adverse reactions, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medications due to adverse reactions, n (%)	11 (10.0)	12 (13.6)	2 (20.0)	9 (12.0)	8 (12.1)	1 (50.0)
Acetaminophen, n (%)	7 (6.4)	12 (13.6)	1 (10.0)	5 (6.7)	4 (6.1)	0 (0.0)
Ibuprofen, n (%)	4 (3.6)	2 (2.3)	0 (0.0)	4 (5.3)	4 (6.1)	1 (50.0)
Antibiotics, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other immunomodulatory medication, n (%)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other medications, n (%)	1 (0.9)	1 (1.1)	1 (10.0)	0 (0.0)	0 (0.0)	0 (0.0)

^a Severe MIS-C defined as ICU admission, ventricular dysfunction, mechanical ventilation, or vasoactive infusions.

eTable 5: Third COVID-19 Vaccination Dose Demographics, Baseline Characteristics, and Adverse Reactions

	3 vaccine doses N=12
Age at time of MIS-C admission , years (median, IQR)	14.7 (13.4-15.9)
Age at time of first vaccine dose , years (median, IQR)	15.3 (12.7-16.0)
Sex	
Male, n (%)	11 (91.7)
Female, n (%)	1 (8.3)
Race/Ethnicity	
Black, non-Hispanic, n (%)	2 (16.7)
Hispanic or Latino, n (%)	4 (33.3)
White, non-Hispanic, n (%)	4 (33.3)
Unknown or Refused, n (%)	2 (16.7)
Number of eligible individuals in participant's household who are vaccinated for COVID-19	
All, n (%)	12 (100.0)
Some, n (%)	0 (0.0)
None, n (%)	0 (0.0)
Missing, n (%)	0 (0.0)
Time since MIS-C diagnosis , months (median, IQR)	9.5 (5.2-12.8)
Time since vaccine eligibility to data collection deadline in February 2022 , months (median, IQR)	9.3 (9.3-12.4)

	3 vaccine doses N=12
MIS-C hospitalization	
Length of stay, days (median, IQR)	6.5 (4-9.5)
Intensive care unit admission, n/N (%)	8/12 (66.7)
Ventricular dysfunction, n/N (%)	6/12 (50.0)
Mechanical ventilation, n/N (%)	2/12 (16.7)
Vasoactive infusions, n/N (%)	7/12 (58.3)
Vaccination brand/manufacture	
Pfizer-BioNTech, n (%)	11 (91.7)
Moderna, n (%)	1 (8.3)
Time since last vaccine dose, days (median, IQR)	199 (177.5-215.5)
Number of patients who experienced any adverse reactions, n (%)	7 (58.3)
Fatigue, n (%)	6 (50.0)
Arm soreness, n (%)	5 (41.7)
Myalgia, n (%)	3 (25.0)
Fever, n (%)	2 (16.7)
Headache, n (%)	1 (8.3)
Arm redness/swelling, n (%)	1 (8.3)
Rash, n (%)	1 (8.3)
Other adverse reactions, n (%) ^a	2 (16.7)
Medical evaluation among those with adverse reactions, n (%)	0 (0.0)

	3 vaccine doses N=12
Medical tests performed due to adverse reactions, n (%)	0 (0.0)
Medications due to adverse reactions, n (%)	3 (25.0)
Acetaminophen, n (%)	1 (8.3)
Ibuprofen, n (%)	1 (8.3)
Antibiotics, n (%)	0 (0.0)
Other immunomodulatory medication, n (%)	0 (0.0)
Other medications, n (%) ^b	1 (8.3)

Note: N in the header represents the number of vaccine-eligible subjects (age≥5 years and ≥90 days after MIS-C hospital admission) as of the data collection deadline of February 18, 2022 and is used as the denominator for calculation of percentage with data collected.

There were no patients with race identified as American Indian/Alaska Native, non-Hispanic; Asian, non-Hispanic; Hawaiian Native/Pacific Islander, non-Hispanic; Multi-Racial, non-Hispanic, or Other, non-Hispanic.

No patients reported chills, abdominal pain, nausea/vomiting, palpitations, chest pain, diarrhea, conjunctival injection, lymphadenopathy, shortness of breath, or menstrual cycle changes.

^a Other adverse reactions included rhinorrhea, sore throat, dizziness and/or hunger.

^b Other medications included topical diphenhydramine and/or bismuth subsalicylate.

eAppendix: Telephone Questionnaire for Vaccination Data Collection

1.	Subject ID	_____
2.	Date of Data Collection (MM/DD/YYYY)	_____
3.	Which COVID-19 vaccine dose does this form apply to?	<input type="checkbox"/> = First Dose <input type="checkbox"/> = Second Dose <input type="checkbox"/> = Third Dose <input type="checkbox"/> = Fourth Dose
4.	Did the participant receive this dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to 10</i>
5.	Is exact date of this COVID-19 dose known?	<input type="checkbox"/> Yes <i>(go to 5a)</i> <input type="checkbox"/> No <i>(go to 5b)</i>
5a.	Please specify the date of the COVID-19 vaccine dose (MM/DD/YYYY)	_____
5b.	Please provide the best estimate of the date of COVID-19 vaccination dose (MM/DD/YYYY)	_____
6.	Vaccination brand/manufacturer for this dose	<input type="checkbox"/> = Pfizer <input type="checkbox"/> = Moderna <input type="checkbox"/> = Johnson & Johnson <input type="checkbox"/> = Novavax <input type="checkbox"/> = Unknown <input type="checkbox"/> = Other (specify): _____

7.	Did the participant experience any side effects after the vaccine dose?		
7a.	Fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to 7b.</i>
7a1.	How many days after vaccination did symptom start? (Please write the approximate number of days)		_____
7a2.	How many days did the symptom last? (Please write the approximate number of days)		_____
7b.	Chest pains?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to 7c.</i>
7b1.	How many days after vaccination did symptom start? (Please write the approximate number of days)		_____
7b2.	How many days did the symptom last? (Please write the approximate number of days)		_____
7c.	Palpitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to 7d.</i>
7c1.	How many days after vaccination did symptom start? (Please write the approximate number of days)		_____
7c2.	How many days did the symptom last? (Please write the approximate number of days)		_____
7d.	Shortness of breath?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip to 7e.</i>
7d1.	How many days after vaccination did symptom start? (Please write the approximate number of days)		_____
7d2.	How many days did the symptom last? (Please write the approximate number of days)		_____
7e.	Chills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7f.	Rash?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7g.	Abdominal pain?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7h.	Nausea or vomiting?		<input type="checkbox"/> Yes <input type="checkbox"/> No

	7i.	Diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7j.	Red eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7k.	Fatigue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7l.	Headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7m.	Generalized muscle ache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7n.	Arm soreness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7o.	Are redness/swelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7p.	Swollen lymph nodes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7q.	Menstrual cycle changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7r.	Other/Comment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Specify: _____

INSTRUCTIONS: If no symptoms reported in question 7, skip to question 10.

8.	Did the participant call or see a medical provider due to side effects after vaccination?		<input type="checkbox"/> Yes (<i>go to 8a1</i>) <input type="checkbox"/> No (<i>go to 9</i>)	
	8a1.	Outpatient phone call with primary care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8a2.	Outpatient visit with primary care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8a3.	Outpatient visit with specialty care provider (ex: cardiologist)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8a4.	Urgent care or Emergency Department Visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8a5.	Hospital admission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8a6.	Hospital admission to intensive care unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b.	Were any tests performed as part of the evaluation?	<input type="checkbox"/> Yes (<i>go to 8b1</i>) <input type="checkbox"/> No (<i>go to 9</i>)	
	8b1.	Chest X-ray?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b2.	EKG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b3.	Holter monitor, 7-14 day patch monitor, event monitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b4.	Troponin level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b5.	Echocardiogram?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b6.	Cardiac MRI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8b7.	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No Specify: _____

9.	Did the participant take medications for symptoms?	<input type="checkbox"/> Yes (<i>go to 9a1</i>) <input type="checkbox"/> No (<i>go to 10</i>)
	9a1. Acetaminophen/Tylenol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a2. Ibuprofen/Motrin/Advil?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a3. Antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a4. IVIG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a5. Steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a6. Colchicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9a7. Other immunomodulatory medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	9a8. Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____
10.	How many eligible individuals in the participants household (living in the same home) are vaccinated for COVID-19?	<input type="checkbox"/> = All <input type="checkbox"/> = Some <input type="checkbox"/> = None
Name of Person Completing Form:		_____
Signature of Person Completing Form:		_____
Date Form Completed (MM/DD/YYYY):		_____