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This study was approved by the National Ethical Committee Spallanzani, National Institute for Infectious Diseases Lazzaro Spallanzani, Rome, Italy under the project ID Number 362

NEURO-COVAX QUESTIONNARIE

FIRST DOSE-Acute

SECTION I- VACCINATION INFORMATION

Vaccine center:
Date of administration:
Vaccine:

SECTION II-PERSONAL DATA

Surname and name:
Date of birth:
Telephone number/e-mail address and residence:

SECTION III: NEUROLOGICAL COMPLICATION LIST

Did you experience neurological symptoms after receiving the vaccine?

☐ None
☐ If yes, which of the following symptoms (indicate one or more symptoms)
- ☐ Vertigo
- ☐ Headache
- ☐ Muscle pain
- ☐ Muscle spasms
- ☐ Paresthesias (tingling and sensitivity changes)
- ☐ Tremor
- ☐ Double vision
- ☐ Tinnitus (ringing in the ears)
- ☐ Dysphonia (voice changes)
- ☐ Excessive daytime sleepiness
- ☐ Other

SECTION IV: NEUROLOGICAL COMPLICATION CHARACTERIZZATION (SYMPTOM BOX)

Indicate for each of the symptoms in the relevant section, the appearance and duration.

Vertigo
When did they appear? ☐ in the first 15 minutes ☐ after 15 minutes
How long did they last? ☐ 5-10 minutes ☐ more than 10 minutes

Headache

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Muscle Pain

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Muscle Spasm

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Paresthesies (tingling and sensitivity changes)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Tremor

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Diplopia

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Tinnitus (ringing in the ears)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Dysphonia (alteration of the voice)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Excessive daytime sleepiness

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Other

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Date _____
Signature _____

NEURO-COVAX QUESTIONNARIE

FIRST DOSE-Subacute

SECTION I- VACCINATION INFORMATION

Vaccine center:
Date of administration:
Vaccine:

SECTION II-PERSONAL DATA

Surname and name:
Date of birth:
Telephone number/e-mail address and residence:

SECTION III: NEUROLOGICAL COMPLICATION LIST

Did you experience neurological symptoms after receiving the vaccine?

☐ None
☐ If yes, which of the following symptoms (indicate one or more symptoms)
- ☐ Vertigo
- ☐ Headache
- ☐ Muscle pain
- ☐ Muscle spasms
- ☐ Paresthesias (tingling and sensitivity changes)
- ☐ Tremor
- ☐ Double vision
- ☐ Tinnitus (ringing in the ears)
- ☐ Dysphonia (voice changes)
- ☐ Excessive daytime sleepiness
  - ☐ Insomnia
- ☐ Cognitive Fog
- ☐ Smell alterations
- ☐ Taste alterations
  - ☐ Other

SECTION IV: NEUROLOGICAL COMPLICATION CHARACTERIZZATION (SYMPTOM BOX)

Indicate for each of the symptoms in the relevant section, the appearance and duration.

Vertigo
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Headache
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Muscle Pain

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Muscle Spasm

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Paresthesies (tingling and sensitivity changes)

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Tremor

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Diplopia

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Tinnitus (ringing in the ears)

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Dysphonia (alteration of the voice)

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Excessive daytime sleepiness

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Insomnia

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Cognitive Fog

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Smell Alterations
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Taste Alterations
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Other
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Date _____
Signature _____

NEURO-COVAX QUESTIONNARIE

SECOND DOSE-Acute

SECTION I- VACCINATION INFORMATION

Vaccine center:
Date of administration:
Vaccine:

SECTION II-PERSONAL DATA

Surname and name:
Date of birth:
Telephone number/e-mail address and residence:

SECTION III: NEUROLOGICAL COMPLICATION LIST

Did you experience neurological symptoms after receiving the vaccine?

☐ None
☐ If yes, which of the following symptoms (indicate one or more symptoms)
- ☐ Vertigo
- ☐ Headache
- ☐ Muscle pain
- ☐ Muscle spasms
- ☐ Paresthesias (tingling and sensitivity changes)
- ☐ Tremor
- ☐ Double vision
- ☐ Tinnitus (ringing in the ears)
- ☐ Dysphonia (voice changes)
- ☐ Excessive daytime sleepiness
- ☐ Other

SECTION IV: NEUROLOGICAL COMPLICATION CHARACTERIZZATION (SYMPTOM BOX)

Indicate for each of the symptoms in the relevant section, the appearance and duration.

Vertigo
When did they appear? ☐ in the first 15 minutes ☐ after 15 minutes
How long did they last? ☐ 5-10 minutes ☐ more than 10 minutes

Headache
When did they appear? ☐ in the first 15 minutes ☐ after 15 minutes
How long did they last?

☐ 5-10 minutes ☐ more than 10 minutes

Muscle Pain

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Muscle Spasm

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Paresthesies (tingling and sensitivity changes)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Tremor

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Diplopia

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Tinnitus (ringing in the ears)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Dysphonia (alteration of the voice)

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Excessive daytime sleepiness

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Other

When did they appear?
☐ in the first 15 minutes ☐ after 15 minutes

How long did they last?
☐ 5-10 minutes ☐ more than 10 minutes

Date _____
Signature _____

NEURO-COVAX QUESTIONNARIE

SECOND DOSE-Subacute

SECTION I- VACCINATION INFORMATION

Vaccine center:
Date of administration:
Vaccine:

SECTION II-PERSONAL DATA

Surname and name:
Date of birth:
Telephone number/e-mail address and residence:

SECTION III: NEUROLOGICAL COMPLICATION LIST

Did you experience neurological symptoms after receiving the vaccine?

☐ None
☐ If yes, which of the following symptoms (indicate one or more symptoms)
- ☐ Vertigo
- ☐ Headache
- ☐ Muscle pain
- ☐ Muscle spasms
- ☐ Paresthesias (tingling and sensitivity changes)
- ☐ Tremor
- ☐ Double vision
- ☐ Tinnitus (ringing in the ears)
- ☐ Dysphonia (voice changes)
- ☐ Excessive daytime sleepiness
  - ☐ Insomnia
- ☐ Cognitive Fog
- ☐ Smell alterations
- ☐ Taste alterations
  - ☐ Other

SECTION IV: NEUROLOGICAL COMPLICATION CHARACTERIZZATION (SYMPTOM BOX)

Indicate for each of the symptoms in the relevant section, the appearance and duration.

Vertigo
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Headache

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Muscle Pain

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Muscle Spasm

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Paresthesies (tingling and sensitivity changes)

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Tremor

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Diplopia

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Tinnitus (ringing in the ears)

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Dysphonia (alteration of the voice)

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Excessive daytime sleepiness

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Insomnia

When did they appear?
☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day

How long did they last?
☐ less than a day ☐ up to a week ☐ over a week

Cognitive Fog

When did they appear?

☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Smell Alterations
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Taste Alterations
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Other
When did they appear? ☐ in the first hours ☐ in the first 3 days ☐ from the 4th to the 7th day ☐ from the 8th to the 14th day
How long did they last? ☐ less than a day ☐ up to a week ☐ over a week

Date _____
Signature _____