

## QUESTIONNAIRE FOR PATIENTS PREPARING FOR INJECTION WITH THE mRNA anti-COVID-19 Vaccine

AGE:

GENDER: female, male

Place of residence:

☐ village

☐ city of up to 50,000 inhabitants

☐ city of 50,000 to 100,000 inhabitants

☐ city of 100,000 to 500,000 inhabitants

☐ city of more than 500,000 inhabitants

Number of people living together: .....      Number of rooms:.....

Education: .....

Do you have pets at home? What kind if any?.....

What is your blood group? .....

Do you smoke cigarettes?

☐ Yes

☐ No

Do you drink alcohol?

☐ Yes

☐ No

☐ Occasionally

Are you a health care professional?

☐ Yes

☐ No

Do you suffer from chronic diseases, such as diabetes, hypertension, heart disease, respiratory diseases (e.g. COPD, asthma), cancer, etc.?

☐ Yes, ..... (please specify)

☐ No

Do you take chronic medication?

☐ Yes, ..... (please specify)

☐ No

Do you regularly vaccinate against influenza?

☐ YES

☐ No (please give reason).....

Do you regularly take vitamins?

☐ YES, ..... (please specify)

☐ No

Do you regularly take other nutritional supplements?

☐ YES, ..... (please specify)

☐ No

Do you suffer from allergic rhinitis and/or conjunctivitis, bronchial asthma, atopic dermatitis, contact dermatitis, angioedema, acute/chronic urticaria?

☐ YES, ..... (please specify disease)

☐ I have symptoms of one or more of the diseases listed, but have not yet been diagnosed

☐ Not stated

Have you ever had any adverse vaccination reactions?

☐ Yes, ..... (please specify which)

☐ No

Have you ever had an allergic reaction to drugs/contrast agents/food/insect venom/contact agents e.g. dyes?

☐ YES, ..... (please specify)

☐ No

Have you ever had an anaphylactic reaction, including anaphylactic shock?

☐ YES, ..... (please specify trigger)

☐ YES, trigger has not been established

☐ NO

Have you ever received adrenaline in your life as part of the treatment for an allergic reaction?

☐ Yes

☐ No

Do you have a history of SARS-CoV-2 infection?

☐ YES, confirmed by molecular testing (PCR) or antigen test

☐ I had/have typical symptoms of SARS-CoV-2 infection, but without confirmation by laboratory tests

☐ I have a positive titer of anti-CoV IgG antibodies and have had symptoms of infection

☐ I have a positive titer of anti-CoV IgG antibodies, but have had no symptoms of infection

☐ NO

Do you suffer from thrombocytopenia/blood clotting disorders/are you taking anticoagulants?

☐ Yes

☐ No

Have you been diagnosed with an immune disorder (primary/secondary immunodeficiency) or you are taking immunosuppressive drugs?

☐ Yes

☐ No

Do you feel apprehensive about being vaccinated against SARS-CoV-2?

☐ Yes, ..... (please specify)

☐ No

Where do you get your information on vaccination against SARS-CoV-2 ?

.....

Do you urge your family and loved ones to be vaccinated against SARS-CoV-2 ?

☐ Yes

☐ No