

## QUESTIONNAIRE FOR A PATIENT WHO HAS RECEIVED TWO DOSES OF mRNA VACCINATION against COVID-19

**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

**Education:** .....

**Are you a health care professional?** ☐ YES ☐ NO

**Occupation:** doctor, nurse, paramedic, orderly, administrative worker, technical worker (please tick the appropriate one)

**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

**If you have experienced SARS-CoV-2 infection, please tick the symptoms you experienced during the infection:**

☐ fever

☐ weakness

☐ chills

☐ muscle/joint pain

☐ headache

☐ cough

☐ loss of smell

☐ olfactory disorders such as abnormal olfactory sensations/unpleasant odours

☐ loss of taste

☐ abdominal pain

☐ nausea, vomiting

☐ diarrhoea

☐ other ..... (please specify)

**Did you experience SARS-CoV-2 infection after receiving the 1st dose of vaccine?**

☐ YES, confirmed by molecular testing (PCR) or antigen test, ..... (number of days after the 1st dose)

☐ NO

**Did you experience any adverse reactions after receiving the first and second doses of the vaccine?**

☐ Yes

☐ No

**After the 1st dose:**

SYMPTOM	YES	NO	DURATION
pain at the injection site			
swelling at the injection site			
redness at the injection site			
pruritus at the injection site			
fatigue			
poor well-being			
shivers			
fever			
muscle/joint pain			
nausea/vomiting			
headache			
diarrhea			

lymph node enlargement			
insomnia			
acute peripheral facial nerve paralysis			
allergic reaction			
anaphylaxis / anaphylactic shock requiring adrenaline administration			
olfactory disorder			
taste sensation disorders			
others			

**After the 2nd dose:**

SYMPTOM	YES	NO	DURATION
pain at the injection site			
swelling at the injection site			
redness at the injection site			
pruritus at the injection site			
fatigue			
poor well-being			

shivers			
fever			
muscle/joint pain			
nausea/vomiting			
headache			
diarrhea			
lymph node enlargement			
insomnia			
acute peripheral facial nerve paralysis			
allergic reaction			
anaphylaxis / anaphylactic shock requiring adrenaline administration			
olfactory disorder			
taste sensation disorders			
others			

Please fill in only if you are a recovering patient:

In your opinion, were the adverse reactions after vaccination similar to those during SARS-CoV-2 infection?

☐ YES

☐ NO

Have you also previously had post-vaccination reactions to other vaccinations?

☐ YES

☐ NO

Please indicate which vaccines were followed by adverse reactions:

influenza      pneumococcus      meningococcus      tetanus      hepatitis A      hepatitis B

Please indicate which post-vaccination reactions have occurred:

- pain at the injection site
- redness + swelling
- headache
- shivers
- feeling of breakdown
- muscle pains
- fever
- enlargement of lymph nodes
- facial nerve paralysis
- rash
- swelling of the lips and tongue
- anaphylactic shock

Do you supplement with Vit. D, If yes, in what dose?

- regularly
- occasionally
- no

Do you have a chronic illness? If yes, please tick which one:

- hypertension
- type 1 diabetes
- type 2 diabetes
- obesity

- POCHP
- recurrent respiratory tract infections
- bronchial asthma
- heart diseases (which ones)
- cancer (which one)