

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 menongococcus 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)