

# Cohort Study on Vaccination Interval and Antibody Carriage Rate among Medical Care Providers and Elderly People in the Disaster Area of Fukushima Prefecture

1. Please answer the following questions about the third vaccination. Please circle all that apply.

Third vaccination	0. vaccinated	1. waiting to be vaccinated	2. not yet vaccinated but will not be vaccinated
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Type of Vaccine	Pfizer–BioNTech · Moderna · Other ( )
Date of 3rd vaccination	

Pain		Fever (<37.5°C)		(symptoms : )
Fever (≥37.5°C)		Malaise		
Headache		Joint and muscle pain		
Diarrhea		Nausea		
Dizziness		Other		

Has anyone in your neighborhood tested positive for COVID-19?	0. No	1. Yes
<p>If you answered "yes," please tell us about your relationship with that person. What is your relationship with this person?</p> <p>(Multiple answers allowed)</p>	<p>0. family members living together at work</p> <p>3. friends</p> <p>4. other</p>	<p>1. non-living family members</p> <p>2. people</p>
<p>If you answered "yes," we would like to ask you the following questions. What kind of contact did you have with that person?</p> <p>(Multiple answers allowed)</p>	<p>1. contact without mask</p> <p>2. contact within 1 meter with or without mask</p> <p>3. contact (talking, eating, drinking, etc.) with or without a mask for more than 15 minutes</p> <p>4. none of the above</p>	

Whether or not you are infected with COVID-19.	0. No	1. Yes (home treatment)	2. Yes (hospitalization)
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If you answered "yes", please answer the following questions. Please circle all that apply to your symptoms. (If you had no symptoms, please leave this box blank.)	Fever (<38.0°C)			Fever (≥38.0°C)	
	Cough			Sore throat	
	Headache			Joint pain, muscle pain	
	Diarrhea			Nausea	
	Malaise			Nasal discharge	
	Other (all listed)				