

Table S1.

**UK (English) EQ-5D-Y Paper Self-Complete modified**

(sample version, v2.1)

Under each heading, please tick the ONE box that best describes your health TODAY.

**MOBILITY (walking about)**

I have no problems walking about 1 ☐

I have some problems walking about 2 ☐

I have a lot of problems walking about 3 ☐

**LOOKING AFTER MYSELF**

I have no problems washing or dressing myself ☐

I have some problems washing or dressing myself ☐

I have a lot of problems washing or dressing myself ☐

**DOING USUAL ACTIVITIES (for example, going to school, hobbies, sports, playing, doing things with family or friends)**

I have no problems doing my usual activities ☐

I have some problems doing my usual activities ☐

I have a lot of problems doing my usual activities ☐

**HAVING PAIN OR DISCOMFORT**

I have no pain or discomfort ☐

I have some pain or discomfort ☐

I have a lot of pain or discomfort ☐

**FEELING WORRIED, SAD, OR UNHAPPY**

I am not worried, sad, or unhappy ☐

I am a bit worried, sad, or unhappy ☐

I am very worried, sad, or unhappy ☐

**ARE YOU SATISFIED WITH THE VACCINATION SERVICE OFFERED BY THE PHARMACY?**

Very ☐

Enough ☐

Little ☐

**ARE YOU MORE IN FAVOR OF A FOURTH DOSE OF VACCINE OR ANTIVIRALS THERAPY?**

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