

Supplementary data. Questionnaire.

- Name
- Surname
- Sex (Female/Male)
- Age
- Weight
- Height
- In which facility do you work?
- Do you suffer for any allergic disease? (Yes/No)
- COVID-19 vaccine administration dose (first or second dose)
- Date of first dose of COVID-19 vaccine
- Date of second dose of COVID-19 vaccine
- Did you have a suspected adverse reaction to COVID-19 vaccine? (Yes/No)
- Did the first reaction occur on the day of vaccination? (Yes/No)
- Onset date of first symptoms
- Date symptoms ended (if finished)
- Have you been to the emergency room because of this reaction? (Yes/No)
- Which of these symptoms have you had? Please, indicate the duration of each symptom:
1 day, 2-3 days, 4-7 days, 7-14 days, 14-21 days.
- o Local reactions at the site of injections)
- o Fatigue
- o Headache
- o Muscle pain
- o Joint pain
- o Fever (TC <38°)
- o Fever (TC ≥38°)
- o Swelling and soreness of axillary lymph nodes (on the vaccination side)
- o Chills
- o Skin rash (localized)
- o Diffuse rash
- o Anxiety/panic attack
- o Feeling of fainting
- o Loss of consciousness
- o Sudden abdominal pain
- o Insomnia
- o Diarrhea
- o Nausea
- o Vomiting
- o Swelling of the face
- o Swelling of the tongue or the throat
- o Transient facial paralysis
- o Hypotension (sudden drop in blood pressure)
- o Sweating
- o Tachycardia (fast heart rate)
- o Oppression or chest pain
- o Shortness of breath
- o Other
- If you checked "Other" specify,
- If you have had a fever report the maximum body temperature recorded
- To date the reaction is:

- o fully resolved,
- o resolved but with some aftereffects,
- o is getting better,
- o has remained unchanged/worsened,
- o I don't know

- Have you had other vaccinations in the 4 weeks prior to receiving the COVID-19 vaccine dose? If yes, which vaccination?
- Have you ever had a reaction after receiving a vaccine? If yes, which ones?
- Have you had COVID-19? (YES/NO)
- Have you had any symptoms? (YES/NO)
- Did you have to take medication to relieve the symptoms? (YES/NO)
- Do you have any other observations you wish to report?