Survey of symptoms following COVID-19 vaccination.

Greetings,
This is Yoseph Solomon, M.D and Assistant Professor at Debre Markos University. We are undertaking a study to gather information on post COVID-19 vaccine-related symptoms among healthcare professionals. On behalf of all authors, I would appreciate it if you complete this survey anytime after one week of your vaccination date. The information you are giving will be handled with a high sense of anonymity and confidentiality. Participation in this survey is voluntary and it takes about 2-3 minutes of your time. You have full right to withdraw from this study at any moment.
I thank you in advance!
For further queries, comments or suggestions please contact me at the following address.
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* Required

Demographics

Age, Gender and place of vaccination.

1. How old are you? *

2. Gender *

Mark only one oval.

- Male
- Female

3. At which health institution where you vaccinated at? *

4. Do you have any of the listed known chronic medical illnesses? Multiple answer is possible. *

Check all that apply.

- [ ] I don't have known chronic medical illness
- [ ] Hypertension
- [ ] Diabetis
- [ ] Asthma
- [ ] Heart disease
- [ ] Chronic renal failure
- [ ] Chronic liver disease
- [ ] Any malignancy
- [ ] Epilepsy
- [ ] Other: _____

Injection site symptoms-1

Include pain, tenderness, swelling, and redness at the injection site.

5. Did you have an injection site symptom? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 9*

Injection site symptoms-2

6. What injection site symptoms did you have? Multiple answer is possible. *

Check all that apply.

- [ ] Pain
- [ ] Tenderness
- [ ] Swelling
- [ ] Redness
- [ ] Hotness (calor)
- [ ] Other: _____

7. How long after vaccination did you start to feel injection site symptoms? *

Mark only one oval.

- ◯ Within 6 hour after injection
- ◯ Between 6 and 12 hours
- ◯ Between 12 and 24 hours
- ◯ After 24 hours

8. For how long did the injection site symptoms last? *

Mark only one oval.

- ◯ less than 24 hour
- ◯ 24 upto 72 hours
- ◯ 72 hours upto 7 days
- ◯ 7 days upto 10 days
- ◯ More than 10 days

Post COVID-19 vaccine mild symptoms-1

Include headache, nausea, vomiting, sore throat, fever, feeling tired; joint, back and muscle pain; and diarrhea.

9. Did you have any of the post-COVID-19 vaccine mild symptoms? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 14*

Post COVID-19 vaccine mild symptoms-2

10. What mild symptoms did you have? Multiple answer is possible. *

Check all that apply.

- ☐ Headache
- ☐ Sleeplessness
- ☐ Nausea
- ☐ Vomiting
- ☐ Joint pain
- ☐ Back pain
- ☐ Chills
- ☐ Feeling tired
- ☐ Fever
- ☐ Myalgia (Muscle pain)
- ☐ Diarrhoea
- ☐ Sore throat
- ☐ Runny nose
- ☐ Nightmare
- ☐ Cough

Other: ☐ _____

11. How long after vaccination did you start to feel the mild symptoms? *

Mark only one oval.

- Within 6 hour after injection
- Between 6 and 12 hours
- Between 12 and 24 hours
- After 24 hours

12. For how long did the mild symptoms last? *

Mark only one oval.

- less than 24 hour
- 24 upto 72 hours
- 72 hours upto 7 days
- 7 days upto 10 days
- More than 10 days

13. Did you take any painkiller to alleviate the above symptoms? *

Mark only one oval.

- Yes
- No

Post COVID-19 vaccine severe symptoms-1

Include sever headache, rash, shortness of breath, chest pain, leg swelling, and persistent abdominal pain.

14. Did you have any of the post-COVID-19 vaccine severe symptoms? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 20*

Post COVID-19 vaccine severe symptoms-2

15. What were the severe symptoms you had? Multiple answer is possible. *

Check all that apply.

- ☐ Severe headache that is not relieved with painkillers or is getting worse
- ☐ Rash that looks like small bruises or bleeding under the skin
- ☐ Shortness of breath
- ☐ Chest pain
- ☐ Leg swelling
- ☐ Persistent abdominal pain
- ☐ Persistent cough
- ☐ Dizziness
- Other: ☐ _____

16. How long after vaccination did you start to feel the severe symptoms? *

Mark only one oval.

- ◯ Within 24h after injection
- ◯ Between 24h and 7days
- ◯ Between 7 days and 14 days
- ◯ After 14 days

17. For how long did the severe symptoms last? *

Mark only one oval.

- ◯ less than 24 hour
- ◯ 24 upto 72 hours
- ◯ 72 hours upto 7 days
- ◯ 7 days upto 10 days
- ◯ More than 10 days

18. Did you seek any medical care for your severe symptoms? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 20*

19. Did you have any laboratory or other investigation confirmed blood clotting abnormality? *

Mark only one oval.

- ◯ Yes
- ◯ No

Previous COVID-19 test-1

20. Did you have any COVID-19 positive test before getting vaccinated? *

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 22*

Previous COVID-19 test-2

21. When did you have your positive test? *

Mark only one oval.

- ◯ Within 6weeks before vaccination
- ◯ More than 6 weeks before vaccination

Do you recommend the vaccine?

22. Do you recommend the vaccine to other people? *

Mark only one oval.

- ◯ Yes *Skip to question 24*
- ◯ No

Do you recommend the vaccine?

23. Do you have any reason for not recommending the vaccine? Optional

_____

Will you take the next dose?

24. Do you think you will take the 2nd dose of the vaccine? *

Mark only one oval.

- ◯ Yes
- ◯ No

Will you take the next dose?

25. What is your reason for planning not to take the next dose? Optional