Appendix 1: Questionnaire - Self-reported adverse events of COVID-19 Vaccines among health professionals in India

Self-reported adverse events of COVID-19 vaccines among health professionals in India

INFORMATION SHEET FOR PARTICIPATION IN RESEARCH
The following information is being presented to help you decide whether or not you want to take part in this survey.
Please read this carefully. If you do not understand anything, please feel free to contact the investigators with any questions.

PERSONS IN CHARGE OF THE STUDY:

Principal Investigator:
Professor Dr. Johnson Moses, Dean, Sree Balaji Medical College, Chennai, Tamil Nadu, India.

DESCRIPTION AND PURPOSE:
This study is a cross-sectional survey of health care professionals of India. The aim of the study is to investigate the self-reported adverse events of COVID-19 vaccines among health professionals in India.
We plan to publish the research findings. However, participants' responses will only be reported in aggregate, and no individual information will be shared.

INSTRUCTIONS:
Participation involves completing the attached questionnaire. It will take approximately 10-15 minutes.

BENEFITS:
There is no direct benefit from participating in this study.

RISKS:
We do not anticipate any risks greater than what you might experience in everyday life.
Questions and Contacts: If you have any questions about this research study, please contact the principal investigator, Professor Dr. Johnson Moses. Email: johnsonmoses@gmail.com.

By continuing to the next page, you indicate your consent and willingness to participate.

*Required

Have you taken the vaccine?

1. 1. Have you taken the vaccine? *

Mark only one oval.

- ◯ Yes, only first dose
- ◯ Yes, 1st and 2nd doses
- ◯ Not yet (PLEASE DISCONTINUE THE SURVEY)
  Skip to section 7 (Thank you for your participation.)

Demographic and vaccine-related information

2. 2. Which vaccine have you taken? *

Mark only one oval.

- ◯ Covishield/Astrazeneca
- ◯ Covaxin (India)
- ◯ Pfizer
- ◯ Mordana
- ◯ Sinovac
- ◯ Sputnik V
- ◯ Other: _____

3. 3. Did you get COVID-19? *

Mark only one oval.

- ◯ Yes, tested positive (RT-PCR)
- ◯ Yes, tested positive (CT)
- ◯ Yes, never tested (symptomatic)
- ◯ No

4. 4. [If you were tested COVID-19 positive (RT-PCR or CT), please answer this question] When did you get the COVID-19?

Mark only one oval.

- ◯ Before the 1st dose of vaccination
- ◯ After the 2nd dose of vaccination
- ◯ Between 1st dose and 2nd dose of vaccination

5. 5. Gender *

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ Prefer not to respond

6. 6. Age (in years) *

_____

7. 7. Occupation *

Mark only one oval.

- ◯ Doctor
- ◯ Laboratory Technician
- ◯ Nurse
- ◯ Pharmacist
- ◯ Physiotherapist
- ◯ Radiographer
- ◯ Technologist
- ◯ Dentist
- ◯ Other: _____

8. 8. In which healthcare setting do you work? *

Mark only one oval.

- ◯ Private
- ◯ Public/Government
- ◯ Other: _____

9. 9. Please name of the organization you are currently working and the State: *

_____

_____

_____

_____

_____

10. 10. Do you have one or more chronic illness?

Tick all that apply.

- ☐ No illness
- ☐ Diabetes
- ☐ Obesity
- ☐ Asthma
- ☐ Hypertension
- ☐ Autoimmune diseases
- ☐ Kidney disease
- ☐ Liver disease

Other: ☐ _____

11. 11. Did you notice any side-effects/adverse events after receiving your vaccine (1st dose)? *

Mark only one oval.

- ◯ Yes
- ◯ No (Please go to Question 17) *Skip to question 17*

In the next section, please only mention the adverse events of FIRST DOSE of vaccine you have experienced.

Common Adverse Events

12. 12. Did you notice any side-effects/adverse events after receiving your vaccine (1st dose)? Please select as many as apply.

Mark only one oval per row.

	Severe! I had to seek medical attention	Moderate. I had to stop my daily activities	Mild. I was still able to do most daily activities	Not sure/	No
Soreness of the injected arm					
Soreness of my muscles all over					
Fever (more than 99.5*F)					
Headache					
Trouble seeing/ double vision					
Tiredness (more than usual)					
Sleeping more than usual					
Sleeping less than usual					
Sleeping better than usual					
I felt great!/ Had more energy					
Feel less anxious					
Swelling of the injected arm					
Swelling all					

over/ I had an allergic reaction					
Rash or itching over the injected arm					
Abdominal pain					
Diarrhoea					
Nausea					
Vomiting					

13. 13. If you noticed any change after receiving the vaccine (1st dose), when did it start?

Mark only one oval per row.

	That same day	1-3 days after	4-7 days after	Not Experienced
Soreness of the injected arm	◯	◯	◯	◯
Soreness of my muscles all over	◯	◯	◯	◯
Fever (more than 99.5*F)	◯	◯	◯	◯
Headache	◯	◯	◯	◯
Trouble seeing/ double vision	◯	◯	◯	◯
Tiredness (more than usual)	◯	◯	◯	◯
Sleeping more than usual	◯	◯	◯	◯
Sleeping less than usual	◯	◯	◯	◯
Sleeping better than usual	◯	◯	◯	◯
I felt great!/ Had more energy	◯	◯	◯	◯
Feel less anxious	◯	◯	◯	◯
Swelling of the injected arm	◯	◯	◯	◯
Swelling all over/ I had an allergic reaction	◯	◯	◯	◯
Rash or itching over the injected arm	◯	◯	◯	◯
Abdominal pain	◯	◯	◯	◯
Diarrhoea	◯	◯	◯	◯
Nausea	◯	◯	◯	◯
Vomiting	◯	◯	◯	◯

14. 14. If you noticed a change after receiving the vaccine (1st dose), how long it lasted?

Mark only one oval per row.

	That same day	1-3 days	4-7 days	Still present	Not Experienced
Soreness of the injected arm	◯	◯	◯	◯	◯
Soreness of my muscles all over	◯	◯	◯	◯	◯
Fever (more than 99.5*F)	◯	◯	◯	◯	◯
Headache	◯	◯	◯	◯	◯
Trouble seeing/ double vision	◯	◯	◯	◯	◯
Tiredness (more than usual)	◯	◯	◯	◯	◯
Sleeping more than usual	◯	◯	◯	◯	◯
Sleeping less than usual	◯	◯	◯	◯	◯
Sleeping better than usual	◯	◯	◯	◯	◯
I felt great!/ Had more energy	◯	◯	◯	◯	◯
Feel less anxious	◯	◯	◯	◯	◯
Swelling of the injected arm	◯	◯	◯	◯	◯
Swelling all over/ I had an allergic reaction	◯	◯	◯	◯	◯
Rash or itching over the injected arm	◯	◯	◯	◯	◯
Abdominal pain	◯	◯	◯	◯	◯
Diarrhoea	◯	◯	◯	◯	◯
Nausea	◯	◯	◯	◯	◯
Vomiting	◯	◯	◯	◯	◯

15. 15. If you had any other adverse event(s), please specify the severity of the event(s), when it was started and how long it lasted?

16. 16. Did you take or do anything that helped in reducing the adverse events?

Mark only one oval per row.

	Yes	No
Paracetamol/ Panadol	◯	◯
Ibuprofen/Advil	◯	◯
Other pain killer/ Fever reducer	◯	◯
Cold bath/ shower/ sponge	◯	◯
Sleep	◯	◯
Drinking more water	◯	◯
Nothing seemed to help	◯	◯
I did not need to take anything	◯	◯
Other	◯	◯

Rare Adverse Events

17. 17. Are you aware of the increased risk of blood clots (thromboembolic events) after COVID-19 vaccination? *

Mark only one oval.

- Yes
- No
- I don't know

18. 18. Are you aware of the increased risk of low platelets (thrombocytopenia) after COVID-19 vaccination? *

Mark only one oval.

- Yes
- No
- I don't know

19. 19. Have you noticed similar effects after taking other vaccines (e.g. BCG, Hepatitis vaccine, Influenza vaccine)? *

Mark only one oval.

- Yes
- No
- I don't remember

Thank you for your participation.