

## **Additional file 1: Adverse events questionnaire**

**Did you experience the symptom below directly after or in the hours following your vaccination?**

1. Did you experienced an allergic reaction after your vaccination?

- Yes
- No

If yes:

1.1 What kind of allergic reaction?

- Hives (urticaria)
- Swelling face/mouth/tong (angio-oedema)
- Fainting (syncope)
- Shortness of breath
- Vomiting
- Diarrhea
- Stomach ache
- Shock (life-threatening situation which needed acute treatment)

1.2 Did you receive treatment from a physician?

- Yes
- No

**Did you experience any of the symptoms below in the last 24 hours?**

2. Redness at vaccination site:

- No
- Yes, 2.5 - 5.0 cm in diameters
- Yes, 5.1 – 10.0 cm in diameters
- Yes, more than 10 cm in diameters

3. Swelling at the vaccination site:

- No
- Yes, 2.5 - 5.0 cm in diameters
- Yes, 5.1 – 10.0 cm in diameters
- Yes, more than 10 cm in diameters

4. Pain at the vaccination site:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities or I needed more than one painkiller (but no heavy painkillers such as morphine or oxycodone)
- A lot, I could not perform my daily activities or I needed a heavy painkiller such as morphine of oxycodone

5. Fever:

- No
- Between 38.0 - 38.4 degrees Celsius

- Between 38.5 - 38.9 degrees Celsius
- 39.0 degrees Celsius or above

6. Chills:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

7. Fatigue:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

8. Headache:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

9. Muscular pain:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

10. Joint pain (for example a knee or wrist):

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

11. Nausea:

- No
- A little, but it did not hinder at my daily activities
- Yes, it hindered me at my daily activities
- A lot, I could not perform my daily activities

12. Did you contact a physician in the last 24 hours for any of the symptoms mentioned above?

- Yes
- No

