Symptoms Diary

Please complete the questionnaire below.

Thank you.

INSTRUCTIONS FOR POST-VACCINE SYMPTOMS DIARY

This Symptoms Diary will be emailed to you each day for 7 days following vaccination. Please complete the diary on a daily basis.

Timestamp

_____

[part_email]

I am recording symptoms for:

◯ the day of vaccination
◯ 1 day after vaccination
◯ 2 days after vaccination
◯ 3 days after vaccination
◯ 4 days after vaccination
◯ 5 days after vaccination
◯ 6 days after vaccination
◯ 7 days after vaccination

Temperature (oral) _____ _____

Redness at or near injection site?

◯ Yes
◯ No
(Please check the area at or near the injection site for signs of redness.)

Length/diameter of redness _____ mm

Lump/swelling at or near injection site?

◯ Yes
◯ No
(Please check the area at or near the injection site for signs of swelling.)

Length/diameter of lump/swelling _____ mm

Hives on body away from the injection?

◯ Yes
◯ No

Length/diameter of hives _____ mm

SYMPTOMS

Only record symptoms that were not present before your vaccination or those that were present but worsened after your vaccination.

Please indicate the severity of your symptoms.

	0 = None	1 = Mild (no interference with activity)	2 = Moderate (some interference with activity)	3 = Severe (significant, prevents daily activity)
Pain at or near injection site	◯	◯	◯	◯
New rash away from the injection site	◯	◯	◯	◯
Malaise (not feeling well)	◯	◯	◯	◯
Headache	◯	◯	◯	◯
Fatigue (feeling tired)	◯	◯	◯	◯
Chills/shivering	◯	◯	◯	◯
Muscle aches or pains	◯	◯	◯	◯
Joint aches or pains	◯	◯	◯	◯
Nausea/vomiting	◯	◯	◯	◯

Is there any other serious problem you have experienced that you believe may be related to the vaccine?

◯ Yes
◯ No

Please briefly describe:

_____

Is it still ongoing?

◯ Yes
◯ No

Date resolved

_____

(Please enter the date, and if appropriate, the time this problem was resolved.)

Did you need to seek medical attention because of any of your symptoms?

◯ Yes
◯ No

Did any of your symptoms cause you to miss work today?

◯ Yes
◯ No

Do you still plan to get your booster vaccine?

◯ Yes
◯ No
◯ Not Applicable
◯ Prefer not to answer