Supplemental Table 1. Side Effect Survey.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

***(note: 2 pages, front and back)***

Which vaccine did you receive? **Pfizer-BioNTech** **Moderna**

**Please circle level of side effect(s), if any, for first vaccination (shot) and second vaccination (shot)**

Intensity of side effect(s): *0=none; 1=mild, minor; 2=moderate; 3=severe; 4=extreme*

|  |  |  |  |
| --- | --- | --- | --- |
| Symptoms | First Shot | Second Shot |  |
|  | Date: \_\_\_\_\_\_ | Date: \_\_\_\_\_\_ |  |
| Pain/soreness/swelling at injection site: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Fatigue/tiredness: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Headache: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Myalgia/Muscle aches: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Joint Pain: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Runny nose/Congestion: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Chills: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Fever: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Nausea: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Vomiting: | 0 1 2 3 4 | 0 1 2 3 4 |  |
| Swelling/Tender lymph nodes (Underarms):  Dizziness: | 0 1 2 3 4  0 1 2 3 4 | 0 1 2 3 4  0 1 2 3 4 |  |
| Other: |  |  |  |
|  |  |  |  |

**Did your vaccine (s) interfere with daily activity?**

*0=none; 1=minor; 2=moderate, some; 3=significant; 4=could not carry out daily activities*

First shot rating: 0 1 2 3 4

Second shot rating: 0 1 2 3 4

**Gender**:

Female Male Other

**Age**: \_\_\_\_

**Race**:

White African-American Asian American Indian/Alaskan Native Multiracial/Other Unknown

Have you been diagnosed with COVID-19 before? No Yes; If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had an influenza (flu) vaccine this season (Fall/Winter 2020 and Winter/Spring 2021)?

Yes No