

Suppl Table S1.

Questionnaire to Adverse Effects of SARS-CoV-2 Vaccination

Please put check mark ☒ on each question

※Refer to another sheet to respond to Question 4 and 5

1. Your gender and age

【Gender】 ☐ Male ☐ Female ☐ Other

【Age (years)】 ☐ -19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-50 ☐ 60-69 ☐ 70-79 ☐ 80-

2. Present illness or past histories of diseases

☐ Atopic dermatitis ☐ Bronchial asthma ☐ Food allergy ☐ Pollinosis ☐ Hand eczema

Other allergic diseases ()

3. If you took medicine related to Question 2 diseases upon vaccination, please specify it.

Name(s) of medicine ()

4. <u>Adverse effects after 1st dose</u>	Mild	Moderate	High	Severe
<input type="checkbox"/> Pain at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Redness at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swelling at injection sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Itching at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fever	<input type="checkbox"/> 37.5°C-37.9°C		<input type="checkbox"/> 38.0°C-	
<input type="checkbox"/> Anaphylaxis				

Other symptoms ()

5. <u>Adverse effects after 2nd dose</u>	Mild	Moderate	High	Severe
<input type="checkbox"/> Pain at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Redness at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swelling at injection sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Itching at injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fever	<input type="checkbox"/> 37.5°C-37.9°C		<input type="checkbox"/> 38.0°C-	
<input type="checkbox"/> Anaphylaxis				

Other symptoms ()

6. If you took medicine before vaccination, please specify it.

【Before 1st dose】 Medicine ()

【Before 2nd dose】 Medicine ()

7. If you took medicine after vaccination for Question 4 and 5 symptoms, please specify it.

【After 1st dose】 Medicine ()

【After 2nd dose】 Medicine ()

8. If you have any opinions or views, please tell us.