

## Additional questionnaire on shift work

SURPRISE survey on the impact of shift work on vaccination response.

Thank you for choosing to participate in this survey!

Please complete the questionnaire by 10/31/2022.

If you have any questions, please contact:

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Note: If you do not want us to use your encrypted data, please close the questionnaire now.

1. Please enter your 4-digit participant ID and check the entry. You will find the participant ID in the information mail.
2. Please provide the date and approximate time of your FIRST COVID-19 vaccination.
  - a. Date \_\_\_\_\_
  - b. Time \_\_\_\_\_
3. Did you take a fever/pain-reducing medication (e.g., acetaminophen, ibuprofen) 0-24 hours BEFORE the first vaccination?  
☐ Yes  
☐ No  
☐ Don't know anymore
4. If yes, please indicate which drug(s) you took.
  - a. Pain/fever-reducing agent BEFORE the first vaccination: \_\_\_\_\_
5. Did you take a fever/pain reliever (e.g., acetaminophen, ibuprofen) 0-24 hours AFTER the first vaccination?  
☐ Yes  
☐ No  
☐ Don't know anymore
6. If yes, please indicate which drug(s) you took.
  - a. Pain/fever-reducing agent AFTER the first vaccination: \_\_\_\_\_
7. Did you work at least 20 hours per week for the 7 days BEFORE and the 7 days AFTER the FIRST vaccination?  
☐ Yes  
☐ No
8. Did you work late or night shift in the period 7 days BEFORE and 7 days AFTER the FIRST vaccination?  
Definitions:
  - a. Late shift: at least 6 hours of working time with work beginning after 12:00 a.m. AND End of working time between 19:00 and 01:00 o'clock
  - b. Night shift: at least 6 hours of working time between 22:00 and 07:00☐ yes, I worked late and/or night shifts during this period  
☐ no, I did not work late or night shifts during this period
9. Please indicate how many late and/or night shifts you worked 7 days before and 7 days after the 1st vaccination  
Definitions:
  - a. Late shift: at least 6 hours of working time with work beginning after 12:00 a.m. AND End of working time between 19:00 and 01:00 o'clock
  - b. Night shift: at least 6 hours of working time between 22:00 and 07:00

	BEFORE the FIRST vaccination	AFTER the FIRST vaccination
Number of late shifts	<input type="checkbox"/> 0-7	<input type="checkbox"/> 0-7
Number of night shifts	<input type="checkbox"/> 0-7	<input type="checkbox"/> 0-7

10. Were you able to verify your information using PEP/work plan (or similar work planning program)?

☐ Yes

☐ No

11. Did you receive a second vaccination?

☐ Yes

☐ No

12. Please provide the date and approximate time of your SECOND COVID-19 vaccination.

a. Date \_\_\_\_\_

b. Time \_\_\_\_\_

13. Did you take a fever/pain-reducing medication (e.g., acetaminophen, ibuprofen) 0-24 hours BEFORE the second vaccination?

☐ Yes

☐ No

☐ Don't know anymore

14. If yes, please indicate which drug(s) you took.

a. Pain/fever-reducing agent BEFORE the second vaccination: \_\_\_\_\_

15. Did you take a fever/pain reliever (e.g., acetaminophen, ibuprofen) 0-24 hours AFTER the second vaccination?

☐ Yes

☐ No

☐ Don't know anymore

16. If yes, please indicate which drug(s) you took.

a. Pain/fever-reducing agent AFTER the second vaccination: \_\_\_\_\_

17. Did you work at least 20 hours per week for the 7 days BEFORE and the 7 days AFTER the SECOND vaccination?

☐ Yes

☐ No

18. Did you work late or night shift in the period 7 days BEFORE and 7 days AFTER the SECOND vaccination?

Definitions:

a. Late shift: at least 6 hours of working time with work beginning after 12:00 a.m. AND End of working time between 19:00 and 01:00 o'clock

b. Night shift: at least 6 hours of working time between 22:00 and 07:00

☐ yes, I worked late and/or night shifts during this period

☐ no, I did not work late or night shifts during this period

19. Please indicate how many late and/or night shifts you worked 7 days before and 7 days after the 1st vaccination

Definitions:

a. Late shift: at least 6 hours of working time with work beginning after 12:00 a.m. AND End of working time between 19:00 and 01:00 o'clock

b. Night shift: at least 6 hours of working time between 22:00 and 07:00

BEFORE the SECOND vaccination    AFTER the SECOND vaccination

Number of late shifts	<input type="checkbox"/>	0-7	<input type="checkbox"/>	0-7
Number of night shifts	<input type="checkbox"/>	0-7	<input type="checkbox"/>	0-7

20. Were you able to verify your information using PEP/work plan (or similar work planning program)?

☐ Yes

☐ No

21. Have you worked regular shift work (i.e., late and/or after shifts) since the beginning of Corona pandemic in February 2020?

☐ No

☐ Yes, 1-2x/month

☐ Yes, 3-4x/month

☐ Yes, 1-2x/week

☐ Yes, ≥3x/week

☐ Other (please specify): \_\_\_\_\_

22. How many hours do you sleep on average when you work late shift? \_\_\_\_\_

23. How many hours do you sleep on average when you work night shift? \_\_\_\_\_

24. If you do shift work, do you take sleep or sedative medications?

☐ Never

☐ Rarely

☐ Frequently

☐ No answer

25. If yes, which drug(s) (please specify one drug per line)?

a. Shift work Drug 1: \_\_\_\_\_

b. Shift work Drug 2: \_\_\_\_\_

c. Shift work Drug 3: \_\_\_\_\_

26. On average, how many hours do you sleep when you work during normal working hours (from 07:00 to 17:00)? \_\_\_\_\_

27. If you work normal hours (between 07:00 and 17:00), do you take sleep/calming medications?

☐ Never

☐ Rarely

☐ Frequently

☐ No answer

28. If yes, which drug(s) (please specify one drug per line)?

a. Normal working time Drug 1: \_\_\_\_\_

b. Normal working time Drug 2: \_\_\_\_\_

c. Normal working time Drug 3: \_\_\_\_\_

29. How do you rate your sleep quality in general when you work normal days or when you work in shifts?

Normal working day (07:00 - 17:00)

Shift work (late/night shift)

Very good ☐

☐

Quite good ☐

☐

Neutral ☐

☐

Rather poor ☐

☐

Poor ☐

☐

Not applicable ☐

☐

(do not work in this system)