University of Zurich[UZH]

**Epidemiology, Biostatistics and Prevention Institute**

**Symptom diary** after COVID-19 vaccination: Please specify any symptoms that occurred after the vaccination. Symptoms that existed before the vaccination and remain unchanged do not need to be mentioned.

| symptom | date | severity | consequence |
|---|---|---|---|
| **mother:** | start:<br>_____<br>end:<br>_____ | ☐ very mild<br>☐ mild<br>☐ medium<br>☐ severe<br>☐ very severe | ☐ spontaneous resolution *(without intervention)*<br>☐ adjustment of existing medications (please specify in the comments)<br>☐ introduction of new medications (please specify in the comments)<br>☐ consultation at the pharmacy<br>☐ telephone conversation with a doctor or call to a medical hotline*<br>☐ general practitioner consultation/doctor's visit*<br>☐ emergency room visit<br>☐ hospital stay (with overnight stay)* |
| comments: | | | |
| symptom | date | severity | consequence |
| **child:** | start:<br>_____<br>end:<br>_____ | ☐ very mild<br>☐ mild<br>☐ medium<br>☐ severe<br>☐ very severe | ☐ spontaneous resolution *(without intervention)*<br>☐ adjustment of existing medications (please specify in the comments)<br>☐ introduction of new medications (please specify in the comments)<br>☐ consultation at the pharmacy<br>☐ telephone conversation with a doctor or call to a medical hotline*<br>☐ general practitioner consultation/doctor's visit*<br>☐ emergency room visit<br>☐ hospital stay (with overnight stay)* |
| comments: | | | |

*Please provide details in the electronic questionnaire