



## COVIP Participant Questionnaire: After 2nd dose of COVID vaccine

Dear Participant

Thank you for taking part in COVIP. This is an important public health evaluation of COVID-19 vaccination in pregnant women immunised according to the UK-recommended extended immunisation schedule as part of the national immunisation programme.

As part of this evaluation, we ask that participants to complete a short questionnaire at recruitment and at each follow-up visit. Click **NEXT** to proceed to the questionnaire.

If you have any questions about COVIP, please email us at [phe.covip@nhs.net](mailto:phe.covip@nhs.net)

Many Thanks  
The COVIP Team

### Please confirm the following before proceeding:

Date of second COVID-19 dose:

*It must be at least 7 days prior to today's date*

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Brand/Manufacturer:

33 Pfizer/BioNTech

2 AstraZeneca

3 Moderna

### Post-vaccination symptoms (Second dose)

Did you develop any of the following symptoms **during the first 7 days** after your second vaccination?

If yes for any of the symptoms, please use the following scale to grade the symptoms

1 Mild – easily tolerated with no limitation on normal activity

2 Moderate – some limitation of daily activity

3 Severe – unable to perform normal daily activity

4 Emergency department or hospital admission required

#### Symptoms

	Yes	No
Fever	2	50
Chills	3	49

Headache	10	42
Generally unwell	9	43
Tiredness	21	31
Joint pain/ache	8	44
Nausea/vomiting	0	52

Start date:

Fever	2
Chills	3
Headache	10
Generally unwell	9
Tiredness	21
Joint pain/ache	8
Nausea/vomiting	0

Scale on worst day

1 (Mild)	2 (Moderate)	3 (Severe)	4 (Very severe)
1	1	0	0
1	1	1	0
4	5	1	0
1	8	0	0
4	12	5	0
2	4	2	0
0	0	0	0

Duration

(days)

2

3

10

9

21

8

0

## Reaction at the injection site

	Yes	No
Pain	20	32
Tenderness	31	21
Itching	1	51
Redness/warmth	4	48

## Date started:

Pain	20
Tenderness	31
Itching	1
Redness/warmth	4

## Scale on worst day

1 (Mild)	2 (Moderate)	3 (Severe)	4 (Very severe)
7	11	2	0
17	13	1	0
0	1	0	0
3	1	0	0

## Duration

(days)

20

31

1

4

Did you experience any other problems during the first 7 days?

52

**If you have any further comments please use the space provided below.**

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Thank you for taking the time to complete this survey. If you have any questions about COVIP, feel free to email us at [phe.covip@nhs.net](mailto:phe.covip@nhs.net)

Click on **SUBMIT** to complete your questionnaire.