Patient/Subject ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (to be completed by the study team)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear parents and guardians,**

**We kindly ask you to answer the questions below.**

**Please tick the corresponding box for the applicable statements. If you need any help, please do not hesitate to contact us.**

**Thank you for your assistance.**

**Your study team**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1: Questions related to the time before your child was hospitalized for PIMS-TS.**

* 1. Was your child vaccinated against coronavirus (COVID-19) prior to his or her illness (PIMS-TS)?

Yes  No

If "Yes": Please answer question 2 to 8 and then please go to section 2.

If "No": Please answer question 8 to 9 and then go to section 2.

1. How many vaccinations did your child receive before becoming ill?

Only one vaccination (= 1 dose)  Both vaccinations (= 2 doses)

1. Please note the dates for each vaccination your child has received.

Date 1. dose: \_\_\_\_\_\_ Type:  Pfizer/BioNTech (Comirnaty)  Moderna (Spikevax) Date 2. dose: \_\_\_\_\_\_ Type:  Pfizer/BioNTech (Comirnaty)  Moderna (Spikevax)

1. Did your child have a vaccination reaction after the **first vaccination dose**?

yes  No

If yes: Please tick the respective symptoms and duration.

1. Symptoms (More than one symptom can be ticked):

Fatigue Limb pain  Nausea/Vomiting

Diarrhea Fever (> 38.0°C)  Headache

Local reaction Injection site  Rash Red eyes

Swollen lymph nodes  Myocarditis  Chest pain

Other symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of the vaccination reaction (period between appearance of first symptoms until complete resolution of symptoms)

< 1 day 1-2 days 3-4 days >/=5 days

1. Did your child have a vaccination reaction after the **second vaccination dose**?

Yes  No

If yes: Please tick the respective symptoms and duration.

1. Symptoms (More than one symptom can be ticked):

Fatigue Limb pain  Nausea/Vomiting

Diarrhea Fever (> 38.0°C)  Headache

Local reaction Injection site Rash Red eyes

Swollen lymph nodes  Myocarditis Chest pain

Other symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of the vaccination reaction (period between appearance of first symptoms until complete resolution of symptoms)

< 1 day 1-2 days 3-4 days >/=5 days

1. Why was your child vaccinated against coronavirus? (Several answers can be ticked)

Protection against coronavirus

Vulnerable household members

Personal risk factors

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you as parents vaccinated against the coronavirus before your child's hospitalization for PIMS-TS?

Please mark the applicable statement with a cross in the corresponding field

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| No, none dose |  |  |
| Yes, one vaccination |  |  |
| Yes, both vaccinations |  |  |
| Yes, both vaccinations and booster |  |  |
| I do not know |  |  |

1. Why was your child not vaccinated against coronavirus? (Several answers can be ticked)

Vaccination was not considered necessary because children/adolescents rarely have complications.

The vaccine was considered to be under-researched.

The vaccine was not licensed for my child's age.

Concern about side effects.

Vaccinations are generally rejected.

Relatives / friends have advised against.

The (pediatrician) doctor has advised against it.

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Questions related to the time after hospitalization for PIMS-TS in your child.**

1. Was your child vaccinated against coronavirus after discharge from hospital because of PIMS-TS?

Yes  No

If "Yes", please answer questions 11 to 15 and if you like question 17.

If "No", please answer the question 16.

1. What vaccine did your child receive?

Pfizer/BioNTech (Comirnaty)  Moderna (Spikevax)

1. Please note the dates for the vaccination your child has received.

Date 1. dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day/month/year)

1. Did your child have a vaccination reaction after **the first vaccination dose**?

yes  No

If yes: Please tick the respective symptoms and duration.

1. Symptoms (More than one symptom can be ticked):

Fatigue Limb pain  Nausea/Vomiting

Diarrhea Fever (> 38.0°C)  Headache

Local reaction Injection site  Rash Red eyes

Swollen lymph nodes  Myocarditis

Other symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of the vaccination reaction (period between appearance of first symptoms until complete resolution of symptoms)

< 1 day 1-2 days 3-4 days >/=5 days

1. Did any family members decided to be vaccinated only to the illness (PIMS-TS) of your child?

Yes  No

1. As a parent, how are you currently vaccinated?

Please mark the applicable statement with a cross in the corresponding field

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| No, none dose |  |  |
| Yes, one vaccination |  |  |
| Yes, both vaccinations |  |  |
| Yes, both vaccinations and booster |  |  |
| I do not know |  |  |

1. Why was your child not vaccinated against coronavirus? (Several answers can be ticked)

The vaccination was not recommended by a doctor after having gone trough PIMS-TS.

Vaccination is not necessary because children/adolescents rarely have complications.

My child has already gone through COVID-19 and is protected with it.

The vaccine was considered to be under-researched.

The vaccine is not licensed for my child's age.

Concern about side effects.

Vaccinations are generally rejected.

Relatives / friends have advised against.

The (pediatrician) doctor has advised against it.

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. You are welcome to make any additional comments you would like to share with us here.

**Thank you for your and your child's willingness to participate in the Swissped Recovery Study**.