

Post Vaccine Symptom Check SMS + Survey screenshots

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

SMS Messaging - Adult

Text Message
Yesterday 13:36

Kia ora,
The Ministry of Health would like to ask you about your recent COVID-19 vaccination. Did you experience any side effects in the days after your COVID-19 vaccination?
Reply YES if you did
Reply NO if you didn't
Reply STOP if you don't want to take part

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

SMS Messaging - Child

Kia ora,

We are asking people about their tamaiti (child) who has had a recent COVID-19 vaccination so we can understand their experience with the vaccine.

Did Allie experience any side effects in the days after their recent COVID-19 vaccination?

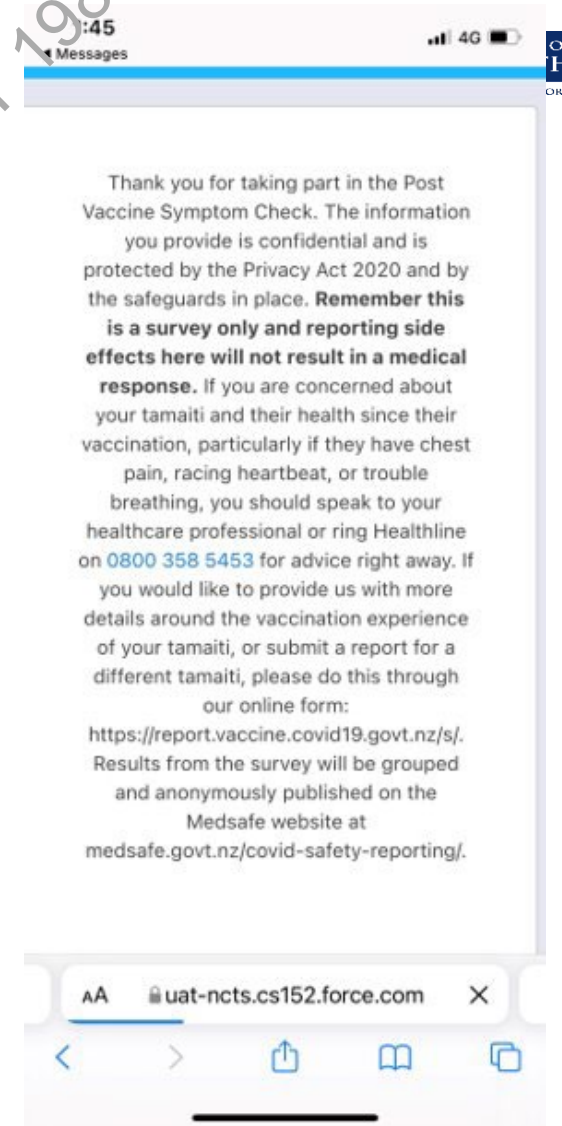
Reply YES if they did
Reply NO if they didn't
Reply STOP if you don't want to take part

The Ministry of Health

Thanks for letting us know about Allie's side effects. Please complete this survey to provide more detail on their side effects and help us understand their experience with the Pfizer COVID-19 vaccine in Aotearoa New Zealand.

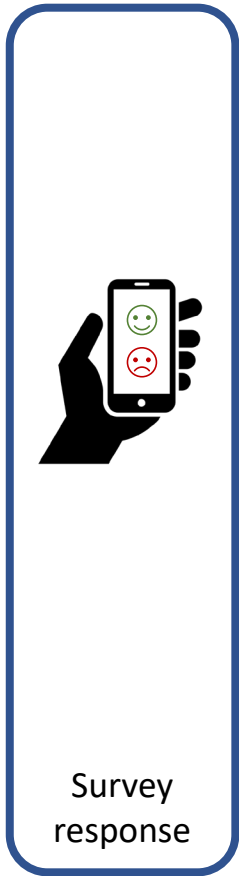
<https://link.covid19.health.nz/5FcABU>

The Ministry of Health



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

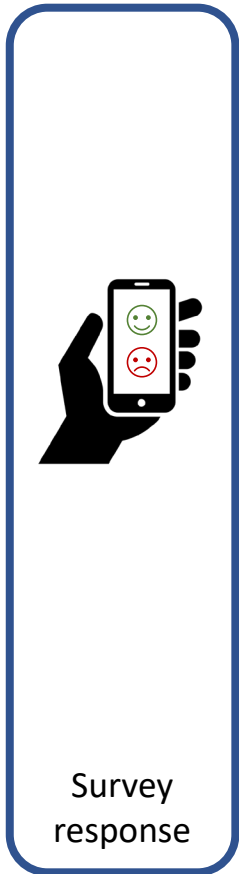
* Select all the side effects you experienced after your recent vaccination:

- Injection site reaction (pain, redness, swelling, itching at or near the injection site)
- Fever/ high temperature
- Rash (Please describe below)
- Headache, muscle/body aches, or joint aches/pain (Please describe below)
- Chills (shivering or feeling cold)
- Stomach symptoms (Please describe below)
- Fatigue or tiredness
- Other (Please describe below)

Previous Next

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

When did the rash start?

Within 1 hour after vaccination

Within a day after vaccination

More than a day after vaccination

How long did the rash last?

Less than 30 minutes

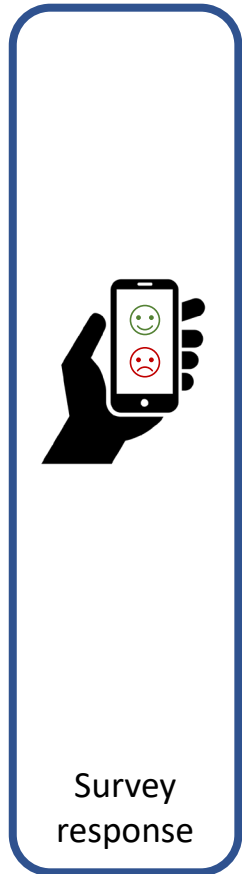
30 minutes to 24 hours

More than 24 hours

Rash - Conditional questions

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Headache, muscle/body aches, or joint aches/pain.
Please select all that apply:

- Headache
- Muscle/body aches
- Joint aches/pain

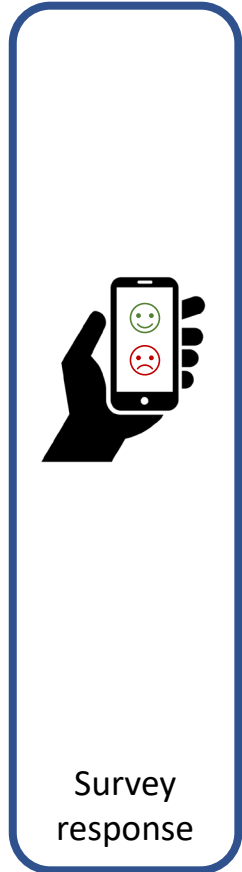
Stomach symptoms.
Please select all that apply:

- Nausea
- Vomiting
- Diarrhoea
- Stomach pain

Headache / Stomach -
Conditional questions

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Did you take any medicines to ease your symptoms (eg: paracetamol or ibuprofen)?

Yes

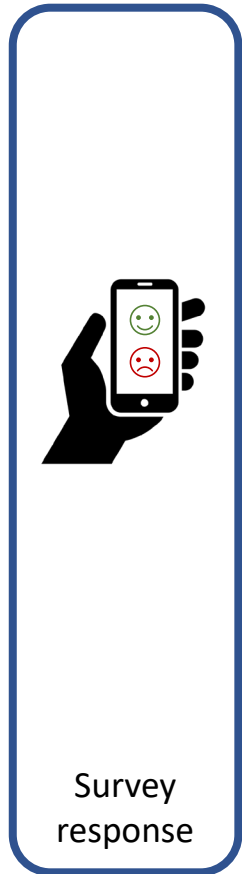
No

Previous Next

< > ↑ ↓

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Did you go to a doctor for your symptoms?

Yes




No

Did any of the symptoms you reported cause you to miss work, study, or normal daily activities?

Yes

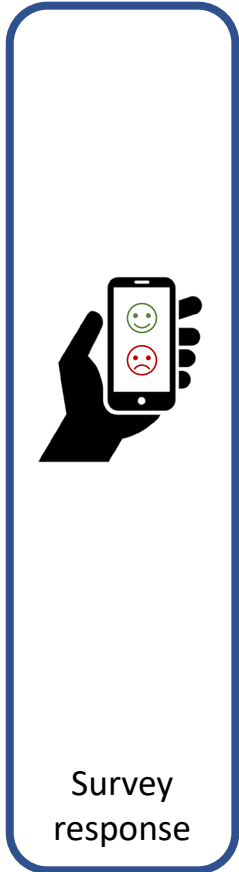
No

Previous Next

< >   

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Did any of the symptoms you reported cause you to miss work, study, or normal daily activities?

Yes

No

How many days did you miss?

Less than 1 day

1 day

2 days

3 days or more

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Are you pregnant?

Yes

No

Unknown

Do you have any long-term medical conditions?

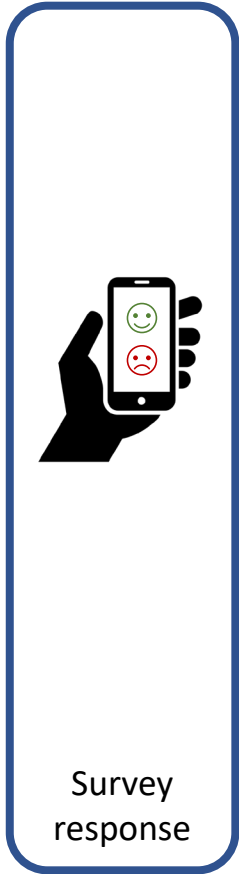
Yes

No

Previous Finish

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5

Do you have any long-term medical conditions?

Yes

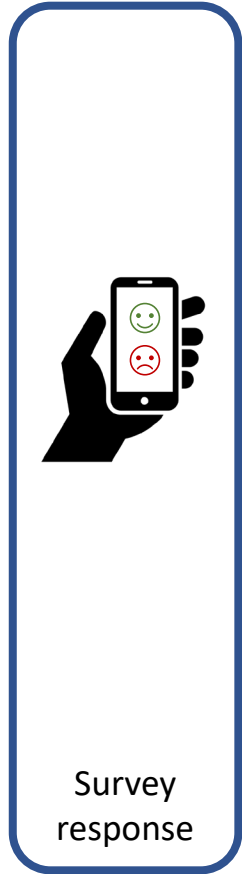
No

Please select which conditions you have.

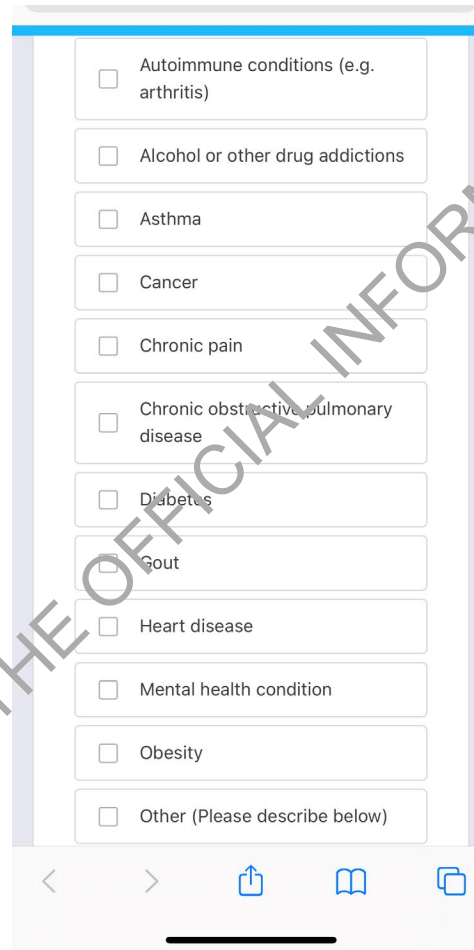
- Auto-immune conditions (e.g. arthritis)
- Alcohol or other drug addictions
- Asthma
- Cancer
- Chronic pain

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



5



Autoimmune conditions (e.g. arthritis)

Alcohol or other drug addictions

Asthma

Cancer

Chronic pain

Chronic obstructive pulmonary disease

Diabetes

Gout

Heart disease

Mental health condition

Obesity

Other (Please describe below)

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

User Journey – Web Survey



Survey
response

5

Thanks for taking part in this survey. The information you provide is confidential and is protected by the Privacy Act 2020 and by the safeguards we have in place.

Remember this is a survey only and your answers will not result in a medical response to your situation. If you have concerns about your health since your vaccination, ring the Healthline at 0800 358 5453 or speak to your healthcare professional.

Results from the survey will be published on the Medsafe website at medsafe.govt.nz as the survey progresses.