

Surveys

Day 7 2022 adult survey

Survey Section (internal use only, not to be included in survey design)	Question	Response Options
Consumer info Any adverse event Solicited reactions	Please confirm the vaccine that you received 7 days ago	1. (<<Vaccine of interest>>) 2. Other vaccine (end survey) 3. Was not vaccinated
	Did you have any reactions following your vaccine? This includes any reactions your vaccinator told you to expect AND anything you did not expect that you think might be a reaction, no matter how minor.	1. Yes 2. No If no, skip to experience questions (highlighted green).
	Please select all the reactions that you experienced:	
	Injection site reaction (pain, redness, swelling, itching at or near the injection site)	1. Yes 2. No
	Please select all that apply	1. Pain 2. Redness 3. Swelling 4. Itching
	Fever (a temperature of 38°C or higher)	1. Yes 2. No
	Chills (shivering and feeling cold)	1. Yes 2. No
	Did you have any headaches	1. Yes 2. No
	Rash (not at the injection site)	1. Yes 2. No
	Please indicate the location of the rash (select all that apply, all	1. Face 2. Body 3. Arms 4. Legs

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	3 options pop up at same time if selected 'Yes')	5. Other
	When did you start having a rash?	1. Same day as vaccination 2. 1 day after vaccine 3. More than a day 4. Other [please explain]
	How long did it last?	1. Less than 30 min 2. 30 min to 24 hours 3. More than 24 hours
	Aches and pains Please select all that apply	1. Muscle/body aches 2. Joint aches/pain 3. Pain/irritation of the mouth and throat
	Stomach Symptoms Please select all that apply	1. Nausea 2. Vomiting 3. Diarrhoea 4. Abdominal pain 5. Loss of appetite 6. Other
	Fatigue or tiredness	1. Yes 2. No
	Did you have any of these chest symptoms? - Please select all that apply	1. Chest pain 2. Chest heaviness/tightness 3. Heart palpitations/pounding/racing 4. Other 5. None
	Difficulty breathing	1. Yes 2. No
	Dizziness or feeling lightheaded	1. Yes 2. No
	At any point did you faint or lose consciousness?	1. Yes 2. No 3. I don't know
	If you fainted or lost consciousness, when did it occur?	1. Same day as vaccine 2. 1 day later 3. 2 days later 4. 3 or more days later 5. Other
	Did you experience any symptoms that were not listed above?	1. Yes [please explain] 2. No
Symptom resolution	Did any of the symptoms you reported cause you to miss work, study, or normal daily activities?	1. Yes 2. No

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Health Impact	How many days did you miss?	<ol style="list-style-type: none"> 1. Less than 1 day 2. 1 Day 3. 2 Days 4. 3 or more days
	Did any of the symptoms cause you to seek advice or care from a healthcare professional?	<ol style="list-style-type: none"> 1. Yes 2. No
Medical advice/care sought	Please select the type of advice or care you sought. Please select all that apply.	<ol style="list-style-type: none"> 1. Phone advice from a helpline (e.g., Healthline) 2. Care from a GP clinic (including the clinic nurse, a doctor, or a phone call with a person at the GP clinic). 3. Visit to a hospital emergency department. 4. Marae 5. Māori Health Provider 6. Rongoā Clinic 7. Whānau 8. Other [Please explain]
Reporting of side effects	Have you or anyone else on your behalf reported any of the side effects you experienced to the Centre for Adverse Reactions Monitoring (CARM)	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know
	If yes, pick one that applies	<ol style="list-style-type: none"> 1. I reported myself 2. Whanau or family member reported instead of me 3. My doctor has reported 4. Nurse has reported 5. Māori Health Provider has reported 6. Rongoā Clinic has reported 7. Other [specify]
Medical advice/care sought	Did you take any medications from pharmacy or supermarket that did not require a prescription to relieve the pain/discomfort?	<ol style="list-style-type: none"> 1. Yes 2. No
Medical advice/care sought	Please specify (select all that apply)	<ol style="list-style-type: none"> 1. Paracetamol 2. Ibuprofen (eg: nurofen) 3. Rongoā Māori 4. Other [please explain]

Vaccine experience	How would you rate your overall experience getting the vaccine?	<ol style="list-style-type: none"> 1. Very poor 2. Poor 3. Average 4. Good 5. Excellent
	Do you have any comments about your vaccine experience?	<ol style="list-style-type: none"> 1. Yes [please explain] 2. No

Day 42 2022 adult survey

Survey Section	Question	Response Options
Screening	Did you receive a dose of <Vaccine of interest>> vaccine about six weeks ago?	<ol style="list-style-type: none"> 1. Yes, (<<Vaccine of interest>>) 2. No (the survey will end if you click 'No') <p>If no, terminate survey and show termination message</p>
	Did you respond to the day 7 survey?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Unsure
	<p>Why did you not respond to the day 7 survey?</p> <p>Select all that apply - (if answer was no for previous)</p>	<ol style="list-style-type: none"> 1. Did not have enough time 2. Survey was too long 3. Did not understand the questions 4. Did not receive a day 7 survey 5. Forgot to respond 6. Prefer not to answer
Any adverse reactions?	Did you report experiencing any reactions to your vaccine on the day 7 survey?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Unsure
	Are you still experiencing those reactions reported on the day 7 survey? (if answer was yes for previous)	<ol style="list-style-type: none"> 1. Yes 2. No 3. Some
	Since the last survey have you sought medical help/ advice related to your vaccination? Choose all that apply	<ol style="list-style-type: none"> 1. Phone advice from a helpline (e.g., Healthline) 2. Care from a GP clinic (including the clinic nurse, a doctor, or a phone call with a person at the GP clinic).

		<ol style="list-style-type: none"> 3. Visit to a hospital emergency department 4. Marae 5. Rongoā clinic 6. Whānau Ora navigator 7. Māori Health Provider 8. Other 9. Did not seek any Medical advice
Rare diagnoses	<p>Since the day 7 survey, have you been diagnosed by a medical professional with any of the following rare conditions after your vaccination?</p> <p>Please select all that apply</p>	<ol style="list-style-type: none"> 1. No, I have not been diagnosed with a rare condition 2. Guillain-Barré syndrome (GBS) 3. Bell's palsy 4. Inflamed nerves or nerve degradation (Neuritis or Neuropathy) 5. Any other neurological condition 6. Seizures 7. Febrile seizures 8. Myocarditis 9. Pericarditis 10. Blood vessel issues 11. Blood and lymphatic system disorders 12. Immune system disorders 13. Anaphylaxis (severe allergic reaction) 14. Cellulitis (skin infection) 15. Diagnosis of any other new conditions- [please explain]
	<p>Have you missed any days of work, study, or normal daily activities as a result of the diagnosis?</p>	<ol style="list-style-type: none"> 1. Yes 2. No
	<p>How many days have you missed? (If answered previous question Yes)</p>	<ol style="list-style-type: none"> 1. 1-2 days 2. 3-5 days 3. 6+ days
Free Text	<p>Do you have any other comments about your experience?</p>	<ol style="list-style-type: none"> 1. Yes [please explain] 2. No

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