

## Day 7 Bivalent 2023 Survey Questions

Question	Response Options
<b>Day 7 Bivalent 2023 Survey Questions:</b>	
<b>Demographics</b>	
Which vaccine did you receive 7 days ago?	Flu / COVID booster / Both / Don't know
If you had both vaccines, were they both given in the arm?	Yes, Same arm / Yes, Different arms / Don't know / No - [please explain]
Do you have any long-term medical conditions?	Yes / No / Prefer not to answer
Please select all that apply (medical conditions)	Autoimmune conditions, Addiction, Asthma, Cancer, Chronic pain, COPD, Diabetes, Gout, Heart disease, HIV, Mental health, Obesity, Other - [please explain]
<b>Any adverse event</b>	
Did you have any reactions following your vaccine?	Yes / No (If No, skip to Experience section)
<b>Solicited reactions</b>	
Please select all the reactions that you experienced	Injection site reaction (pain, redness, swelling, itching) - Yes / No
Did you have swelling of the entire arm?	Yes, one arm / Yes, both arms / No / Don't know
Did you have swelling of lymph nodes under your arm/in the armpit?	Yes, under one arm / Yes, under both / No / Don't know
Fever (temperature $\geq 38^{\circ}\text{C}$ )	Yes / No
Chills (shivering and feeling cold)	Yes / No
Rash (not at the injection site)	Yes / No
If rash, where?	Face / Body / Arms / Legs / Other - [please explain]
When did the rash start?	Same day as vaccination / 1 day after vaccine / More than a day / Other - [please explain]

How long did the rash last?	Less than 30 min / 30 min to 24 hours / More than 24 hours / Other – [please explain]
Headaches, muscle or body aches, or joint aches/pain	Yes / No
If yes, select all that apply	Headache / Muscle/body aches / Joint aches/pain / Pain/irritation of the mouth and throat
Gastrointestinal symptoms	Yes / No
If yes, select all that apply	Nausea / Vomiting / Diarrhoea / Abdominal pain / Loss of appetite / Other – [please explain]
Fatigue or tiredness	Yes / No
Did you have any of these chest symptoms?	Chest pain / Chest heaviness / Chest tightness / Chest discomfort / Other – [please explain] / No
Did you experience heart-related symptoms?	Palpitations / Heart racing or pounding / Other – [please explain]
Difficulty breathing	Yes / No
Dizziness or feeling lightheaded	Yes / No
Loss of consciousness or unresponsiveness	Yes – [please explain] / No / I don't know
If yes, when did it occur?	Same day / 1 day later / 2 days later / 3+ days later / Other – [please explain]
Did you experience flu-like symptoms?	Yes / No
<b>Symptom resolution</b>	
Please select all that apply (for injection site symptoms)	Pain / Redness / Swelling / Itching
How long did it take for most symptoms to resolve?	1 day / 2 days / 3 days / 4 days / 5–7 days / Symptoms not resolved
<b>Other symptoms</b>	
Did you experience any symptoms not listed above?	Yes – [please explain] / No
<b>Health Impact</b>	

Did symptoms cause you to miss work, study, or daily activities?	Yes / No
How many days did you miss?	Less than 1 day / 1 day / 2 days / 3+ days
<b>Medical advice/care sought</b>	
Did you seek healthcare advice or care for symptoms?	Yes / No
Type of care sought	Phone advice (e.g. Healthline) / GP clinic / Hospital ED / Other – [please explain]
Did you take over-the-counter medications for symptoms?	Yes / No
If yes, please specify	Paracetamol / Ibuprofen / Other – [please explain]
<b>Vaccine Experience</b>	
How would you rate your overall vaccine experience?	Very poor / Poor / Average / Good / Excellent
Do you have any comments about your vaccine experience?	Yes – [please explain] / No

### Day 42 Bivalent 2023 Survey Questions

Question	Response Options
<b>Screening</b>	
Did you receive a dose of the COVID-19 bivalent or flu vaccine about six weeks ago?	Yes, COVID-19 booster / Yes, flu / Yes, both / No (survey will end if selected)
If no, terminate survey and show termination message	<i>Instruction – No response needed</i>
Did you respond to the day 7 survey?	Yes / No / Unsure
Why did you not respond to the day 7 survey? (if answered "No" above)	Did not have enough time / Survey was too long / Did not understand the questions / Did not receive a day 7 survey / Forgot to respond / Other – [please explain]
Since receiving the vaccine, have you been diagnosed with COVID-19 or flu?	Yes, COVID-19 / Yes, flu / Yes, both / Yes, but don't know which one / No
<b>Any adverse reactions</b>	
Did you report experiencing any reactions to your vaccine on the day 7 survey?	Yes / No / Unsure
Are you still experiencing those reactions reported on the day 7 survey? (if answered "Yes" above)	Yes / No / Unsure
Since the last survey have you sought medical help/advice related to your vaccination? (tick all that apply)	Phone advice (e.g. Healthline) / GP clinic / Hospital ED / Marae / Rongoā clinic / Whānau Ora navigator / Māori Health

	Provider / Other / Did not seek medical advice
<b>Rare diagnoses</b>	
Since the day 7 survey, have you been diagnosed by a medical professional with any of the following rare conditions after your vaccination?	Guillain-Barré syndrome (GBS) / Bell's palsy / Neuritis or Neuropathy / Other neurological condition / Seizures / Febrile seizures / Myocarditis / Pericarditis / Other heart issues / Blood vessel issues / Blood and lymphatic system disorders / Immune system disorders / Anaphylaxis / Cellulitis / Diagnosis of other conditions - [please explain] / No, I have not been diagnosed with a rare condition
<b>Symptom resolution</b>	
Have you missed any days of work, study, or normal daily activities as a result of the diagnosis?	Yes / No
How many days have you missed? ( <i>if answered "Yes" above</i> )	1-2 days / 3-5 days / 6+ days / Unsure
Since seeking medical help, has the issue gone away or is being managed successfully?	Yes / No
<b>Free Text</b>	
Do you have any other comments about your experience?	Yes - [please explain] / No