**Supplementary Materials:** The following supporting information can be downloaded at: www.mdpi.com/xxx/s1, Table S1: Online Questionnaire

**Table S1.** Online Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Answer** | **Sub-answer** |
| 1a | Have you previously tested positive for SARS-CoV-2? | Yes/no | If yes, date (yyyy-mm-dd) |
| 2a | What vaccine did you get? | Comirnaty® (Pfizer) |  |
| COVID-19 vaccine Moderna® |
| COVID-19 vaccine AstraZeneca® |
| Do not know |
| Do not wish to tell |
| 2b | Date of 1st vaccine dose | yyyy-mm-dd |  |
| 2c | Date of 2nd vaccine dose | yyyy-mm-dd |  |
| 3 | Vaccine-associated symptoms after 1st vaccine dose |  |  |
| 3a | Headache\* | Yes/no | If yes, duration in days |
| 3b | Muscle pain\* | Yes/no | If yes, duration in days |
| 3c | Feeling of fever / chills\* | Yes/no | If yes, duration in days |
| 3d | Nausea\* | Yes/no | If yes, duration in days |
| 3e | Fatigue\* | Yes/no | If yes, duration in days |
| 3f | Dizziness\* | Yes/no | If yes, duration in days |
| 3g | Sore arm | Yes/no | If yes, duration in days |
| 3h | Other | Yes/no | If yes, describe |
| 4 | Vaccine-associated symptoms after 2nd vaccine dose |  |  |
| 4a | Headache\* | Yes/no | If yes, duration in days |
| 4b | Muscle pain\* | Yes/no | If yes, duration in days |
| 4c | Feeling of fever / chills\* | Yes/no | If yes, duration in days |
| 4d | Nausea\* | Yes/no | If yes, duration in days |
| 4e | Fatigue\* | Yes/no | If yes, duration in days |
| 4f | Dizziness\* | Yes/no | If yes, duration in days |
| 4g | Sore arm | Yes/no | If yes, duration in days |
| 4h | Other | Yes/no | If yes, describe |
| 5 | Do you have a chronic illness? | Yes/no | If yes, describe |
| 6 | May we contact you for further research? | Yes/no |  |

\* Vaccine-associated symptoms marked with a star were grouped as systemic. Sub-answers were only shown if the answer before was “yes”.