

Supplementary Material: Covid-19 Vaccination Monitoring Tool

1. Acute COVID-19 symptoms at this visit: Yes _____ / No _____
2. Have you ever been tested for COVID-19?
 - a. No _____ (go to question 4)
 - b. Yes _____
 - c. How many times _____
3. Have you tested positive for COVID-19?
 - a. Yes ____ (Asymptomatic _____; Systemic Symptoms _____ Hospitalized _____)
 - b. No _____
4. Have you been offered the vaccine?
 - a. No _____ (go to question 6)
 - b. Yes _____
5. If you were offered the vaccine, did you accept it?
 - a. No (refused/declined) _____ (go to question 7)
 - b. Yes _____ Select: Moderna ____ / Pfizer-BioNTech ____ / Other _____
 - b1. 1st dose received/scheduled? Date: _____
 - Any Adverse effects from 1st dose?
 - Local pain, swelling, etc. on the arm: Yes ____ / No _____
 - Systemic (fever, chills, fatigue, headache, etc.): Mild ____ / Moderate ____ / Severe _____
 - b2. 2nd dose received/scheduled? Date: _____
 - Any Adverse effects from 2nd dose?
 - Local pain, swelling, etc. on the arm: Yes ____ / No _____
 - Systemic (fever, chills, fatigue, headache, etc.): Mild ____ / Moderate ____ / Severe _____
6. How likely are you to accept a COVID-19 vaccine if becomes available to you right now? _____
(on a 5-point scale, 1=very unlikely; 5=very likely)
7. What concerns do you have about COVID-19 vaccination?
 - a. ____ Not enough info (wait and see)
 - b. ____ I'm worried about side effects.
 - c. ____ Vaccine is not effective and cannot protect me.
 - d. ____ No need (I will not catch COVID19/COVID19 is harmless/already immunized by getting COVID-19)
 - e. ____ Lack of trust (government / healthcare / pharma)
 - f. ____ Conspiracy theories (5G, microchipping, etc.)
 - g. ____ Hassle (scheduling / transportation / wait time / cost / crowds / answering questions)
 - h. ____ Needle phobia
 - i. ____ Other (specify)