Supplemental Online Content

Hause AM, Zhang B, Yue X, et al. Reactogenicity of simultaneous COVID-19 mRNA booster and influenza vaccination in the United States. JAMA Netw Open. 2022;5(7):e2222241. doi:10.1001/jamanetworkopen.2022.22241

eMethods. v-safe Health Survey Sent During Days 0-7 Following Vaccination

This supplemental material has been provided by the authors to give readers additional information about their work.
eMethods
v-safe Health Survey sent during Days 0-7 following Vaccination

1. How are you feeling today?
   o Good
   o Fair
   o Poor

2. Since your vaccination, have you had a fever or felt feverish?
   o Yes
   o No

   (If Yes) Do you know your highest temperature reading from today?
   o Yes- in degrees Fahrenheit
   o Yes- in degrees Celsius
   o No- I don’t remember the reading
   o No- I didn’t take my temperature

   Enter your highest temperature reading from today (degrees Fahrenheit):
   ______________

   Enter your highest temperature reading from today (degrees Celsius):
   __________________

3. Have you had any of these symptoms at or near the injection site? Select all that apply.
   o Pain
   o Redness
   o Swelling
   o Itching
   o None

   (For each checked symptom) How would you rate your symptom?
   o Mild = you notice symptoms, but they aren’t a problem
   o Moderate = symptoms that limit of your normal daily activities
   Severe = symptoms make normal daily activities difficult or impossible

4. Have you experienced any of these symptoms today? Select all that apply.
   o Chills
   o Headache
   o Joint pain
   o Muscle or body aches
   o Fatigue or tiredness
   o Nausea
   o Vomiting
   o Diarrhea
   o Abdominal pain
   o Rash, not including the immediate area around the injection site

© 2022 Hause AM et al. JAMA Network Open.
(For each checked symptom) How would you rate your symptom?
- Mild = you notice symptoms, but they aren’t a problem
- Moderate = symptoms that limit of your normal daily activities
- Severe = symptoms make normal daily activities difficult or impossible

5. Any other symptoms or health conditions you want to report __________________________

6. Did any of the symptoms or health conditions you reported TODAY cause you to (select all that apply):
- Be unable to work or attend school?
- Be unable to do your normal daily activities?
- Get care from a doctor or other healthcare professional?
- None of the above

(If “Get care…” checked) What type of healthcare visit did you have? (check all that apply)
- Telehealth, virtual health, or email health consultation
- Outpatient clinic or urgent care clinic visit
- Emergency room or emergency department visit
- Hospitalization
- Other, describe: ____________________________________________