

# MGB COVID Vaccine Symptom Check: Dose 1, Day 1

## COVID-19 Vaccine Symptom Check: Dose 1, Day 1

This electronic tool is used to monitor symptoms after getting the COVID-19 vaccine. If you are having symptoms, you will get information on what to do after you answer the questions based on the Mass General Brigham Employee COVID-19 Vaccine Policy.

We are closely monitoring symptoms for 3 days after getting the vaccine. Answer these questions each morning for 3 days after getting the vaccine. Start the morning after getting the vaccine.

Please complete the survey carefully as your answers will determine the guidance provided and your work status.

You can also see the MGB After COVID-19 Vaccination Tip Sheet for Employees to learn more about symptoms after vaccination, what to do, and return to work requirements for employees.

You were vaccinated on [v1\_date]. This is your Day 1 survey.

Over the past day, have you had any of these symptoms around the area you got the shot?

Itching, Redness, Swelling, Pain, Burning around the area you got the shot

- Yes  
 No

Over the past day, have you had any of the following allergic symptoms?

- Rash or itching (other than where you got your shot)  
 Hives (itchy, raised bumps that can look like mosquito bites)  
 Swollen lips, tongue, eyes, or face  
 Wheezing, chest tightness, or shortness of breath that has continued since your shot  
 None of the above

Allergy Status

\_\_\_\_\_ (coded)

Allergy Status Text

\_\_\_\_\_

Allergy Status Details

\_\_\_\_\_

Over the past day, have you had any of the following symptoms?

If you have any of these, you can decide if they are mild or severe.

New Headache \_\_\_\_\_  
 New Fatigue (feeling tired) \_\_\_\_\_  
 Joint Pains \_\_\_\_\_

Over the past day, have you had any of the following typical COVID symptoms?

If you have muscle pains, you can decide if they are mild or severe.

Muscle Pains (other than where you got your shot)

\_\_\_\_\_

Fever \_\_\_\_\_

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Post Vaccination/COVID Status

\_\_\_\_\_  
(coded)

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Have any of these mild/moderate symptoms (headache, fatigue, joint pains, muscle pain, or feeling feverish (temp < 101F)) lasted longer than 24 hours?

- Yes - these symptoms lasted (are lasting) longer than 24 hours
- No - these symptoms went away within 24 hours
- No - these symptoms started less than 24 hours ago

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Check all that apply

- Sore throat
- New cough
- New nasal congestion or runny nose
- New loss of smell or taste
- Shortness of breath
- None of the above

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COVID Symptom Status

\_\_\_\_\_  
(coded)

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Post Vaccine Status Text

\_\_\_\_\_

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Post Vaccine Status Details

\_\_\_\_\_

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CODE for Action Required

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No Symptoms Text

\_\_\_\_\_  
(coded)

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Ordered Message

\_\_\_\_\_

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Internal Notes

If making changes to the record, please provide reason for data change.

\_\_\_\_\_  
(coded)

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**CONFIRMATION SCREEN**

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Please review your reported symptoms. Once you submit your reported symptoms, you will not be able to make updates to today's survey.

If correct, click the Submit button to receive your guidance.

If you need to make changes, please click the

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Your mild/moderate symptoms lasted (are lasting) longer than 24 hours: [postvc\_mild\_1day\_v1d1]