TO BE COMPLETED BY THE PATIENT AND HANDED TO THE INVESTIGATOR

BEFORE VACCINATION

Have you tested **positive** for SARS-CoV-2?		❑ YES	❑ NO	❑ DON'T KNOW
If yes, which test?	❑ PCR nasopharyngeal	❑ Antigen test	❑ Serology	❑ DON'T KNOW
Date of the test:	…… (Day/Month/Year)			
What symptoms have you noticed?	❑ NONE ❑ Fever: <38 / 38-39 / >39 °C ❑ Cough ❑ Dyspnoea / shortness of breath ❑ Sore throat ❑ Muscle pain		❑ Fatigue ❑ Headache ❑ Nausea / vomiting ❑ Productive cough ❑ Loss of taste / smell ❑ Other: ……	
Have you been admitted to hospital due to COVID-19?	❑ YES Which hospital? ❑ NO ……		Have you received oxygen?	❑ YES ❑ NO

VACCINATION – INJECTION NO. 1

What type of vaccine?	❑ Moderna	❑ Comirnaty (Pfizer/BioNTech)	❑ Other: ……	
Date of first vaccination	…… (Day/Month/Year)			
• Part of the body injected	❑ Right arm	❑ Left arm	❑ Other: ……	
• Place of vaccination	❑ Gynaecologist/midwife (private practice) ❑ Gynaecologist/midwife (hospital) ❑ Vaccination programme at work		❑ Vaccination centre ❑ General practitioner ❑ Pharmacy	
• Did you take any anti-fever medicines on the day of vaccination? (paracetamol, ibuprofen…)		❑ **YES**	❑ **NO**	❑ **DON'T KNOW**
Local reaction?		❑ **YES**	❑ **NO**	❑ **DON'T KNOW**
• If yes, state local reaction	❑ Swelling/oedema ❑ Itching	❑ Redness ❑ Bruising	❑ Pain ❑ Warmth	❑ Hardening ❑ Other ……
• When?	❑ the first 7 days after the first injection? ❑ **8 to 14 days** after the first injection ❑ **15 days to 1 month** after the first injection		❑ **> 1 month after the first injection** ❑ Don't know	
Systemic reaction?		❑ **YES**	❑ **NO**	❑ **DON'T KNOW**
• If yes, state systemic reaction	❑ Fatigue ❑ Chills ❑ Nausea ❑ Diarrhoea	❑ Fever (>= 38 °C) ❑ Vomiting ❑ Joint pain ❑ Discomfort	❑ Headache ❑ Muscle pain ❑ Other: ……	
• When?	❑ the first 7 days after the first injection? ❑ **8 to 14 days** after the first injection ❑ **15 days to 1 month** after the first injection		❑ **> 1 month after the first injection** ❑ Don't know	
Serious side effects?		❑ **YES**	❑ **NO**	❑ **DON'T KNOW**
• If yes, state side effects	❑ Hospital stay due to COVID-19 vaccination ❑ Admission of mothers to intensive care unit ❑ Anaphylactic shock ❑ Other: ……			
• When?	❑ the first 7 days after the first injection? ❑ **8 to 14 days** after the first injection ❑ **15 days to 1 month** after the first injection		❑ **> 1 month after the first injection** ❑ Don't know	

VACCINATION – INJECTION NO. 2

Date of second vaccination	……. (Day/Month/Year)			
• Part of the body injected	❑ Right arm	❑ Left arm	❑ Other: ……	
• Place of vaccination	❑ Gynaecologist/midwife (private practice) ❑ Gynaecologist/midwife (hospital) ❑ Vaccination programme at work		❑ Vaccination centre ❑ General practitioner ❑ Pharmacy	
• Did you take any anti-fever medicines on the day of vaccination? (paracetamol, ibuprofen…)	❑ **YES**		❑ **NO**	❑ **DON'T KNOW**
Local reaction after the second injection?	❑ **YES**		❑ **NO**	❑ **DON'T KNOW**
• If yes, state local reaction	❑ Swelling/oedema ❑ Itching	❑ Redness ❑ Bruising	❑ Pain ❑ Warmth	❑ Hardening ❑ Other ……
• When?	❑ the first 7 days after the 2nd injection? ❑ **8 to 14 days** after the 2nd injection ❑ **15 days to 1 month** after the 2nd injection		❑ **> 1 month after the first injection** ❑ Don't know	
Systemic reaction after the second injection?	❑ **YES**		❑ **NO**	❑ **DON'T KNOW**
• If yes, state systemic reaction	❑ Fatigue ❑ Chills ❑ Nausea ❑ Diarrhoea	❑ Fever (>= 38 °C) ❑ Vomiting ❑ Joint pain ❑ Discomfort	❑ Headache ❑ Muscle pain ❑ Other: ……	
• When?	❑ the first 7 days after the 2nd injection? ❑ **8 to 14 days** after the first injection ❑ **15 days to 1 month** after the first injection		❑ **> 1 month after the first injection** ❑ Don't know	
Serious side effects after the second injection?	❑ **YES**		❑ **NO**	❑ **DON'T KNOW**
• If yes, state side effects	❑ Hospital stay due to COVID-19 vaccination ❑ Admission of mothers to intensive care unit ❑ Anaphylactic shock ❑ Other: ……			
• When?	❑ the first 7 days after the 2nd injection? ❑ **8 to 14 days** after the first injection ❑ **15 days to 1 month** after the first injection		❑ **> 1 month after the first injection** ❑ Don't know	

POSSIBLE COVID-19 TEST AFTER THE VACCINATION

• Despite the vaccination (1st or 2nd dose), you may have experienced **symptoms of COVID-19** • In this case a COVID test is recommended	**Date of occurrence of the symptoms** …… **Date of the test:** ……	**Which test?** ❑ PCR ❑ Antigen test ❑ Don't know	**Result:** ❑ POSITIVE ❑ NEGATIVE ❑ Don't know
What symptoms have you noticed?	❑ NONE ❑ Fever: <38 / 38-39 / >39 °C ❑ Cough ❑ Dyspnoea / shortness of breath ❑ Sore throat ❑ Muscle pain	❑ Fatigue ❑ Headache ❑ Nausea / vomiting ❑ Productive cough ❑ Loss of taste / smell ❑ Other: ……	

PATIENT I agree that this data, concerning both the outcome of my pregnancy and any possible infection, may be used for research purposes in order to improve the care of pregnant patients.

NAME **FIRST NAME:**

Date of birth: **Signature:**