

Box S1: Survey items on AEFIs

1. Do you belong to Keio University Faculty of Pharmacy?
  - Yes
  - No
2. Is this a response about vaccination at the workplace program at Keio University?
  - Yes
  - No
3. Is this a response about the first or second or third dose? (depending on timing)
  - Yes
  - No
4. Date of vaccination
5. Age
  - Teens
  - Twenties
  - Thirties
  - Forties
  - Fifties
  - Sixties
6. Gender
  - Female
  - Male
  - Do not want to disclose
7. Do you have any side effects from the vaccine?
  - Yes
  - No
8. Please choose all applicable kind of side effects:  
Local
  - Injection-site pain
  - Localized warmth
  - Exanthema
  - Erythema
  - Swelling
  - Itchiness
  - Red eye
  - Axillary swelling (only for third dose)

- Others (When selected, please provide details of symptoms)

Systemic

- Malaise
- Fever
- Fatigue
- Myalgia
- Arthralgia
- Nausea/Vomiting
- Diarrhea
- Chills
- Headache
- Rash
- Others (When selected, please provide details of symptoms)

9. Did you visit any hospital or clinic because of the vaccine's side effects?

- Yes
- No

10. What medicines did you use for the vaccine's side effects?

- None
- Analgesics
- Antiallergic drug
- Others
- Not sure what kind of medicines