August 02, 2021

SENT VIA EMAIL

Elizabeth Brehm
Attorney
Siri & Glimstad
200 Park Avenue, 17th Floor
New York, New York 10166
foia@sirillp.com

Dear Ms. Brehm:

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) received your clarified June 24, 2021, Freedom of Information Act (FOIA) request on June 25, 2021, seeking:

> "All documents concerning v-safe data including but not limited to policies, procedures, processes related to v-safe, and communications regarding same."

We located 61 pages and one Excel Spreadsheet of responsive records. After a careful review of these pages, no information was withheld from release.

If you need any further assistance or would like to discuss any aspect of the records provided please contact either our FOIA Requester Service Center at 770-488-6399 or our FOIA Public Liaison at 770-488-6277.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
Fax: (404) 235-1852

Enclosures

#21-01507-FOIA

V-safe active surveillance for COVID-19 vaccine safety

Version 3
May 20, 2021

Protocol Change History

Version	Date	Change
1	Dec 8, 2021	N/A – Original
2	Jan 28, 2021	Added race and ethnicity question to survey (Attachment 1) Modified Attachment 1 to clarify timepoints that include pregnancy questions
3	May 12, 2021	Modified protocol and survey language to reflect enhancement to v-safe that allows registration of dependents and completion of surveys for dependents Revised language to reflect revision of CDC follow-up calls to be specific to medically attended health events Additional language to reflect enhancements to the v-safe platform (ability to delete account on participant request, text reminders for 2nd dose) Minor edits to reflect current survey language and completion messages viewed at end of survey

Protocol summary

V-safe is an active surveillance program to monitor the safety of COVID-19 vaccines during the period when the vaccines are authorized for use under Food and Drug Administration (FDA) Emergency Use Authorization (EUA) and possibly early after vaccine licensure. V-safe is a new smartphone-based system that uses text messaging to initiate web-based survey monitoring in the form of periodic health check-ins to assess for potential adverse events following vaccination. CDC will use the follow-up capability of the existing Vaccine Adverse Event Reporting System (VAERS) call center to conduct active telephone follow-up on recipients reporting a significant, medically attended health impacts during v-safe health check-ins. The purpose of v-safe surveillance is to rapidly characterize the safety profile of COVID-19 vaccines when given outside a clinical trial setting and to detect and evaluate clinically important adverse events and safety issues that might impact policy or regulatory decisions.

Background and significance

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Following the emergence of COVID-19 in China in late 2019, the first confirmed U.S. cases were detected in January 2020. With rapid human-to-human transmission occurring, the United States declared a public health emergency in February 2020, followed by a national emergency in March 2020 (1). As of November 18, 2020, there have been 11,300,635 cases of COVID-19 disease in the United States and 247,834 deaths (2). A key U.S. pandemic response initiative is Operation Warp Speed, a public-private partnership established in May 2020, with a goal to develop and deliver safe and effective COVID-19 vaccine(s) to the U.S. population by early 2021 (3).

Post-authorization/post-approval vaccine safety monitoring is a federal government responsibility, with the Centers for Disease Control and Prevention (CDC) and the FDA sharing most of the responsibility along with other federal agencies involved in healthcare delivery (e.g., Veterans Affairs, Department of Defense, Indian Health Service). Initial safety assessment begins in early vaccine development and expands during phased clinical trials in humans. Clinical trials are effective at identifying and characterizing common adverse events, such as local and systemic reactions. However, even large clinical trials, like the COVID-19 vaccine

clinical trials that are enrolling tens of thousands of volunteers, might not be large enough to detect rare adverse events (for example, those occurring at rates of <1 per 100,000 people vaccinated). Furthermore, for some clinical trials of COVID-19 vaccines, the follow-up period to monitor for possible adverse events with delayed onset may not be completed for all subjects prior to issuance of an EUA or licensure. Additionally, exclusion criteria for clinical trials may limit generalizability of safety and efficacy findings to special populations, such as those with certain chronic illnesses or pregnant women (4). For these reasons, robust post-authorization/approval safety monitoring of COVID-19 vaccines is a public health priority.

To meet the safety data needs for COVID-19 vaccine pharmacovigilance during the post-authorization/approval period, CDC will implement v-safe, a smartphone-based system that uses text messaging to initiate web-based surveys to monitor for adverse events following vaccination. The surveillance process triggers active telephone follow-up on vaccinated individuals reporting a significant, medically attended health impact during v-safe health check-ins.

Goals and objectives

Goals

- Characterize the safety profile of COVID-19 vaccines.

- Rapidly monitor and identify potential safety problems associated with COVID-19 vaccines that would impact policy or regulatory decisions.

Objectives

- Characterize the local and systemic reactogenicity of COVID-19 vaccines during the first week post-vaccination (days 0-7).

- Identify and characterize clinically important adverse events following COVID-19 vaccination during a 6-week post-vaccination follow-up period.

- Monitor the long(er)-term (3, 6, and 12 months post-vaccination) safety of COVID-19 vaccines.

Methods

<u>Surveillance population</u>

All people in the United States who receive a COVID-19 vaccination will be eligible to enroll in v-safe for the duration of the v-safe program. Surveys will be available in English, Spanish, Simplified Chinese, Vietnamese, and Korean languages.

Enrollment criteria:
- Participants must have received a COVID-19 vaccination.
- Participants or their parent/guardian must possess a smartphone with a valid US telephone number. More than one individual may use the same smartphone/telephone number (i.e., shared smartphone).

<u>Enrollment</u>

The v-safe program will commence when COVID-19 vaccines are authorized or approved for use and become available to the U.S. population. Vaccination may occur at a mass vaccination clinic, an occupational health clinic, a public health clinic, a healthcare provider's office, a pharmacy, or other setting. At the time of vaccination, the healthcare provider will briefly describe the v-safe program using a prescribed script. In addition, the healthcare provider will provide the vaccinated patient with an information sheet that includes a brief description of the program, a URL and a scannable QR code, and enrollment instructions.

Vaccinated individuals can enroll in v-safe immediately following vaccination or at a later date; surveys will be timed appropriately based on vaccination date(s). For vaccine recipients whose vaccination information is captured in CDC's Vaccine Administration Management System (VAMS), VAMS will send recipients a reminder text message about v-safe 24 hours after vaccination (5). For vaccine recipients receiving a 2-dose vaccine, v-safe will send a text reminder to participants that they should schedule their second dose. Participation in v-safe is

voluntary and people can opt out at any time by texting "STOP" when v-safe sends a reminder text message; people can also start v-safe again by texting "UNSTOP."

Once a vaccinated individual decides to enroll in v-safe, the individual will either scan his/her mobile phone camera over the QR code on the information sheet or type in the v-safe URL to access the v-safe registration website.

Registration information includes:

- First name
- Last name
- Mobile phone number
- Date of birth
- Sex
- Zip code

If registering in v-safe on behalf of a dependent, the original registrant will also be asked to supply the following:

- First name of dependent
- Last name of dependent
- Date of birth of dependent
- Sex of dependent
- Zip code of dependent
- Relationship to dependent (child or adolescent, adult friend or relative, other)

The registration system will ask the participant to verify their phone number by sending a text message with a verification code. The participant will enter the texted code to verify their identity. After that, the participant will be asked to record information on their first COVID-19 vaccination (or that of their dependent), including the vaccine manufacturer and the vaccination date. If the v-safe participant does not know this information, they are encouraged to refer to the vaccination record card they received or to contact their healthcare provider.

Once a participant has registered and provided information on their COVID-19 vaccination, they will be prompted to take an initial v-safe health check-in survey for themselves or their dependent. The survey will be dependent on the vaccination date and dose number (if applicable)

entered during registration. Subsequently, text messages will be sent to their smartphone with a link to a web-based survey at 2:00 pm (local time based on zip code entered at registration) on the schedule listed below. Surveys for all timepoints are included in Attachment 1.

Electronic health check-in schedule

The schedule for electronic health check-ins is as follows:

1. Day 0 (day of vaccination)

2. Daily on days 1-7 (the 1st week post-vaccination)

3. Weekly starting day 14 (2nd week post-vaccination) to up to day 42 (6th week post-vaccination) if no 2nd dose of COVID-19 vaccine is received

   a. If participant receive a 2nd COVID-19 vaccine dose during the post-vaccination follow-up period, the process will reset to day 0 for the 2nd dose and continue through steps 1-3 above based on time since the 2nd dose.

4. At 3, 6, and 12 months post-vaccination following 2nd dose vaccination or following first dose if no 2nd dose is received

Daily surveys expire at midnight on the day of the survey and weekly surveys expire at midnight on the last day of the week before the next weekly survey period. The day 42 survey will expire on day 48 at midnight. Monthly surveys will be available for 6 full days following receipt of the survey, expiring at midnight. A participant cannot go back and complete surveys for timepoints prior to their registration (i.e., surveys will be prospective from the time of enrollment). In addition, a participant cannot revise their survey once it has been submitted. After submission, the participant is told that depending on his/her answers, someone from CDC might call to follow up.

Active telephone follow-up

If, during any v-safe health check-in, a participant reports a significant, medically-attended health impact event for themselves or their dependent, including but not exclusive to requiring care in a hospital or emergency room setting, VAERS call center staff will be informed and active telephone follow-up will be initiated to check on the patient and take a VAERS report if appropriate. VAERS is an existing national spontaneous reporting system that is co-managed by FDA and CDC. It serves as an early warning system for adverse events following vaccination (6).

VAERS call center staff will be notified of participants who have reported a significant health impact event via a data set that will be created from the v-safe survey system. The data set will include the following variables:

- Unique v-safe id
- First name
- Last name
- Phone number
- Sex
- Age
- Zip code
- First name of guardian, if applicable
- Last name of guardian, if applicable
- Relationship to guardian, if applicable
- Flagged health impact question
- Flagged health impact response(s) survey number (dose/survey [i.e., Dose2D0])

Using this information, the VAERS call center staff will call participants identified in the data set and complete a VAERS report (located at https://vaers.hhs.gov) by phone if appropriate.

Data collection, quality, and management

V-safe data will be collected, managed, and housed on a secure server by Oracle. Through Health and Human Services (HHS), Oracle has donated IT services to any agency conducting COVID-19 related activities. Oracle is providing IT support for v-safe. All data will be stored, processed, and transmitted in accordance with the Federal Information Security Modernization Act (FISMA) and based on NIST standards. Data will be housed in *Oracle Cloud Infrastructure (OCI) U.S. Government Cloud tenancy*; the OCI U.S. government tenancy is Federal Risk and Authorization Management Program (FEDRAMP) approved (7).

Per Oracle's internal policies, Oracle staff will not be able to view any individualized survey data (including variables with personally identifiable information [PII]) but, rather, will have access to aggregate deidentified data for reporting. CDC will have "read" access to the individualized survey data, including PII, provided by Oracle. On a continuous basis (either daily or weekly), these survey data will be accessible to CDC through downloads from the secure server. The v-safe system employs strict security measures appropriate for the level of sensitivity of the data. Data received by CDC will be stored on an internal secure CDC/ISO server and access will be limited to authorized personnel.

Oracle will create a data set for the VAERS call center that includes those participants who reported having a heath impact event that requires call follow-up. CDC-badged contractors will access these data in order to provide call center representatives with information needed to follow up with participants (see "Active telephone follow-up" above). The VAERS call center staff is employed specifically for v-safe follow-up and is associated with the overall VAERS contractor.

VAERS reports will be obtained during active telephone follow-up with v-safe participants and will be processed, handled, stored, and accessed in accordance with existing approved VAERS procedures and policies.

Data from all components of v-safe, as well as VAERS reports obtained through the call center, may be combined into a master data set behind the CDC firewall using unique identification numbers assigned at registration.

Preapproved CDC investigators and data managers, including CDC contractors, will be the only individuals with access to the full data (v-safe, linked VAERS reports). All electronic documents, data sets, and files relevant to the project will be stored on network folders with restricted access on CDC computers. The v-safe team at CDC will be primarily responsible for data management activities, including data extraction, documentation, and archival of a final data set for data sharing purposes. The archive will include the protocol, statistical programs, human

subjects review documents, statistical output, analytical data sets, and manuscripts. It will clearly identify the permanent storage location for these files.

A final data set at the end of the v-safe program with deidentified aggregate data will be made available for external data requests or through Freedom of Information Act (FOIA) requests.

Analysis plan

Descriptive analyses will be conducted using the data collected through surveys on a weekly basis during the surveillance period. Participation rates over time will also be calculated.

For v-safe participants who have a VAERS report submitted through the VAERS call center, additional analyses will be conducted. Rates of serious events as well as adverse events of special interest (AESI) following COVID-19 vaccination will be generated using VAERS reports solicited via v-safe to define the numerator and v-safe participants as the denominator (Attachment 2). VAERS reports that are considered serious or AESI will be reviewed by medical staff at CDC. Case definitions (Brighton Collaboration or other standard definitions as appropriate) will be applied to the AESIs. Reporting rates for each AESI will be calculated and compared to established background rates. If at any time rates observed in v-safe exceed what is expected from background rates, further investigation will occur within other vaccine safety monitoring systems, including VAERS and Vaccine Safety Datalink (7).

VAERS monitoring for all COVID-19 reports will include VAERS reports solicited from v-safe participants. Reports obtained from v-safe participants during call center outreach will be coded so that they can be distinguished from other VAERS reports and analyzed separately from other VAERS reports if needed.

Human subjects considerations and confidentiality

This protocol will require human subjects determination at CDC since CDC is the lead site and surveillance data will include collection of PII. No PII will be included in any v-safe analyses, manuscripts, or data sets shared through external data requests. Participation is completely voluntary and individuals self-enroll. Participants can elect to stop text notifications at any time

and their data will be used for those surveys completed prior to opting out. Participants who request to be removed entirely from the system will be inactivated in v-safe so that their registration record is deleted, and their health survey data will not be included in future analyses. As an analysis of data collected for non-research purposes, this activity presents minimal risk to subjects, and use of patient data for this purpose will not adversely affect subjects' rights or welfare.

Duration

The anticipated duration of the v-safe program is at least one year of active enrollment, based on anticipated length of emergency use authorizations for COVID-19 vaccines. The decision to discontinue v-safe or to modify v-safe procedures to scale back active telephone follow-up will be made in consultation with the CDC COVID-19 Vaccine Task Force leadership and FDA.

Limitations and challenges

Limitations and challenges for v-safe surveillance include:

- Enrollment and registration will initially be a manual process and will be dependent on healthcare providers sharing information about the system with vaccine recipients. Enrollment might be limited. While VAMS will help promote v-safe enrollment though automated text message reminders, not all jurisdictions will use VAMS, and VAMS text messaging capabilities may not be rolled out until several weeks/months after vaccine becomes available.

- Accurate capture of vaccine manufacturer information will depend on accurate self-report, at least initially. Vaccine recipients are expected to receive vaccination record cards specifying the vaccine they received, which might help to improve accuracy of these data.

- Vaccinated people who choose to participate in v-safe might be different from those who decline; therefore, rates of side effects and adverse events generated from v-safe might not be generalizable to the full population of vaccine recipients.

- V-safe allows people to enter late in the post-vaccination monitoring period. The group of individuals who enroll in v-safe late might be heterogenous–those who simply neglected to enroll early, those who chose to enroll only after experiencing a clinically important adverse event, and others. Data collected from these individuals may need to be analyzed separately from data from those who enrolled early.

- The information provided by v-safe participants at 3, 6, and 12 months after vaccination might be impacted by recall bias.

- Participants will likely be lost to follow-up at later time points, reducing participant numbers and likely creating biases in v-safe analyses of safety out to 12 months.

- Because v-safe relies on vaccine recipients reporting their own experiences after vaccination, v-safe is not conducive to capturing the adverse event of death following vaccination.

Dissemination

Data from v-safe will be important in the beginning phases of the COVID-19 vaccination program. Regular updates will be provided to advisory committees and data review groups. It is anticipated that v-safe data will be shared with the scientific community and with the public through manuscripts and public reports.

v-safe protocol: May 20, 2021, version 3

References

1. *The American Journal of Managed Care*. A Timeline of COVID-19 Developments in 2020. Available at https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020.

2. CDC. CDC COVID Data Tracker. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesinlast7days.

3. Slaoui M, Hepburn M. Developing Safe and Effective Covid Vaccines—Operation Warp Speed's Strategy and Approach. *N Engl J Med* 2020; 383:1701–1703.

4. Su JR, Duffy J, Shimabukuro TT (2019). Chapter 1: Vaccine Safety. In Poland GA (Ed.) and Whitaker JA (Assoc. Ed.), *Vaccinations*. St. Louis, MO: Elsevier.

5. https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

6. Shimabukuro TT, Nguyen M, Martin D, DeStefano F. Safety monitoring in the Vaccine Adverse Event Reporting System (VAERS). *Vaccine*. 2015; 33(36): 4398–4405.

7. *https://www.gsa.gov/technology/government-it-initiatives/fedramp)?*

8.   McNeil MM, Gee J, Weintraub E, et al. The Vaccine Safety Datalink: successes and

challenges monitoring vaccine safety. *Vaccine*. 2014; 32(42):5390–8.

Attachment 1: V-safe health check-in surveys

Note: language to be used for dependents is itali cized. Pregnancy questions are only asked for those 18 years of age or older.

Day 0 - Dose 1

Text message invitation:
Hi <NAME>. It's time for your first v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the first v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Fever check
Since your/*their* vaccination, have you/*they* had a fever or felt feverish?
☐ Yes ☐ No

(If Yes) Do you know your/*their* highest temperature reading from today?
☐ Yes- in degrees Fahrenheit
☐ Yes- in degrees Celsius
☐ No- don't remember the reading
☐ No- didn't take my/*their* temperature

Enter your/*their* highest temperature reading from today (degrees Fahrenheit)
Enter your/*their* highest temperature reading from today (degrees Celsius)

Symptom check
Symptoms can be classified as:
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

Have you/*they* had any of these symptoms today where you/*they* got the shot (injection site)?
  select all that apply: ☐ Pain ☐ Redness ☐ Swelling ☐ Itching ☐None

How would you rate your/*their* symptoms:
  (If checked Pain) ☐ Mild ☐ Moderate ☐ Severe
  (If checked Redness) ☐ Mild ☐ Moderate ☐ Severe
  (If checked Swelling) ☐ Mild ☐ Moderate ☐ Severe

(If checked Itching) ☐ Mild ☐ Moderate ☐ Severe

Have you/*they* experienced any of these symptoms today?
Select all that apply.
- ☐ Chills
- ☐ Headache
- ☐ Joint pain
- ☐ Muscle or body aches
- ☐ Fatigue or tiredness
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abdominal pain
- ☐ Rash, not including the immediate area around the injection site
- ☐ None

Any other symptoms or health conditions you want to report_____

Symptoms can be classified as:
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

How would you rate your/*their* symptoms:

(If checked Chills) ☐ Mild ☐ Moderate ☐ Severe
(If checked Headache) ☐ Mild ☐ Moderate ☐ Severe
(If checked Joint pain) ☐ Mild ☐ Moderate ☐ Severe
(If checked Muscle or body aches) ☐ Mild ☐ Moderate ☐ Severe
(If checked Fatigue or tiredness) ☐ Mild ☐ Moderate ☐ Severe
(If checked Nausea) ☐ Mild ☐ Moderate ☐ Severe
(If checked Vomiting) ☐ Mild ☐ Moderate ☐ Severe
(If checked Diarrhea) ☐ Mild ☐ Moderate ☐ Severe
(If checked Abdominal pain) ☐ Mild ☐ Moderate ☐ Severe
(If checked Rash, not including the immediate area around the injection site) ☐ Mild ☐ Moderate ☐ Severe

Health impact
Did any of the/*their* symptoms or health conditions you reported TODAY cause you/*them* to (select all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1.*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*
If you had/*there were* symptoms or health problems following your/*the* COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report the experience to the Vaccine Adverse Event Reporting System (VAERS).

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We'll be in touch tomorrow.

Days 1-7 post vaccination - Dose 1

Text message invitation:
Hi, <NAME>. It's time for your daily v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the daily v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder (day 7 only):
Hi <NAME>, Please remember to do your daily v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the daily v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Fever check
Have you/*they* had a fever or felt feverish TODAY?
☐ No ☐ Yes

(If Yes) Do you know your/*their* highest temperature reading from today?
☐ Yes- in degrees Fahrenheit
☐ Yes- in degrees Celsius
☐ No- don't remember the reading
☐ No- didn't take my/*their* temperature

Enter your/*their* highest temperature reading from today (degrees Fahrenheit)
Enter your/*their* highest temperature reading from today (degrees Celsius)

Symptom check
Symptoms can be classified as:
Mild = you notice symptoms, but they aren't a problem
Moderate = symptoms that limit your normal daily activities
Severe = symptoms make normal daily activities difficult or impossible

Have you/*they* had any of these symptoms at or near the injection site today?
Check all that apply: ☐ Pain ☐ Redness ☐ Swelling ☐ Itching ☐ None

How would you rate your/*their* symptoms:
(If checked Pain)	☐ Mild	☐ Moderate	☐ Severe
(If checked Redness)	☐ Mild	☐ Moderate	☐ Severe
(If checked Swelling)	☐ Mild	☐ Moderate	☐ Severe
(If checked Itching)	☐ Mild	☐ Moderate	☐ Severe

Have you/*they* experienced any of these symptoms today?
Select all that apply:
- ☐ Chills
- ☐ Headache
- ☐ Joint pain
- ☐ Muscle or body aches
- ☐ Fatigue or tiredness
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Abdominal pain
- ☐ Rash, not including the immediate area around the injection site
- ☐ None

     Any other symptoms or health conditions you want to report_____

Symptoms:
Symptoms can be classified as:
Mild = you notice symptoms, but they aren't a problem
Moderate = symptoms that limit your normal daily activities
Severe = symptoms make normal daily activities difficult or impossible

How would you rate your/*their* symptoms:
    (If checked Chills)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Headache)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Joint pain)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Muscle or body aches)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Fatigue or tiredness)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Nausea) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Vomiting) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Diarrhea) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Abdominal pain) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Rash, not including the immediate area around the injection site ☐ Mild
    ☐ Moderate ☐ Severe

Health impact
Did any of the/*their* symptoms or health conditions you reported today cause you/*them* to (Select all that apply):

    ☐ Be unable to work or attend school?

    ☐ Be unable to do your/*their* 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/*they* 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:

_____

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1.*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*
If you had/*there were* symptoms or health problems following your/*the* COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch tomorrow. (For Day 7 survey, "tomorrow" is replaced with "for your next check-in".)

Day 14 (2 weeks) post vaccination - Dose 1

Text message invitation:
Hi <NAME>. It's time for your weekly v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new or worsening symptoms or health conditions?

☐ Yes ☐ No

(if Yes) Please describe:

_____

(if Yes) Did any of the/*their* symptoms or health conditions cause you/*them* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?

☐ Yes   ☐ No

(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked once for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

Thanks for completing today's check-in.

Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch next week.

Alternate onscreen completion message for Pfizer and Novavax recipients:

Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
You'll need to get your 2nd COVID-19 vaccine next week./*The 2nd COVID-19 vaccine will be needed next week*. Please remember to make an appointment if you have not done so already! (Alternate language if >=18 days replaces "next week" with "shortly")
After you/*they* receive your/*their* 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch for your/*the* next check-in.

Day 21 (3 weeks) post vaccination - Dose 1

Text message invitation:
Hi <NAME>. It's time for your weekly v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
For Pfizer/Novavax recipients:

Hi <name>.
Hi there.

Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

Did you/*they* get your/*their* 2nd COVID-19 vaccination?
☐ Yes ☐ No
(If YES) Thank you.

(Survey will end and will be directed to enter Dose 2 information:)

Thank you for letting us know that you/*they* received your/*their* 2nd COVID-19 vaccine. Please click the View My Account button below to view your/*their* account and register your/*their* 2nd COVID-19 vaccine.

For Moderna/AstraZeneca/Janssen-Johnson&Johnson/Pfizer/Novavax recipients who did not get dose 2:

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check in, have you/*they* experienced any new or worsening symptoms or health conditions?
☐ Yes ☐ No

(If Yes) Please describe the symptoms or health conditions.

(if Yes) Did any of these symptoms or health conditions cause you/*them* to (check all that apply):

    ☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?
☐ Yes ☐ No

(If Yes) When were you/*they* diagnosed? _____ (mm/dd/yyyy)

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1*)
☐ Yes ☐ No ☐ Don't know

Since your/*their* last COVID-19 vaccination, have you/*they* had a home or laboratory pregnancy test that was positive? (*Asked if participant answered no to above pregnancy question in this or previous survey*)
☐ Yes
☐ No

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

For Janssen/Johnson & Johnson recipients:

Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch next week.

For Moderna/AstraZeneca:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
You'll need to get your 2nd COVID-19 vaccine next week./*The 2nd COVID-19 vaccine is due next week.* Please remember to make an appointment if you have not done so already! (Alternate language if >=25 days replaces "next week" with "shortly")
After you/*they* receive your/*their* 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch for your/*their* next check-in.

For Pfizer/Novavax recipients who did not receive dose 2:
Thanks for completing today's check-in.
Depending on your/*the* answers, CDC may call you to check on you/*may call*.
It is time to get your/*the* 2nd COVID-19 vaccine. Please remember to make an appointment if you have not done so already!
After you/*they* receive your/*their* 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch for your/*their* next check-in.

Day 28 (4 weeks) post vaccination - Dose 1

Text message invitation:
Hi <NAME>. It's time for your weekly v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:

For all Moderna/AstraZeneca/Pfizer/Novavax recipients who did not previously report Dose 2:

Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

Did you/*they* get your/*their* 2nd COVID-19 vaccination?
☐ Yes ☐ No
(If YES) Thank you.
Survey will end and will be directed to enter Dose 2 information.

Thank you for letting us know that you/*they* received your/*their* 2nd COVID-19 vaccine. Please click the View My Account button below to view your/*their* account and register your/*their* 2nd COVID-19 vaccine.

For Janssen/Johnson & Johnson and all 2-dose vaccine recipients who report 'No' above

Hi <name>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new or worsening symptoms or health conditions?

☐ Yes ☐ No

(If Yes) Please describe the symptoms or health conditions:

(if Yes) Did any of these symptoms or health conditions cause you/*them* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?
   ☐ Yes   ☐No
(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* racial group(s)? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

For Janssen/Johnson & Johnson recipients:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch next week.

For Pfizer/Novavax/Moderna/AstraZeneca recipients who did not receive dose 2:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*
It is time to get your/*the* 2nd COVID-19 vaccine. Please remember to make an appointment if you have not done so already!
After you/*they* receive your/*their* 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch for your next check-in.

Day 35 (5 weeks) post vaccination - Dose 1

Text message invitation:
Hi <NAME>. It's time for your weekly v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. (*link to personalized survey*)
Hi <NAME>. Please remember to do the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
For all Moderna/AstraZeneca/Pfizer/Novavax who did not previously report receipt of Dose 2:

Hi <NAME>.
Hi there.

Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

Did you/*they* get your/*their* 2nd COVID-19 vaccination?
☐ Yes ☐ No
(If YES) Thank you.
Survey will end and will be directed to enter Dose 2 information.

Thank you for letting us know that you/*they* received your/*their* 2nd COVID-19 vaccine. Please click the View My Account button below to view your/*their* account and register your/*their* 2nd COVID-19 vaccine.

For Janssen/Johnson & Johnson and all 2 dose recipients who report 'No' above
Hi <NAME>.
Hi there.

Let's start today's health check-in .
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new or worsening symptoms or health conditions?
☐ Yes ☐ No

(if Yes) Please describe the symptoms or health conditions.

(if Yes) Did any of these symptoms or health conditions cause you/*them* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?

☐ Yes   ☐No

(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

For Janssen/Johnson & Johnson recipients:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call you to check on you/*may call*.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch next week.

For Pfizer/Novavax/Moderna/AstraZeneca recipients who did not receive dose 2:
Thanks for completing today's check-in.
Your contributions are helping CDC monitor the safety of COVID-19 vaccines.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
It is time to get your/*the* 2nd COVID-19 vaccine. Please remember to make an appointment if you have not done so already!
After you/*they* receive your/*their* 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch for your next check-in.

Day 42 (6 weeks) post vaccination - Dose 1

Text message invitation:
Hi <NAME>. It's time for your 6-week v-safe check-in. <URL for survey>
Hi <NAME>. It's time for your 6-week v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your 6-week v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the 6-week v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
For all Moderna/AstraZeneca/Pfizer/Novavax who did not previously report receipt of Dose 2:

Hi <name>.
Hi there.

Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

Did you/*they* get your/*their* 2nd COVID-19 vaccination?
☐ Yes ☐ No
(If YES) Thank you.
Survey will end and will be directed to enter Dose 2 information

Thank you for letting us know that you/*they* received your/*their* 2nd COVID-19 vaccine. Please click the View My Account button below to view your/*their* account and register your/*their* 2nd COVID-19 vaccine.

For Janssen/Johnson & Johnson and all 2 dose recipients who report 'No' above
Hi <name>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new or worsening symptoms or health conditions?

☐ Yes ☐ No

(if Yes) Please describe the symptoms or health conditions.

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(if Yes) Did any of these symptoms or health conditions cause you/*them* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?
☐ Yes   ☐No

(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

How would you describe your/*their* current state of health?
☐ Excellent
☐ Good
☐ Fair
☐ Poor

How is your/*their* health now compared to your/*their* heath before your/*their* last COVID-19 vaccination?
☐ Better
☐ About the same
☐ Worse

(If Worse) Do you believe your/*their* health problems might be related to your/*their* COVID-19 vaccination?
☐ Yes

☐ No

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 1; if yes then no more pregnancy questions asked for Dose 1*)
☐ Yes ☐ No ☐ Don't know

Since your/*their* last COVID-19 vaccination, have you/*they* had a home or laboratory pregnancy test that was positive?(*Asked if participant answered no to above pregnancy question in this or previous survey*)
☐ Yes
☐ No

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:
For Janssen/Johnson & Johnson recipients:
Thanks for completing today's check-in.
Your contributions are helping CDC monitor the safety of COVID-19 vaccines.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call..*
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
Take care and stay safe.

We'll be in touch in a few months.

For Pfizer/Novavax/Moderna/AstraZeneca recipients who did not receive dose 2:
Thanks for completing today's check-in.
Your contributions are helping CDC monitor the safety of COVID-19 vaccines.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*
It is time to get your/*the* 2nd COVID-19 vaccine. Please remember to make an appointment if you have not done so already!
After you/*they* receive your 2nd COVID-19 vaccination, please sign into your v-safe account and update your/*their* vaccination information.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
Take care and stay safe. We'll be in touch in a few months.

Day 0 – Dose 2

Text message invitation:
Hi <NAME>. It's time for your first v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the first v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Fever check
Since your/*their* second COVID-19 vaccination, have you/*they* had a fever or felt feverish?
☐ No ☐ Yes

(If Yes) Do you know your/*their* highest temperature reading from today?
☐ Yes- in degrees Fahrenheit
☐ Yes- in degrees Celsius
☐ No- don't remember the reading
☐ No- didn't take my/*their* temperature

Enter your/*their* highest temperature reading from today (degrees Fahrenheit)
Enter your/*their* highest temperature reading from today (degrees Celsius)

Symptom check
Symptoms can be classified as:
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

Have you/*they* had any of these symptoms where you/*they* got the shot (injection site)?

Select all that apply: ☐ Pain ☐ Redness ☐ Swelling ☐ Itching ☐None

How would you rate your/*their* symptoms:

(If checked Pain)	☐ Mild	☐ Moderate	☐ Severe
(If checked Redness)	☐ Mild	☐ Moderate	☐ Severe
(If checked Swelling)	☐ Mild	☐ Moderate	☐ Severe
(If checked Itching)	☐ Mild	☐ Moderate	☐ Severe

Have you/*they* experienced any of these symptoms today?
Select all that apply.
☐ Chills
☐ Headache
☐ Joint pain
☐ Muscle or body aches
☐ Fatigue or tiredness
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Abdominal pain
☐ Rash, not including the immediate area around the injection site
☐ None
     Any other symptoms or health conditions you want to report_____

Symptoms can be classified as:
Mild = you notice symptoms, but they aren't a problem
Moderate = symptoms cause some limitation of your normal daily activities
Severe = symptoms make normal daily activities difficult or impossible

How would you rate your/*their* symptoms:

    (If checked Chills)   ☐ Mild ☐ Moderate ☐ Severe
    (If checked Headache) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Joint pain) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Muscle or body aches) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Fatigue or tiredness) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Nausea) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Vomiting) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Diarrhea) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Abdominal pain) ☐ Mild ☐ Moderate ☐ Severe
    (If checked Rash, not including the immediate area around the injection site) ☐ Mild
    ☐ Moderate ☐ Severe

Health impact
Did any of the/*their* symptoms or health conditions you reported TODAY cause you/*them* to
(Select all that apply):

    ☐ Be unable to work to attend school?

    ☐ Be unable to do your/*their* 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/*they* 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:

_____

Were you/*they* pregnant at the time of your/*their* second COVID-19 vaccination? (*This is only asked for the initial survey taken for Dose 2; if yes then no more pregnancy questions asked for Dose 2*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*

If you had/*there were* symptoms or health problems following your/*the* COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch tomorrow.

Days 1-7 post vaccination – Dose 2

Text message invitation:
Hi <NAME>. It's time for your daily v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the daily v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder (day 7 only):
Hi <NAME>. Please remember to do your daily v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the daily v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Fever check
Have you/*they* had a fever or felt feverish TODAY?
☐ No ☐ Yes

(If Yes) Do you know your/*their* highest temperature reading from today?
☐ Yes- in degrees Fahrenheit
☐ Yes- in degrees Celsius
☐ No- don't remember the reading
☐ No- didn't take my/*their* temperature

Enter your/*their* highest temperature reading from today (degrees Fahrenheit)
Enter your/*their* highest temperature reading from today (degrees Celsius)

Symptom check
Symptoms can be classified as:
Mild = you notice symptoms, but they aren't a problem
Moderate = symptoms that limit your normal daily activities
Severe = symptoms make normal daily activities difficult or impossible

Have you/*they* had any of these symptoms where you/*they* got the shot (injection site)?

Check all that apply: ☐ Pain ☐ Redness ☐ Swelling ☐ Itching ☐ None

How would you rate your/*their* symptoms:

(If checked Pain)	☐ Mild	☐ Moderate	☐ Severe
(If checked Redness)	☐ Mild	☐ Moderate	☐ Severe
(If checked Swelling)	☐ Mild	☐ Moderate	☐ Severe
(If checked Itching)	☐ Mild	☐ Moderate	☐ Severe

Have you/*they* experienced any of these symptoms today?
Select all that apply:
☐ Chills
☐ Headache
☐ Joint pain
☐ Muscle or body aches
☐ Fatigue or tiredness
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Abdominal pain
☐ Rash, not including the immediate area around the injection site
☐ None
   Any other symptoms or health conditions you want to report_____

Symptoms:
Symptoms can be classified as:
Mild = you notice symptoms, but they aren't a problem
Moderate = symptoms that limit your normal daily activities
Severe = symptoms make normal daily activities difficult or impossible

How would you rate your/*their* symptoms:

(If checked Chills)	☐ Mild	☐ Moderate	☐ Severe
(If checked Headache)	☐ Mild	☐ Moderate	☐ Severe
(If checked Joint pain)	☐ Mild	☐ Moderate	☐ Severe
(If checked Muscle or body aches)	☐ Mild	☐ Moderate	☐ Severe
(If checked Fatigue or tiredness)	☐ Mild	☐ Moderate	☐ Severe
(If checked Nausea)	☐ Mild	☐ Moderate	☐ Severe
(If checked Vomiting)	☐ Mild	☐ Moderate	☐ Severe
(If checked Diarrhea)	☐ Mild	☐ Moderate	☐ Severe
(If checked Abdominal pain)	☐ Mild	☐ Moderate	☐ Severe

(If checked Rash, not including the immediate area around the injection site_ ☐ Mild ☐ Moderate ☐ Severe

Health impact
Did any of the/*their* symptoms or health conditions you reported today cause you/*them* to (Select all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Were you/*they* pregnant at the time of your/*their* second COVID-19 vaccination? (*This is only asked for the initial survey taken for Dose 2; if yes then no more pregnancy questions asked for Dose 2*)
☐ Yes ☐ No ☐ Don't know

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

<u>Onscreen completion thank you message:</u>
Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.

If you had/*there were* symptoms or health problems following your/*the* COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the <u>Vaccine Adverse Event Reporting System (VAERS)</u>.
We'll be in touch tomorrow. (For Day 7 survey, "tomorrow" is replaced with "for your next check-in".

Days 14, 21, 28, 35 (2, 3, 4, 5 weeks) post vaccination – Dose 2

Text message invitation:
Hi <NAME>. It's time for your weekly v-safe check-in. <URL for survey>
Hi <NAME>. It's time for the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the weekly v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:
Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new symptoms or worsening health conditions?

☐ Yes ☐ No

(if Yes) Please describe the symptoms or health conditions:

(if Yes) "Did any of these symptoms or health conditions cause you/*them* to (check all that apply):"

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?

      ☐ Yes   ☐No

      (if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

Were you/*they* pregnant at the time of your/*their* second COVID-19 vaccination? (*This is only asked for the initial survey taken for Dose 2; if yes then no more pregnancy questions asked for Dose 2*)

☐ Yes ☐ No ☐ Don't know

Since your last COVID-19 vaccination, have you/*they* had a home or laboratory pregnancy test that was positive? (A*sked at Day 21 if participant answered no to above pregnancy question in this or previous survey)*

      ☐ Yes
      ☐ No

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys)*

What is your/*their* ethnic group?

      ☐ Hispanic or Latino

      ☐ Not Hispanic or Latino

      ☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

      ☐ American Indian or Alaska Native

      ☐ Asian

      ☐ Black or African American

      ☐ Native Hawaiian or other Pacific Islander

      ☐ White

      ☐ Other

      ☐ Unknown or prefer not to say

Onscreen completion thank you message:

Thanks for completing today's check-in.
Depending on your/*the* answers, someone from CDC may call to check on you/*may call*.
If you had/*there were* symptoms or health problems following COVID-19 vaccination that
concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience
to the Vaccine Adverse Event Reporting System (VAERS).
We'll be in touch next week.

Day 42 (6 weeks) post vaccination – Dose 2

Text message invitation:
Hi <NAME>. It's time for your 6 week v-safe check-in. <URL for survey>
Hi <NAME>. It's time for your 6-week v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your weekly v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the 6-week v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Survey:

Hi <NAME>.
Hi there.
Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since your/*their* last check-in, have you/*they* experienced any new or worsening symptoms or health conditions?

☐ Yes ☐ No

(if Yes) Please describe the symptoms or health conditions.

(if Yes) "Did any of these symptoms or health conditions cause you/*them* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?

☐ Yes ☐No

(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

How would you describe your/*their* current state of health?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

How is your/*their* health now compared to your/*their* health before your/*their* last COVID-19 vaccination?

☐ Better
☐ About the same
☐ Worse

(If Worse) Do you believe your/*their* health problems might be related to your/*their* COVID-19 vaccination?

☐ Yes
☐ No

Were you/*they* pregnant at the time of your/*their* COVID-19 vaccination?
(*This is only asked for the initial survey taken for Dose 2; if yes, then no more pregnancy questions asked for Dose 2*)
☐ Yes ☐ No ☐ Don't know

Since your/*their* last COVID-19 vaccination, have you/*they* had a home or laboratory pregnancy test that was positive?
(*Asked if participant answered no to above pregnancy question in this or previous survey*)
☐ Yes
☐ No

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

Thanks for completing today's check-in. Your contributions are helping CDC monitor the safety of COVID-19 vaccines.

Depending on your/*the* answers, someone from CDC may call to check on you/*may call.*

If you had/*there were* symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).

Take care and stay safe. We'll be in touch in a few months.

3, 6, and 12 month post vaccination – Dose 1 or Dose 2

Text message invitation:
Hi <NAME>. We hope you are doing well! It's time for a v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the v-safe check-in for <DEPENDENT NAME>. <URL for survey>

Text message reminder:
Hi <NAME>. Please remember to do your v-safe check-in. <URL for survey>
Hi <NAME>. Please remember to do the v-safe check-in for <DEPENDENT NAME>. <URL for survey>

__Survey__
Hi <NAME>.
Hi there.

Let's start today's health check-in.
Let's start today's health check-in for <DEPENDENT NAME>.

How are you/*they* feeling today? ☺
☐ Good ☐ Fair ☐ Poor

Since we last contacted you, have you/*they* experienced any new symptoms or health conditions?

☐ Yes ☐ No

(if Yes) Please describe the symptoms or health conditions.

(if Yes) Did any of these symptoms or health conditions cause you/*they* to (check all that apply):

☐ Be unable to work or attend school?

☐ Be unable to do your/*their* 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/*they* 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:

_____

Since your/*their* last check-in, did you/*they* have a positive COVID-19 test or were you/*they* told by a health care provider that you/*they* had COVID-19?

☐ Yes ☐ No

(if Yes) When were you/*they* diagnosed? _____(mm/dd/yyyy)_

Since your/*their* last check-in, have you/*they* had a home or laboratory pregnancy test that was positive?

☐ Yes
☐ No

How would you describe your/*their* current state of health?
☐ Excellent
☐ Good
☐ Fair
☐ Poor

How is your/*their* health now compared to your/*their* health before your/*their* last COVID-19 vaccination?
☐ Better
☐ About the same
☐ Worse

(If Worse) Do you believe your/*their* health problems might be related to your/*their* COVID-19 vaccination?
☐ Yes
☐ No

Since your/*their* last COVID-19 vaccination, have you/*they* had a home or laboratory pregnancy test that was positive? (A*sked if participant answered no to above pregnancy question in this or previous survey*)
☐ Yes
☐ No

Race/Ethnicity
(*This is only asked once; once data are captured, questions will not display on future surveys*)

What is your/*their* ethnic group?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown or prefer not to say

What is your/*their* race? (select one or more)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Other

☐ Unknown or prefer not to say

Onscreen completion thank you message:

<u>3/6 Month:</u>
Thanks for completing today's check in. Your contributions are helping CDC monitor the safety of COVID-19 vaccines.
Depending on your answers, someone from CDC may call to check on you/*may call*.
If you/*they* had symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
Take care and stay safe. We'll be in touch in a few months.

<u>12 Month:</u>
Congratulations! You have completed your/*the* final v-safe check-in.
Depending on your answers, someone from CDC may call to check on you/*may call*.
If you/*they* had symptoms or health problems following COVID-19 vaccination that concern you, please contact your/*a* healthcare provider. You can also report your/*the* experience to the Vaccine Adverse Event Reporting System (VAERS).
Thank you for participating in v-safe! Your contributions are helping CDC monitor the safety of COVID-19 vaccines.
Take care and stay safe.

Attachment 2: Adverse Events of Special Interest

Prespecified Medical Conditions
Acute myocardial infarction
Anaphylaxis
Coagulopathy
COVID-19 Disease
Death*
Guillain-Barré syndrome
Kawasaki disease
Multisystem Inflammatory Syndrome in children[1]
Multisystem Inflammatory Syndrome in adults[2]
Myocarditis/Pericarditis
Narcolepsy/Cataplexy
Pregnancy and Prespecified Conditions
Seizures/Convulsions
Stroke
Transverse Myelitis

* Capture of deaths through v-safe will be limited.

Health Check-in Surveys: Questions and Variable Associations
Updated 7/15/2021

<u>Conditional questions</u>

The question regarding pregnancy at the time of vaccine receipt is only asked at the first survey completed for each dose; subsequent surveys should not have a value if it has been previously answered for the same dose.

The question regarding pregnancy test after vaccine receipt is asked starting at Day 21 for each dose; thereafter, the question is not asked if a previous survey for that dose was answered "yes".

Race and ethnicity questions are only asked once, at the end of the first survey completed by the v-safe participant (can be either dose 1 or dose 2).

<u>Data dictionary</u>

Refer to applicable data dictionary for variable format, length and values; all variables listed below are in consolidated_hlth_chkin_no_pii files, except for race ethnicity which are in consolidated_race_ethnic_no_pii files.

Day 0 Survey

How are you/they feeling today? FEELING_TODAY

Since your/their vaccination, have you/they had a fever or felt feverish? FEVER

Do you know your/their highest temperature reading from today? TEMPERATURE_READING

Enter your/their highest temperature reading from today (Fahrenheit) TEMPERATURE_FAHRENHEIT

Enter your/their highest temperature reading from today (Celsius) TEMPERATURE_CELSIUS

Have you/they had any of these symptoms today where you/they got the shot (injection site)?
PAIN
REDNESS
SWELLING
ITCHING

Have you/they experienced any of these symptoms today?
CHILLS
HEADACHE
JOINT_PAINS
MUSCLE_OR_BODY_ACHES
FATIGUE
NAUSEA
VOMITING
DIARRHEA
ABDOMINAL_PAIN
RASH_OUTSIDE_INJECTION_SITE

Any other symptoms or health conditions you want to report? SYSTEMIC_REACTION_OTHER

Did any of the/their symptoms or health conditions you reported TODAY cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 1-6 Survey and Day 7 Survey

How are you/they feeling today? FEELING_TODAY

Have you/they had a fever or felt feverish today? FEVER

Do you know your/their highest temperature reading from today? TEMPERATURE_READING

Enter your/their highest temperature reading from today (Fahrenheit) TEMPERATURE_FAHRENHEIT

Enter your/their highest temperature reading from today (Celsius) TEMPERATURE_CELSIUS

Have you/they had any of these symptoms at or near the injection site today?
PAIN
REDNESS
SWELLING
ITCHING

Have you/they experienced any of these symptoms today?
CHILLS
HEADACHE
JOINT_PAINS
MUSCLE_OR_BODY_ACHES
FATIGUE
NAUSEA
VOMITING
DIARRHEA
ABDOMINAL_PAIN
RASH_OUTSIDE_INJECTION_SITE

Any other symptoms or health conditions you want to report? SYSTEMIC_REACTION_OTHER

Did any of the/their symptoms or health conditions you reported today cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 14 Survey

How are you/they feeling today? FEELING_TODAY

Since your/their last check-in, have you/they experienced any new or worsening symptoms or health conditions? HAD_SYMPTOMS

Please describe SYMPTOMS_DESCRIPTION

Did any of the/their symptoms or health conditions cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Since your/their last check-in, did you/they have a positive COVID-19 test or were you/they told by a health care provider that you/they had COVID-19? TESTED_POSITIVE

When were you/they diagnosed? TESTED_POSITIVE_DATE

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 21 Survey

How are you/they feeling today? FEELING_TODAY

Since your/their last check-in, have you/they experienced any new or worsening symptoms or health conditions? HAD_SYMPTOMS

Please describe SYMPTOMS_DESCRIPTION

Did any of the/their symptoms or health conditions cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Since your/their last check-in, did you/they have a positive COVID-19 test or were you/they told by a health care provider that you/they had COVID-19? TESTED_POSITIVE

When were you/they diagnosed? TESTED_POSITIVE_DATE

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

Since your/their last COVID-19 vaccination, have you/they had a home or laboratory pregnancy test that was positive? PREGNANCY_TEST

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 28 Survey

How are you/they feeling today? FEELING_TODAY

Since your/their last check-in, have you/they experienced any new or worsening symptoms or health conditions? HAD_SYMPTOMS

Please describe SYMPTOMS_DESCRIPTION

Did any of the/their symptoms or health conditions cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Since your/their last check-in, did you/they have a positive COVID-19 test or were you/they told by a health care provider that you/they had COVID-19? TESTED_POSITIVE

When were you/they diagnosed? TESTED_POSITIVE_DATE

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 35 Survey

How are you/they feeling today? FEELING_TODAY

Since your/their last check-in, have you/they experienced any new or worsening symptoms or health conditions? HAD_SYMPTOMS

Please describe SYMPTOMS_DESCRIPTION

Did any of the/their symptoms or health conditions cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Since your/their last check-in, did you/they have a positive COVID-19 test or were you/they told by a health care provider that you/they had COVID-19? TESTED_POSITIVE

When were you/they diagnosed? TESTED_POSITIVE_DATE

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Day 42, 3/6/12 month surveys

How are you/they feeling today? FEELING_TODAY

Since your/their last check-in, have you/they experienced any new or worsening symptoms or health conditions? HAD_SYMPTOMS

Please describe SYMPTOMS_DESCRIPTION

Did any of the/their symptoms or health conditions cause you/them to be unable to work or attend school, be unable to do your/their normal daily activities, get care from a doctor or other healthcare professional? HEALTH_IMPACT

What type of healthcare visit did you/they have? HEALTHCARE_VISITS

If other (type of healthcare visit), describe: HEALTHCARE_VISITS_OTHER

Since your/their last check-in, did you/they have a positive COVID-19 test or were you/they told by a health care provider that you/they had COVID-19? TESTED_POSITIVE

When were you/they diagnosed? TESTED_POSITIVE_DATE

How would you describe your/their current state of health? (42 day survey only) HEALTH_NOW

How is your/their health now compared to your/their health before your/their last COVID-19 vaccination? HEALTH_NOW_COMPARISON

Do you believe your/their health problems might be related to your/their COVID-19 vaccination? VACCINE_CAUSED_HEALTH_ISSUES

Were you/they pregnant at the time of your/their COVID-19 vaccination? PREGNANT

Since your/their last COVID-19 vaccination, have you/they had a home or laboratory pregnancy test that was positive? PREGNANCY_TEST

What is your/their ethnic group? ETHNICITY

What is your/their race? RACE

Registratants dataset (Main dataset)				
Variable name	Description	Responses/Options	Format	Length (estimates)
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15
SEX	Participant's Sex	FEMALE, MALE, OTHER, UNKNOWN	VARCHAR	7 *UNKNOWN= Prefer not to say
ZIP_CODE	Participant's Zip Code	Structured Zip Code	VARCHAR	5
TIME_ZONE	Participant's Time Zone	Category Derived from Zip Code: Pacific/Enderbury Pacific/Gambier Pacific/Tahiti US/Central US/Eastern US/Mountain US/Pacific	VARCHAR	32
REGISTERED_DATE	Date Participant Registered to v-safe	Structured Date	VARCHAR	10
AGE_AT_VX	Age of Participant at COVID-19 Dose 1 Vaccination		VARCHAR	3

Vaccination dataset (Main dataset)				
Variable name	Description	Responses/Options	Format	Length (estimates)
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15
MANUFACTURER	Vaccine Manufacturer	Novovax,Janssen,AstraZeneca,Pfizer-BioNTech, Moderna	VARCHAR	100
DOSE_NUMBER	COVID-19 Dose Number	1, 2	VARCHAR	1
VACCINATION_DATE	Date of Vaccination	Structured Date	VARCHAR	10

Variable name	Description	Responses/Options	Format	Length (estimates)
		Novovax,Janssen,AstraZenec		

Variable name	Description	Responses/Options	Format	Length (estimates)
SURVEY_STATIC_ID	Combination of Survey Day and Dose Number	26 different options: vsafe-0-day-dose1, vsafe-0-day-dose2, vsafe-1-6-daily-dose1, vsafe-1-6-daily-dose2, vsafe-7-day-dose1, vsafe-7-day-dose2,vsafe-14-day-dose1, vsafe-14-day-dose2,vsafe-21-day-dose1-asz-mod, vsafe-21-day-dose1-nvx-pfr, vsafe-21-day-dose2, vsafe-21-day-single,vsafe-28-day-dose1, vsafe-28-day-dose2, vsafe-28-day-single,vsafe-35-day-dose1, vsafe-35-day-dose2, vsafe-35-day-single,vsafe-42-day-	VARCHAR	30
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15
RESPONSE_ID	Unique ID (i.e.s2441925895916733290578629854402788783350)	Structured ID Code	VARCHAR	40
STARTED_ON	Day the survey was started	Structured Date	VARCHAR	10
STARTED_ON_TIME	Time the survey was started on	Structured Time	VARCHAR	15
DOSE_NUMBER	COVID-19 Dose Number	1, 2	VARCHAR	1
DAYS_SINCE	Number of days from vacciantion and survey response	Calculation from Reported Date and Self-Reported Vacciantion Date (Dose Specific)	VARCHAR	4
ABDOMINAL_PAIN	Systemic Reaction: Abdominal_pain classification (if present)	Mild,Moderate,Severe	VARCHAR	8
CHILLS	Systemic Reaction: Chills classification (if present)	Mild,Moderate,Severe	VARCHAR	8
DIARRHEA	Systemic Reaction: Diarrhea classification (if present)	Mild,Moderate,Severe	VARCHAR	8
FATIGUE	Systemic Reaction: Fatigue or tiredness classification (if present)	Mild,Moderate,Severe	VARCHAR	8
FEELING_TODAY	How are you feeling today?	Good, Fair, Poor	VARCHAR	4
FEVER	Since your vaccination, have you had a fever or felt feverish?	Yes, No	VARCHAR	3
HAD_SYMPTOMS	Since your last check-in, have you experienced any new symptoms or worsenin	Yes, No	VARCHAR	3
SYMPTOMS_DESCRIPTION	If experienced new symptoms, Describe		VARCHAR	250
HEADACHE	Systemic Reaction: Headache classification (if present)	Mild,Moderate,Severe	VARCHAR	8
HEALTH_IMPACT	Did any of the symptoms or health conditions you reported today cause you to:	Check all that apply-Be unable to work:Be unable to do your normal daily activities:Get care from a doctor or other healthcare professional:N/A	VARCHAR	250
HEALTH_NOW	How would you describe your current state of health?	Check one: Excellent, Good, Fair, Poor	VARCHAR	9
HEALTH_NOW_COMPARE	How is your health now compared to your heath before your last COVID-19 vac	Check one: Better, About the same, Worse	VARCHAR	15 this variable was not included in the dataset 02.17.2021
VACCINE_CAUSED_HEALT	(If Worse) Do you believe your health problems might be related to your COVID-19 vaccination?	Yes, No	VARCHAR	3
HEALTHCARE_VISITS	What type of healthcare visit did you have?	Check all that apply-Telehealth, virtual health	VARCHAR	250
HEALTHCARE_VISITS_OTH	Describe Other healthcase visit		VARCHAR	4000
ITCHING	Site Reaction: Itching classification (if present)	Mild,Moderate,Severe	VARCHAR	8
JOINT_PAINS	Systemic Reaction: Joint Pain classification (if present)	Mild,Moderate,Severe	VARCHAR	8
MUSCLE_OR_BODY_ACHE	Systemic Reaction: Muscle Or Body Ache classification (if present)	Mild,Moderate,Severe	VARCHAR	8
NAUSEA	Systemic Reaction: Nausea classification (if present)	Mild,Moderate,Severe	VARCHAR	8
PAIN	Site Reaction: Pain classification (if present)	Mild,Moderate,Severe	VARCHAR	8
PREGNANT	Were you pregnant at the time of your COVID-19 vaccination?	Yes, No, I don't know	VARCHAR	12
PREGNANCY_TEST	Since your last COVID-19 vaccination, have you had a home or laboratory pregn	Yes, No	VARCHAR	3
RASH_OUTSIDE_INJECTIO	Systemic Reaction: Rash, not including the immediate area around the injectio	Mild,Moderate,Severe	VARCHAR	8
REDNESS	Site Reaction: Redness classification (if present)	Mild,Moderate,Severe	VARCHAR	8
SITE_REACTION	Have you had any of these symptoms at or near the injection site?	Check all that apply-Pain: Redness: Swelling: I	VARCHAR	250
SWELLING	Site Reaction: Swelling classification (if present)	Mild,Moderate,Severe	VARCHAR	8
SYSTEMIC_REACTION	Have you experienced any of these symptoms today?	Check all that apply-Chills:Headache:Joint pain:Muscle or body aches:Fatigue or tiredness:Nausea: Vomiting:Diarrhea:Abdominal pain:Rash, not including the immediate area around the injection site:None	VARCHAR	250
SYSTEMIC_REACTION_OT	Any other symptoms or health conditions you want to report		VARCHAR	4000
TEMPERATURE_CELSIUS	Enter your highest temperature reading from today (degrees Celsius):		VARCHAR	10
TEMPERATURE_FAHRENH	Enter your highest temperature reading from today (degrees Fahrenheit):		VARCHAR	10
TEMPERATURE_READING	Do you know your highest temperature reading from today?	Check one: Yes- in degrees Fahrenheit:Yes- in	VARCHAR	50
TESTED_POSITIVE	Since your last check-in, did you have a positive COVID-19 test or were you told by a health care provider that you had COVID		VARCHAR	3
TESTED_POSITIVE_DATE	If positive COVID-19 test, When were you diagnosed?	Structured Date	VARCHAR	10
VOMITING	Vomiting classification (if present)	Mild,Moderate,Severe	VARCHAR	8
DURATION_MINS	Number of minutes it takes to fill out the survey		VARCHAR	40

Pregnancy dataset (only includes identified pregnant cases)				
Variable name	Description	Responses/Options	Format	Length (estimates)
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15
SEX	Participant's Sex	UNKNOWN	VARCHAR	7
ZIP_CODE	Participant's Zip Code	Structured Zip Code	VARCHAR	5
TIME_ZONE	Participant's Time Zone	Zip Code:	VARCHAR	32
PREFERRED_LANGUAGE	Preferred language of participant	(spanish), ko (korean),vi	VARCHAR	25 *This variable was supposed to be 2-letter abbreviations but it is currently being spelled out
DOSE1_MANUFACTURER	Dose 1 Vaccine Manufacturer	Moderna,	VARCHAR	50
DOSE2_MANUFACTURER	Dose 2 Vaccine Manufacturer	Moderna,	VARCHAR	50
DOSE_1_DATE	Vaccination Date for COVID19 Dose 1	Structured Date	VARCHAR	10
DOSE_2_DATE	Vaccination Date for COVID19 Dose 2	Structured Date	VARCHAR	10
PREGNANCY_RESPONSE_DATE	pregnancy date per dose.	Structured Date	VARCHAR	10
CONSOLIDATED_PREGNANCY	and Dose 2	Yes, No, Unknown	VARCHAR	7
DAY_0_DOSE1_PREGNANT_AT_VAX	Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_1_6_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_7_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_14_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_21_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_21_DOSE1_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
DAY_28_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	10
DAY_35_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	10
DAY_42_DOSE1_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	10
DAY_42_DOSE1_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_3_DOSE1_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_6_DOSE1_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_12_DOSE1_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
DAY_0_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_1_6_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_7_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_14_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_21_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_21_DOSE2_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
DAY_28_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_35_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_42_DOSE2_PREGNANT_AT_VAX	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, I don't know, Bla	VARCHAR	12
DAY_42_DOSE2_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_3_DOSE2_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_6_DOSE2_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3
MONTH_12_DOSE2_POSITIVE_PREG_TEST	Combination of Survey Day, Dose Number,and Pregnancy Question	Yes, No, Blank	VARCHAR	3

*Some registrant codes may have more than one pregnancy status per dose. The earliest survey per dose should be used.

Pregnancy Call Center dataset (this is a subset of Call Center dataset/ most of this information can be found in other datasets)

Variable name	Description	Responses/Options	Format	Length (estimates)	
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15	
SEX	Participant's Sex	FEMALE, MALE, OTHER, UNKNOWN	VARCHAR	7	
HEALTH_IMPACT	Did any of the symptoms or health conditions you reported today cause you to:	Be unable to work, Be unable to do your normal daily activities, Get care from a doctor or other healthcare professional	VARCHAR	250	
DOSE_NUMBER	COVID-19 Dose Number	1, 2	VARCHAR	1	
DAYS_SINCE	Number of days from vacciantion and survey response	Calculation from Reported Date and Self-Reported Vacciantion Date (Dose Specific)	VARCHAR	4	
ZIP_CODE	Participant's Zip Code	Structured Zip Code	VARCHAR	5	
TIME_ZONE	Participant's Time Zone	Category Derived from Zip Code: Pacific/Enderbury Pacific/Gambier Pacific/Tahiti US/Central US/Eastern US/Mountain US/Pacific	VARCHAR	32	
REPORTED_DATE	Date Health Impact was Reported	Structured Date	VARCHAR	10	
SURVEY_STATIC_ID	Combination of Survey Day and Dose Number	26 different options: vsafe-0-day-dose1, vsafe-0-day-dose2, vsafe-1-6-daily-dose1, vsafe-1-6-daily-dose2, vsafe-7-day-dose1, vsafe-7-day-dose2,vsafe-14-day-dose1, vsafe-14-day-dose2,vsafe-21-day-dose1-asz-mod, vsafe-21-day-dose1-nvx-pfr, vsafe-21-day-dose2, vsafe-21-day-single,vsafe-28-day-dose1, vsafe-28-day-dose2, vsafe-28-day-single,vsafe-35-day-dose1, vsafe-35-day-dose2, vsafe-35-day-single,vsafe-42-day-dose1, vsafe-42-day-dose2,vsafe-42-day-single,vsafe-3-month-dose1 ,vsafe-3-month-dose2, vsafe-6-month-dose1, vsafe-6-month-dose2, vsafe-12-month-dose1, vsafe-12-month-dose2	VARCHAR	30	
MANUFACTURER	Vaccine Manufacturer	Novovax,Janssen,AstraZeneca,Pfizer-BioNTech, Moderna	VARCHAR	100	
PREFERRED_LANGUAGE	Preferred Language	en=English, es=Spanish, fr=French, ko=Korean, vi=Vietnamese,zh-cn=Chinese	VARCHAR	50	*This variable was supposed to be 2-letter abbreviations but it is currently being spelled out
CONSOLIDATED_PREGNANCY	Consolidated Pregnancy Status Among Dose 1 and Dose 2	Yes, No, Unknown	VARCHAR	7	

Variable name	Description	Responses/Options	Format	Length (estimates)	
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15	
SEX	Participant's Sex	FEMALE, MALE, OTHER, PREFER_NOT_TO_SAY	VARCHAR	17	
HEALTH_IMPACT	Did any of the symptoms or health conditions you reported today cause you to:	Be unable to work: Be unable to do your normal daily activities: Get care from a doctor or other healthcare professional: N/A	VARCHAR	125	
DOSE_NUMBER	COVID-19 Dose Number	1, 2	VARCHAR	1	
DAYS_SINCE	Number of days from vacciantion and survey response	Calculation from Reported Date and Self-Reported Vacciantion Date (Dose Specific)	VARCHAR	3	
ZIP_CODE	Participant's Zip Code	Structured Zip Code	VARCHAR	5	
TIME_ZONE	Participant's Time Zone	Category Derived from Zip Code: (examples) Pacific/Enderbury Pacific/Gambier Pacific/Tahiti US/Central US/Eastern US/Mountain US/Pacific	VARCHAR	32	
REPORTED_DATE	Date Health Impact was Reported	Structured Date	VARCHAR	10	
SURVEY_STATIC_ID	Combination of Survey Day and Dose Number	27 different options: vsafe-0-day-dose1, vsafe-0-day-dose2, vsafe-1-6-daily-dose1, vsafe-1-6-daily-dose2, vsafe-7-day-dose1, vsafe-7-day-dose2,vsafe-14-day-dose1, vsafe-14-day-dose2,vsafe-21-day-dose1-asz-mod, vsafe-21-day-dose1-nvx-pfr, vsafe-21-day-dose2, vsafe-21-day-single,vsafe-28-day-dose1, vsafe-28-day-dose2, vsafe-28-day-single,vsafe-35-day-dose1, vsafe-35-day-dose2, vsafe-35-day-single,vsafe-42-day-dose1, vsafe-42-day-dose2,vsafe-42-day-single,vsafe-3-month-dose1 ,vsafe-3-month-dose2, vsafe-6-month-dose1, vsafe-6-month-dose2, vsafe-12-month-dose1, vsafe-12-month-dose2	VARCHAR	30	
MANUFACTURER	Vaccine Manufacturer	Novovax, Janssen/Johnson & Johnson,AstraZeneca,Pfizer-BioNTech, Moderna	VARCHAR	25	
PREFERRED_LANGUAGE	Preferred Language	English, Español=Spanish, í•œêµì–´=Korean, Tiá»¿ng Viá»‡t=Vietnamese,ä¸æ–‡=Chinese	VARCHAR	15	*This variable was supposed to be 2-letter abbreviations but it is currently being spelled out
CONSOLIDATED_PREGNANCY	Consolidated Pregnancy Status	Yes, No, Unknown	VARCHAR	7	

TIME_ZONE

Africa/Abidjan
Africa/Accra
Africa/Addis_Ababa
Africa/Algiers
Africa/Asmara
Africa/Asmera
Africa/Bamako
Africa/Bangui
Africa/Banjul
Africa/Bissau
Africa/Blantyre
Africa/Brazzaville
Africa/Bujumbura
Africa/Cairo
Africa/Casablanca
Africa/Ceuta
Africa/Conakry
Africa/Dakar
Africa/Dar_es_Salaam
Africa/Djibouti
Africa/Douala
Africa/El_Aaiun
Africa/Freetown
Africa/Gaborone
Africa/Harare
Africa/Johannesburg
Africa/Juba
Africa/Kampala
Africa/Khartoum
Africa/Kigali
Africa/Kinshasa
Africa/Lagos
Africa/Libreville
Africa/Lome
Africa/Luanda
Africa/Lubumbashi
Africa/Lusaka
Africa/Malabo
Africa/Maputo
Africa/Maseru
Africa/Mbabane
Africa/Mogadishu
Africa/Monrovia
Africa/Nairobi
Africa/Ndjamena
Africa/Niamey

Africa/Nouakchott
Africa/Ouagadougou
Africa/Porto-Novo
Africa/Sao_Tome
Africa/Timbuktu
Africa/Tripoli
Africa/Tunis
Africa/Windhoek
America/Adak
America/Anchorage
America/Anguilla
America/Antigua
America/Araguaina
America/Argentina/Buenos_Aires
America/Argentina/Catamarca
America/Argentina/ComodRivadavia
America/Argentina/Cordoba
America/Argentina/Jujuy
America/Argentina/La_Rioja
America/Argentina/Mendoza
America/Argentina/Rio_Gallegos
America/Argentina/Salta
America/Argentina/San_Juan
America/Argentina/San_Luis
America/Argentina/Tucuman
America/Argentina/Ushuaia
America/Aruba
America/Asuncion
America/Atikokan
America/Atka
America/Bahia
America/Bahia_Banderas
America/Barbados
America/Belem
America/Belize
America/Blanc-Sablon
America/Boa_Vista
America/Bogota
America/Boise
America/Buenos_Aires
America/Cambridge_Bay
America/Campo_Grande
America/Cancun
America/Caracas
America/Catamarca
America/Cayenne
America/Cayman

America/Chicago
America/Chihuahua
America/Coral_Harbour
America/Cordoba
America/Costa_Rica
America/Creston
America/Cuiaba
America/Curacao
America/Danmarkshavn
America/Dawson
America/Dawson_Creek
America/Denver
America/Detroit
America/Dominica
America/Edmonton
America/Eirunepe
America/El_Salvador
America/Ensenada
America/Fort_Nelson
America/Fort_Wayne
America/Fortaleza
America/Glace_Bay
America/Godthab
America/Goose_Bay
America/Grand_Turk
America/Grenada
America/Guadeloupe
America/Guatemala
America/Guayaquil
America/Guyana
America/Halifax
America/Havana
America/Hermosillo
America/Indiana/Indianapolis
America/Indiana/Knox
America/Indiana/Marengo
America/Indiana/Petersburg
America/Indiana/Tell_City
America/Indiana/Vevay
America/Indiana/Vincennes
America/Indiana/Winamac
America/Indianapolis
America/Inuvik
America/Iqaluit
America/Jamaica
America/Jujuy
America/Juneau

America/Kentucky/Louisville
America/Kentucky/Monticello
America/Knox_IN
America/Kralendijk
America/La_Paz
America/Lima
America/Los_Angeles
America/Louisville
America/Lower_Princes
America/Maceio
America/Managua
America/Manaus
America/Marigot
America/Martinique
America/Matamoros
America/Mazatlan
America/Mendoza
America/Menominee
America/Merida
America/Metlakatla
America/Mexico_City
America/Miquelon
America/Moncton
America/Monterrey
America/Montevideo
America/Montreal
America/Montserrat
America/Nassau
America/New_York
America/Nipigon
America/Nome
America/Noronha
America/North_Dakota/Beulah
America/North_Dakota/Center
America/North_Dakota/New_Salem
America/Ojinaga
America/Panama
America/Pangnirtung
America/Paramaribo
America/Phoenix
America/Port-au-Prince
America/Port_of_Spain
America/Porto_Acre
America/Porto_Velho
America/Puerto_Rico
America/Punta_Arenas
America/Rainy_River

America/Rankin_Inlet
America/Recife
America/Regina
America/Resolute
America/Rio_Branco
America/Rosario
America/Santa_Isabel
America/Santarem
America/Santiago
America/Santo_Domingo
America/Sao_Paulo
America/Scoresbysund
America/Shiprock
America/Sitka
America/St_Barthelemy
America/St_Johns
America/St_Kitts
America/St_Lucia
America/St_Thomas
America/St_Vincent
America/Swift_Current
America/Tegucigalpa
America/Thule
America/Thunder_Bay
America/Tijuana
America/Toronto
America/Tortola
America/Vancouver
America/Virgin
America/Whitehorse
America/Winnipeg
America/Yakutat
America/Yellowknife
Antarctica/Casey
Antarctica/Davis
Antarctica/DumontDUrville
Antarctica/Macquarie
Antarctica/Mawson
Antarctica/McMurdo
Antarctica/Palmer
Antarctica/Rothera
Antarctica/South_Pole
Antarctica/Syowa
Antarctica/Troll
Antarctica/Vostok
Arctic/Longyearbyen
Asia/Aden

Asia/Almaty
Asia/Amman
Asia/Anadyr
Asia/Aqtau
Asia/Aqtobe
Asia/Ashgabat
Asia/Ashkhabad
Asia/Atyrau
Asia/Baghdad
Asia/Bahrain
Asia/Baku
Asia/Bangkok
Asia/Barnaul
Asia/Beirut
Asia/Bishkek
Asia/Brunei
Asia/Calcutta
Asia/Chita
Asia/Choibalsan
Asia/Chongqing
Asia/Chungking
Asia/Colombo
Asia/Dacca
Asia/Damascus
Asia/Dhaka
Asia/Dili
Asia/Dubai
Asia/Dushanbe
Asia/Famagusta
Asia/Gaza
Asia/Harbin
Asia/Hebron
Asia/Ho_Chi_Minh
Asia/Hong_Kong
Asia/Hovd
Asia/Irkutsk
Asia/Istanbul
Asia/Jakarta
Asia/Jayapura
Asia/Jerusalem
Asia/Kabul
Asia/Kamchatka
Asia/Karachi
Asia/Kashgar
Asia/Kathmandu
Asia/Katmandu
Asia/Khandyga

Asia/Kolkata
Asia/Krasnoyarsk
Asia/Kuala_Lumpur
Asia/Kuching
Asia/Kuwait
Asia/Macao
Asia/Macau
Asia/Magadan
Asia/Makassar
Asia/Manila
Asia/Muscat
Asia/Nicosia
Asia/Novokuznetsk
Asia/Novosibirsk
Asia/Omsk
Asia/Oral
Asia/Phnom_Penh
Asia/Pontianak
Asia/Pyongyang
Asia/Qatar
Asia/Qostanay
Asia/Qyzylorda
Asia/Rangoon
Asia/Riyadh
Asia/Saigon
Asia/Sakhalin
Asia/Samarkand
Asia/Seoul
Asia/Shanghai
Asia/Singapore
Asia/Srednekolymsk
Asia/Taipei
Asia/Tashkent
Asia/Tbilisi
Asia/Tehran
Asia/Tel_Aviv
Asia/Thimbu
Asia/Thimphu
Asia/Tokyo
Asia/Tomsk
Asia/Ujung_Pandang
Asia/Ulaanbaatar
Asia/Ulan_Bator
Asia/Urumqi
Asia/Ust-Nera
Asia/Vientiane
Asia/Vladivostok

Asia/Yakutsk
Asia/Yangon
Asia/Yekaterinburg
Asia/Yerevan
Atlantic/Azores
Atlantic/Bermuda
Atlantic/Canary
Atlantic/Cape_Verde
Atlantic/Faeroe
Atlantic/Faroe
Atlantic/Jan_Mayen
Atlantic/Madeira
Atlantic/Reykjavik
Atlantic/South_Georgia
Atlantic/St_Helena
Atlantic/Stanley
Australia/ACT
Australia/Adelaide
Australia/Brisbane
Australia/Broken_Hill
Australia/Canberra
Australia/Currie
Australia/Darwin
Australia/Eucla
Australia/Hobart
Australia/LHI
Australia/Lindeman
Australia/Lord_Howe
Australia/Melbourne
Australia/NSW
Australia/North
Australia/Perth
Australia/Queensland
Australia/South
Australia/Sydney
Australia/Tasmania
Australia/Victoria
Australia/West
Australia/Yancowinna
Brazil/Acre
Brazil/DeNoronha
Brazil/East
Brazil/West
CET
CST
CST6CDT
Canada/Atlantic

Canada/Central
Canada/East-Saskatchewan
Canada/Eastern
Canada/Mountain
Canada/Newfoundland
Canada/Pacific
Canada/Saskatchewan
Canada/Yukon
Chile/Continental
Chile/EasterIsland
Cuba
EET
EST
EST5EDT
Egypt
Eire
Etc/GMT
Etc/GMT+0
Etc/GMT+1
Etc/GMT+10
Etc/GMT+11
Etc/GMT+12
Etc/GMT+2
Etc/GMT+3
Etc/GMT+4
Etc/GMT+5
Etc/GMT+6
Etc/GMT+7
Etc/GMT+8
Etc/GMT+9
Etc/GMT-0
Etc/GMT-1
Etc/GMT-10
Etc/GMT-11
Etc/GMT-12
Etc/GMT-13
Etc/GMT-14
Etc/GMT-2
Etc/GMT-3
Etc/GMT-4
Etc/GMT-5
Etc/GMT-6
Etc/GMT-7
Etc/GMT-8
Etc/GMT-9
Etc/GMT0
Etc/Greenwich

Etc/UCT
Etc/UTC
Etc/Universal
Etc/Zulu
Europe/Amsterdam
Europe/Andorra
Europe/Astrakhan
Europe/Athens
Europe/Belfast
Europe/Belgrade
Europe/Berlin
Europe/Bratislava
Europe/Brussels
Europe/Bucharest
Europe/Budapest
Europe/Busingen
Europe/Chisinau
Europe/Copenhagen
Europe/Dublin
Europe/Gibraltar
Europe/Guernsey
Europe/Helsinki
Europe/Isle_of_Man
Europe/Istanbul
Europe/Jersey
Europe/Kaliningrad
Europe/Kiev
Europe/Kirov
Europe/Lisbon
Europe/Ljubljana
Europe/London
Europe/Luxembourg
Europe/Madrid
Europe/Malta
Europe/Mariehamn
Europe/Minsk
Europe/Monaco
Europe/Moscow
Europe/Nicosia
Europe/Oslo
Europe/Paris
Europe/Podgorica
Europe/Prague
Europe/Riga
Europe/Rome
Europe/Samara
Europe/San_Marino

Europe/Sarajevo
Europe/Saratov
Europe/Simferopol
Europe/Skopje
Europe/Sofia
Europe/Stockholm
Europe/Tallinn
Europe/Tirane
Europe/Tiraspol
Europe/Ulyanovsk
Europe/Uzhgorod
Europe/Vaduz
Europe/Vatican
Europe/Vienna
Europe/Vilnius
Europe/Volgograd
Europe/Warsaw
Europe/Zagreb
Europe/Zaporozhye
Europe/Zurich
GB
GB-Eire
GMT
GMT+0
GMT-0
GMT0
Greenwich
HST
Hongkong
Iceland
Indian/Antananarivo
Indian/Chagos
Indian/Christmas
Indian/Cocos
Indian/Comoro
Indian/Kerguelen
Indian/Mahe
Indian/Maldives
Indian/Mauritius
Indian/Mayotte
Indian/Reunion
Iran
Israel
Jamaica
Japan
Kwajalein
Libya

MET
MST
MST7MDT
Mexico/BajaNorte
Mexico/BajaSur
Mexico/General
NZ
NZ-CHAT
Navajo
PRC
PST
PST8PDT
Pacific/Apia
Pacific/Auckland
Pacific/Bougainville
Pacific/Chatham
Pacific/Chuuk
Pacific/Easter
Pacific/Efate
Pacific/Enderbury
Pacific/Fakaofo
Pacific/Fiji
Pacific/Funafuti
Pacific/Galapagos
Pacific/Gambier
Pacific/Guadalcanal
Pacific/Guam
Pacific/Honolulu
Pacific/Johnston
Pacific/Kiritimati
Pacific/Kosrae
Pacific/Kwajalein
Pacific/Majuro
Pacific/Marquesas
Pacific/Midway
Pacific/Nauru
Pacific/Niue
Pacific/Norfolk
Pacific/Noumea
Pacific/Pago_Pago
Pacific/Palau
Pacific/Pitcairn
Pacific/Pohnpei
Pacific/Ponape
Pacific/Port_Moresby
Pacific/Rarotonga
Pacific/Saipan

Pacific/Samoa
Pacific/Tahiti
Pacific/Tarawa
Pacific/Tongatapu
Pacific/Truk
Pacific/Wake
Pacific/Wallis
Pacific/Yap
Poland
Portugal
ROC
ROK
Singapore
Turkey
UCT
US/Alaska
US/Aleutian
US/Arizona
US/Central
US/East-Indiana
US/Eastern
US/Hawaii
US/Indiana-Starke
US/Michigan
US/Mountain
US/Pacific
US/Pacific-New
US/Samoa
UTC
Universal
W-SU
WET
Zulu

Race_Ethnicity dataset (Main dataset)

Variable name	Description	Responses/Options	Format	Length (estimates)	
REGISTRANT_CODE	Unique ID (i.e. VSF-AB123-45678)	Structured ID Code	VARCHAR	15	
RACE	Race of Participant (check all that apply)-if N/A is chosen, participant can not choose other races	American Indian or Alaska Native:Asian:Black or African American:Native Hawaiian or other Pacific Islander:White:Other:N/A	VARCHAR	130	*N/A=Unknown or Prefer Not To Say
ETHNICITY	Ethnicty of Participant (check one)	Hispanic or Latino, Not Hispanic or Latino, or N	VARCHAR	30	