

**Supplementary File : Standardized questionnaire developed to obtain basic participant information.**

**Questionnaire for study participants**

Study "Long-term course of neutralizing antibodies against SARS-CoV-2 in vaccinated and non-vaccinated staff and residents in a Swiss nursing home 2021-2022".

Study-ID: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Basic data**

Year of birth: \_\_\_\_\_ Gender:  Male  Female  Unknown

Category of study participants:  **Residents** (Breakout February 2021)  **Employees** (Breakout/volunteers February 2021)  Qualified nurse  Nurse assistant  Other  Other \_\_\_\_\_

**2. COVID-19 vaccination status:**

1st vaccination: \_\_ / \_\_ / \_\_\_\_ (date)  Pfizer/BioNTech  Moderna  Johnson  
 2nd vaccination: \_\_ / \_\_ / \_\_\_\_ (date)  Pfizer/BioNTech  Moderna  Johnson  
 3rd vaccination: \_\_ / \_\_ / \_\_\_\_ (date)  Pfizer/BioNTech  Moderna  Johnson  
 4th vaccination: \_\_ / \_\_ / \_\_\_\_ (date)  Pfizer/BioNTech  Moderna  Johnson

**3. Underlying diseases:**

None  Diabetes  Cardiovascular disease  Chronic respiratory disease  
 Hypertension  Cancer  Immunosuppression  Obesity (BMI >35)  
 Andere \_\_\_\_\_

Smoker:  Yes  No

Pregnancy:  Yes  No

#### 4. COVID-19 episodes during the pandemic

Disease Episode:	1.	2.	3.	4.
<b>Date Test</b> (day/month/year)	__/__/____	__/__/____	__/__/____	__/__/____
<b>Date Symptoms</b> (day/month/year)	__/__/____	__/__/____	__/__/____	__/__/____
No symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever $\geq 38$ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other respiratory diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limb pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anosmia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ageusia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other symptoms				
<b>Course</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospitalization</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry date	__/__/____	__/__/____	__/__/____	__/__/____
<b>Intensive Care Unit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry date	__/__/____	__/__/____	__/__/____	__/__/____

With ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Death</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of death	__/__/____	__/__/____	__/__/____	__/__/____
<b>Suspected exposure</b> <sup>1</sup> (source of infection)				
<b>Comments</b>				

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**5. Flu vaccination season 2021/2022**

Yes                       No                       Unknown

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**6. Comments**

                                          

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<sup>1</sup> Categories: at APH, family, private party, event, disco/club, restaurant/bar, shopping, public transport, unknown