



Welcome to the Post Vaccine Syndrome Survey.

In this survey, vaccination side effects and damage of the COVID vaccinations are to be recorded. Therefore, please only participate if you have also been vaccinated.

For all other interested parties: The results will definitely be published later on the website.

Please read the following key points briefly:

It is best to fill out the survey on a PC/laptop or use your mobile phone in landscape format. Please read and answer carefully. This is the only way we can obtain high data quality and achieve something with the results. We hope to pass on the data and results to interested clinics and doctors so that we can finally implement treatments. If you're not sure about a question, just move on to the next one.

Thank you for your participation!

Part A: Demographics

A1. What is your biological sex?

This is a question help text.

masculine

Female



A2. What age group do you belong to?

- up to 18 years
- 19-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-79 years
- 80+

A3. Please assess your physical activity level prior to vaccination

	rather sitting /resting	physically active	stark physically active
profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. Please rate your physical activity:

	rarely/never	1x pro Week	several times a week daily
light endurance sports (e.g. walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heavy endurance sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B: Prehistory

B1 What previous illnesses do you have? Please specify if possible. If you have no previous illnesses, please do not tick anything.

diseases of the heart

Comment

high blood pressure

Comment



diseases of the lungs



Comment

diabetes



Comment

Diseases of the gastrointestinal tract



Comment

diseases of the kidney



Comment

anemia



Comment

Coagulation disorder (e.g. thrombosis/embolism)



Comment

Krebs



Comment

Mental illness



Comment

neurological diseases



Comment



back pain

Comment

arthrosis

Comment

Rheumatism/other autoimmune diseases

Comment

allergies

Comment

Miscellaneous

Comment

**B2. Did you regularly take any medication before the vaccination?
If yes, which?**

And

no

B3. Which infections did you have in the past/before vaccination?

Chickenpox/shingles

Ebstein-Bar-Virus (sog. Kissing-disease)

frequent herpes

Tuberculosis



Part F: Side effects after the first vaccination

F1. Did you have side effects after the first vaccination?

And

no

Part G: After the first vaccination: vaccination reactions and side effects

The following is exclusively about long-lasting side effects, which are no longer part of the direct vaccination reaction:

G1 Direct vaccination reaction:

Available Miscellaneous

pain in the arm	<input type="checkbox"/>	-----	<input type="checkbox"/>
fatigue	<input type="checkbox"/>	-----	<input type="checkbox"/>
headache	<input type="checkbox"/>	-----	<input type="checkbox"/>
Fever	<input type="checkbox"/>	-----	<input type="checkbox"/>
chills	<input type="checkbox"/>	-----	<input type="checkbox"/>
Anaphylactic shock (allergic reaction)	<input type="checkbox"/>	-----	<input type="checkbox"/>
Metallic taste in the mouth	<input type="checkbox"/>	-----	<input type="checkbox"/>
dizziness	<input type="checkbox"/>	-----	<input type="checkbox"/>

G2. When after vaccination did the long-lasting side effects start?

within 1 week	<input type="checkbox"/>
after 1-2 weeks	<input type="checkbox"/>
after 3 weeks or more	<input type="checkbox"/>

G3. General constitution

present

Fatigue, general weakness	<input type="checkbox"/>
listlessness	<input type="checkbox"/>
Cold feeling	<input type="checkbox"/>
night sweats	<input type="checkbox"/>



present

hot flashes Post-exercise deterioration Weight loss (more than 5kg) Severe exhaustion Difficulty falling asleep/staying asleep extremely long sleep **G4. How long did the side effects last?**

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
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Fatigue, general weakness listlessness Cold feeling night sweats hot flashes Post-exercise deterioration Weight loss (more than 5kg) Severe exhaustion Difficulty falling asleep/staying asleep extremely long sleep **G5. Cardiovascular side effects:**

present

Chest tightness/pressure/pain tachycardia heart palpitations palpitations high blood pressure



	present
drop in blood pressure	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>
varicose veins	<input type="checkbox"/>
POTS (palpitations while standing incl. dizziness)	<input type="checkbox"/>
Coagulation disorders/thrombosis	<input type="checkbox"/>

G6 How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Chest tightness/pressure/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drop in blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins/broom tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTS (palpitations while standing incl. dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorders/thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7. Neurological side effects:

	present
drowsiness	<input type="checkbox"/>
Brain Fog (concentration/memory disorders, problems thinking)	<input type="checkbox"/>
Headache/Headache	<input type="checkbox"/>
noise sensitivity	<input type="checkbox"/>
taste/smell loss	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>



	present
Signs of paralysis of the hands, arms, legs and feet	<input type="checkbox"/>
Tingling, numbness, abnormal sensations	<input type="checkbox"/>
migraine	<input type="checkbox"/>
nerve pain	<input type="checkbox"/>
balance disorders	<input type="checkbox"/>
dizziness	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>
speech disorders	<input type="checkbox"/>
dysphagia	<input type="checkbox"/>

G8 How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	<input type="checkbox"/>
drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog (concentration/memory disorders, problems too Think)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache/Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
noise sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taste/smell loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of paralysis of the hands, arms, legs and feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling, numbness, abnormal sensations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nerve pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
balance disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speech disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



until 1	2-8	3-4	4
Week	weeks	Sweet	months+ to date

dysphagia

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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G9 Hormonal and nephrological side effects

present

missed period

Irregular period

intermenstrual bleeding

pregnancy complications

Increased thirst

Frequent urination

kidney pain

hair loss

adrenaline rushes

G10 How long did the side effects last?

until 1	2-8	3-4	4
Week	weeks	Sweet	months+ to date

missed period

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Irregular period

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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intermenstrual bleeding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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pregnancy complications

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Increased thirst

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Frequent urination

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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kidney pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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hair loss

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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adrenaline rushes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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G11. Side effects musculoskeletal system:

	present
joint pain	<input type="checkbox"/>
Stiff joints	<input type="checkbox"/>
body aches	<input type="checkbox"/>
Weak muscles (arms/legs)	<input type="checkbox"/>
muscle pain (similar to sore muscles)	<input type="checkbox"/>
muscle twitches	<input type="checkbox"/>
neck pain	<input type="checkbox"/>
back pain	<input type="checkbox"/>
swelling	<input type="checkbox"/>

G12 How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stiff joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
body aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weak muscles (arms/legs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle pain (similar to sore muscles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle twitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
neck pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G13. Side effects eye:

	present
focus disorder	<input type="checkbox"/>
Lightning Vision	<input type="checkbox"/>



	present
feeling of pressure in the eyes	<input type="checkbox"/>
eye pain	<input type="checkbox"/>
visual disturbances	<input type="checkbox"/>
twitching of the eyelids	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>
sensitivity to light	<input type="checkbox"/>

G14. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	present
focus disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lightning Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feeling of pressure in the eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eye pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visual disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
twitching of the eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G15. Mental side effects:

	present
Anxiety/panic attacks	<input type="checkbox"/>
Depression	<input type="checkbox"/>
restlessness	<input type="checkbox"/>

G16. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	present
Anxiety/panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	until 1	2-8	3-4	4	
	Week	weeks	Sweet	months+ to date	

restlessness

G17. Digestive system side effects:

	present
Appetitverlust	<input type="checkbox"/>
appetite increase	<input type="checkbox"/>
stomach pain	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
constipation	<input type="checkbox"/>
Vomit	<input type="checkbox"/>
nausea	<input type="checkbox"/>
new food intolerances	<input type="checkbox"/>

G18. How long did the side effects last?

	until 1	2-8	3-4	4	
	Week	weeks	Sweet	months+ to date	

Appetitverlust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
appetite increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
new food intolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G19. Side Effects Breathing:

	present
shortness of breath at rest	<input type="checkbox"/>
Shortness of breath on exertion	<input type="checkbox"/>
Cough	<input type="checkbox"/>



present

Asthma

G20. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
shortness of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath on exertion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G21. Side effects skin:

	present
blistering	<input type="checkbox"/>
goose flesh	<input type="checkbox"/>
rash	<input type="checkbox"/>
Bleeding/bruising	<input type="checkbox"/>
hives	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>
skin peeling	<input type="checkbox"/>

G22. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
blistering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goose flesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skin peeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G23. Side effects immune system:

	present
Herpes/Aphthen	<input type="checkbox"/>
shingles	<input type="checkbox"/>
Grippesymptome	<input type="checkbox"/>
susceptibility to infection	<input type="checkbox"/>
Fever / Elevated temperature	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>
Recurrent sore throat	<input type="checkbox"/>
fungal infections	<input type="checkbox"/>

G24. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
Herpes/Aphthen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grippesymptome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
susceptibility to infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever / Elevated temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fungal infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part H: Side effects after the second vaccination

H1 Did you have side effects after the second vaccination?

And

no



Part I: After the second vaccination: vaccination reactions and side effects

The following is exclusively about long-lasting side effects, which are no longer part of the direct vaccination reaction:

I1. Direct vaccination reaction:

	Available	Miscellaneous
pain in the arm	<input type="checkbox"/>	<input type="checkbox"/>
fatigue	<input type="checkbox"/>	<input type="checkbox"/>
headache	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
chills	<input type="checkbox"/>	<input type="checkbox"/>
Anaphylactic shock (allergic reaction)	<input type="checkbox"/>	<input type="checkbox"/>
Metallic taste in the mouth	<input type="checkbox"/>	<input type="checkbox"/>
dizziness	<input type="checkbox"/>	<input type="checkbox"/>

I2. When after vaccination did the long-lasting side effects start?

within 1 week	<input type="checkbox"/>
after 1-2 weeks	<input type="checkbox"/>
after 3 weeks or more	<input type="checkbox"/>

I3. General constitution

	present
Fatigue, general weakness	<input type="checkbox"/>
listlessness	<input type="checkbox"/>
Cold feeling	<input type="checkbox"/>
night sweats	<input type="checkbox"/>
hot flashes	<input type="checkbox"/>
Post-exercise deterioration	<input type="checkbox"/>
Weight loss (more than 5kg)	<input type="checkbox"/>
Severe exhaustion	<input type="checkbox"/>



present

Difficulty falling asleep/staying asleep extremely long sleep

14. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Fatigue, general weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hot flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exercise deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss (more than 5kg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep/staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely long sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Cardiovascular side effects:

present

Chest tightness/pressure/pain tachycardia heart palpitations palpitations high blood pressure drop in blood pressure Cold hands/feet varicose veins POTS (palpitations while standing incl. dizziness)



present

Coagulation disorders/thrombosis

16. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Chest tightness/pressure/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drop in blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins/broom tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTS (palpitations while standing incl. dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorders/thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Neurological side effects:

	present
drowsiness	<input type="checkbox"/>
Brain Fog (concentration/memory disorders, problems thinking)	<input type="checkbox"/>
Headache/Headache	<input type="checkbox"/>
noise sensitivity	<input type="checkbox"/>
taste/smell loss	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>
Signs of paralysis of the hands, arms, legs and feet	<input type="checkbox"/>
Tingling, numbness, abnormal sensations	<input type="checkbox"/>
migraine	<input type="checkbox"/>
nerve pain	<input type="checkbox"/>



present

balance disorders

dizziness

Tinnitus

speech disorders

dysphagia

18. How long did the side effects last?

until 1 2-8 3-4 4 present
 Week weeks Sweet months+ to date

drowsiness

Brain fog (concentration/memory disorders, problems too Think)

Headache/Headache

noise sensitivity

taste/smell loss

Facial paralysis

Signs of paralysis of the hands, arms, legs and feet

Tingling, numbness, abnormal sensations

migraine

nerve pain

balance disorders

dizziness

Tinnitus

speech disorders

dysphagia

19. Hormonal and nephrological side effects

present

missed period



	present
Irregular period	<input type="checkbox"/>
intermenstrual bleeding	<input type="checkbox"/>
pregnancy complications	<input type="checkbox"/>
Increased thirst	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>
kidney pain	<input type="checkbox"/>
hair loss	<input type="checkbox"/>
adrenaline rushes	<input type="checkbox"/>

I10. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
missed period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intermenstrual bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pregnancy complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kidney pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hair loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adrenaline rushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I11. Side effects musculoskeletal system:

	present
joint pain	<input type="checkbox"/>
Stiff joints	<input type="checkbox"/>
body aches	<input type="checkbox"/>
Weak muscles (arms/legs)	<input type="checkbox"/>



present

muscle pain (similar to sore muscles)

muscle twitches

neck pain

back pain

swelling

I12. How long did the side effects last?

until 1 2-8 3-4 4
 Week weeks Sweet months+ to date

joint pain

Stiff joints

body aches

Weak muscles (arms/legs)

muscle pain (similar to sore muscles)

muscle twitches

neck pain

back pain

swelling

I13. Side effects eye:

present

focus disorder

Lightning Vision

feeling of pressure in the eyes

eye pain

visual disturbances

twitching of the eyelids

Dry eyes



present

sensitivity to light

I14. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
focus disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lightning Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feeling of pressure in the eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eye pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visual disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
twitching of the eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I15. Mental side effects:

present

Anxiety/panic attacks

Depression

restlessness

I16. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Anxiety/panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I17. Digestive system side effects:

present

Appetitverlust

appetite increase

stomach pain



	present Diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> Vomit <input type="checkbox"/> nausea <input type="checkbox"/> new food intolerances <input type="checkbox"/>
--	--

I18. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Appetitverlust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
appetite increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
new food intolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I19. Side Effects Breathing:

	present shortness of breath at rest <input type="checkbox"/> Shortness of breath on exertion <input type="checkbox"/> Cough <input type="checkbox"/> Asthma <input type="checkbox"/>
--	--

I20. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
shortness of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath on exertion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>



until 1 2-8 3-4 4
 Week weeks Sweet months+ to date

Asthma

I21. Side effects skin:

		present
	blistering	<input type="checkbox"/>
	goose flesh	<input type="checkbox"/>
	rash	<input type="checkbox"/>
Bleeding/bruising		<input type="checkbox"/>
	hives	<input type="checkbox"/>
	Dry skin	<input type="checkbox"/>
	skin peeling	<input type="checkbox"/>

I22. How long did the side effects last?

	until 1	2-8	3-4	4	
	Week	weeks	Sweet	months+ to date	
blistering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goose flesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skin peeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I23. Side effects immune system:

	present
Herpes/Aphthen	<input type="checkbox"/>
shingles	<input type="checkbox"/>
Grippesympptome	<input type="checkbox"/>
susceptibility to infection	<input type="checkbox"/>



present

Fever / Elevated temperature

Swollen lymph nodes

Recurrent sore throat

fungal infections

I24. How long did the side effects last?

until 1 2-8 3-4 4
 Week weeks Sweet months+ to date

Herpes/Aphthen

shingles

Grippesymptome

susceptibility to infection

Fever / Elevated temperature

Swollen lymph nodes

Recurrent sore throat

fungal infections

Part J: Side effects after the third vaccination

J1. Did you have side effects after the third vaccination?

And

no

Part K: After the third vaccination: vaccination reactions and side effects

The following is exclusively about long-lasting side effects, which are no longer part of the direct vaccination reaction:

K1 Direct vaccination reaction:

Available Miscellaneous

pain in the arm

fatigue



Available Miscellaneous

headache

Fever

chills

Anaphylactic shock (allergic reaction)

Metallic taste in the mouth

dizziness

K2. When after vaccination did the long-lasting side effects start?

within 1 week

after 1-2 weeks

after 3 weeks or more

K3. General constitution

present

Fatigue, general weakness

listlessness

Cold feeling

night sweats

hot flashes

Post-exercise deterioration

Weight loss (more than 5kg)

Severe exhaustion

Difficulty falling asleep/staying asleep

extremely long sleep

K4. How long did the side effects last?

until 1 2-8 3-4 4
Week weeks Sweet months+ to date

Fatigue, general weakness



	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
listlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hot flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exercise deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss (more than 5kg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep/staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely long sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K5. Cardiovascular side effects:

	present
Chest tightness/pressure/pain	<input type="checkbox"/>
tachycardia	<input type="checkbox"/>
heart palpitations	<input type="checkbox"/>
palpitations	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>
drop in blood pressure	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>
varicose veins	<input type="checkbox"/>
POTS (palpitations while standing incl. dizziness)	<input type="checkbox"/>
Coagulation disorders/thrombosis	<input type="checkbox"/>

K6. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
Chest tightness/pressure/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drop in blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins/broom tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTS (palpitations while standing incl. dizziness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation disorders/thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K7. Neurological side effects:

	present
drowsiness	<input type="checkbox"/>
Brain Fog (concentration/memory disorders, problems thinking)	<input type="checkbox"/>
Headache/Headache	<input type="checkbox"/>
noise sensitivity	<input type="checkbox"/>
taste/smell loss	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>
Signs of paralysis of the hands, arms, legs and feet	<input type="checkbox"/>
Tingling, numbness, abnormal sensations	<input type="checkbox"/>
migraine	<input type="checkbox"/>
nerve pain	<input type="checkbox"/>
balance disorders	<input type="checkbox"/>
dizziness	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>
speech disorders	<input type="checkbox"/>
dysphagia	<input type="checkbox"/>



K8. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog (concentration/memory disorders, problems too Think)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache/Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
noise sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taste/smell loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of paralysis of the hands, arms, legs and feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling, numbness, abnormal sensations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nerve pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
balance disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speech disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dysphagia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K9. Hormonal and nephrological side effects

	present
missed period	<input type="checkbox"/>
Irregular period	<input type="checkbox"/>
intermenstrual bleeding	<input type="checkbox"/>
pregnancy complications	<input type="checkbox"/>
Increased thirst	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>
kidney pain	<input type="checkbox"/>



present

hair loss adrenaline rushes

K10. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
missed period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intermenstrual bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pregnancy complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kidney pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hair loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adrenaline rushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K11. Side effects musculoskeletal system:

present

joint pain Stiff joints body aches Weak muscles (arms/legs) muscle pain (similar to sore muscles) muscle twitches neck pain back pain swelling



K12. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stiff joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
body aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weak muscles (arms/legs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle pain (similar to sore muscles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle twitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
neck pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K13. Side effects eye:

	present
focus disorder	<input type="checkbox"/>
Lightning Vision	<input type="checkbox"/>
feeling of pressure in the eyes	<input type="checkbox"/>
eye pain	<input type="checkbox"/>
visual disturbances	<input type="checkbox"/>
twitching of the eyelids	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>
sensitivity to light	<input type="checkbox"/>

K14. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
focus disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lightning Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feeling of pressure in the eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
eye pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visual disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
twitching of the eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K15. Mental side effects:

	present
Anxiety/panic attacks	<input type="checkbox"/>
Depression	<input type="checkbox"/>
restlessness	<input type="checkbox"/>

K16. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
Anxiety/panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K17. Digestive system side effects:

	present
Appetitverlust	<input type="checkbox"/>
appetite increase	<input type="checkbox"/>
stomach pain	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
constipation	<input type="checkbox"/>
Vomit	<input type="checkbox"/>
nausea	<input type="checkbox"/>
new food intolerances	<input type="checkbox"/>



K18. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Appetitverlust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
appetite increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
new food intolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K19. Side Effects Breathing:

	present
shortness of breath at rest	<input type="checkbox"/>
Shortness of breath on exertion	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Asthma	<input type="checkbox"/>

K20. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
shortness of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath on exertion	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K21. Side effects skin:

	present
blistering	<input type="checkbox"/>
goose flesh	<input type="checkbox"/>
rash	<input type="checkbox"/>
Bleeding/bruising	<input type="checkbox"/>



		present
hives	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>
skin peeling	<input type="checkbox"/>	<input type="checkbox"/>

K22. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
blistering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goose flesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding/bruising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skin peeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K23. Side effects immune system:

		present
Herpes/Aphthen	<input type="checkbox"/>	<input type="checkbox"/>
shingles	<input type="checkbox"/>	<input type="checkbox"/>
Grippesymptome	<input type="checkbox"/>	<input type="checkbox"/>
susceptibility to infection	<input type="checkbox"/>	<input type="checkbox"/>
Fever / Elevated temperature	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent sore throat	<input type="checkbox"/>	<input type="checkbox"/>
fungal infections	<input type="checkbox"/>	<input type="checkbox"/>

K24. How long did the side effects last?

	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date	
Herpes/Aphthen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	until 1 Week	2-8 weeks	3-4 Sweet	4 months+ to date
shingles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grippesymptome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
susceptibility to infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever / Elevated temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fungal infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part L: Laboratory parameters, findings and diagnoses

L1 Have you received a diagnosis for your post-vaccination symptoms (per category)? Then please write the exact diagnosis in the text field.

diseases of the heart



Comment

high blood pressure



Comment

diseases of the lungs



Comment

diabetes



Comment

Diseases of the gastrointestinal tract



Comment



diseases of the kidney



Comment

anemia



Comment

Coagulation disorder (e.g. thrombosis/embolism)



Comment

Krebs



Comment

Mental illness



Comment

neurological diseases



Comment

back pain



Comment

arthrosis



Comment

Rheumatism/other autoimmune diseases



Comment

allergies

Comment

Miscellaneous

Comment

L2. Have autoantibodies against G-protein coupled receptors (GPCR-AAK) been detected?And no Not yet tested **L3. Which GPCR AAK were detected?**Angiotensin-II-Receptor-1 (AT1R) Endothelin-Receptor-A (ETAR) Beta-1 adrenergic receptor Beta-2 adrenergic receptor Muscarinic cholinergic (M1) receptor Muscarinic cholinergic (M2) receptor Muscarinic cholinergic (M3) receptor Muscarinic cholinergic (M4) receptor Muscarinic cholinergic (M5) receptor Alpha-1 adrenergic receptor Alpha-2 adrenergic receptor ACE2-auto-antibody MAS1-receptor-auto-antibody **L4. In which laboratory did you have the GPCR-AAK tested?**Cell Trend EARTH AAK diagnostics IMD Berlin Berlin Cures



M6. What previous treatments/therapies/behaviours have you tried and how successful have they been?

M7. If you wish, please enter your email address in this the following field. This would be important for any queries or for contact by clinics.

Thank you for participating and get well soon!

The results will be published on the website side effects-covid-impfung.org.