Supplementary Table 1. The source of the participants					
		People with	People		
	Healthy	neuropsychiatric	with		
	Controls	conditions	Epilepsy	Total	
West China Hospital,					
Sichuan University	169	207	326	702	
Henan Provincial					
People's Hospital	80	4	96	180	
Chongqing University					
Three Gorges Hospital	24	6	69	99	
Total	273	217	491	981	

conditions	
Diagnosis	Number
Anxiety	39
Dizziness	27
Headache	26
Depression	20
Paroxysmal kinesigenic dyskinesia	18
Peripheral Neuropathy	17
Sleep disorders	10
Neuroimmune disorder	9
Neuroinfectious diseases	8
Neurovascular	6
Neuromuscular disease	5
Other	32
Total	217

Supplementary Table 2. The diagnosis in participants with neuropsychiatric conditions

Name			Gender	∘Male ∘Female
Tel			Date of birth	
Ethic	□Han □M	inor ethics		
Research site name	 West China Hospital of Sichuan University Henan Provincial People's Hospital Chongqing University Three Gorges Hospital Other 			
Diagnosis (if not yet diagnosed, fill in the blank with "none")				
Current Medication	Image: Stating static Other			
Have you had any COVID-19 vaccine?	∘Yes ∘No	U U	to be vaccinated een vaccinated)	∘Yes ∘No
Do you have any of these listed Contraindications?	∘Yes ∘No	 Fever, acute disorders, acute phase of chronic disease, uncontrolled severe chronic disease Pregnancy 		
Why haven't you been vaccinated? (If not yet vaccinated)	□Uncontrolled disease □Worries about the interaction between my current medication and vaccine □Worries about potential adverse events of the vaccine			

Supplementary document 3. The standard case report form in general visitors

	□ In a second priority age group		
	□Contraindications		
	□Other		
In which province did you get the vaccination?			
History of febrile convulsion before the age of five?	∘Yes oNo		
	□Inactived vaccine from Sin	opharm's Beijing institute	
	□Inactived vaccine from Sir	nopharm's Wuhan institute	
	□Sinovac's CoronaVac		
What kind of	DViral vector vaccine (CanSino)		
vaccine did you receive?	□Protein subunit vaccine (Anhui Zhifei Longcom)		
	□Other		
Date of the first injection			
		□A local injection site skin adverse event	
Ware there any		□Muscle pain	
Were there any adverse events	∘Yes	□Fatigue	
after the first	0105	□Fever, Peak temperature as	
injection?		□Headache	
		Drowsiness	
		□Other	
	∘No		
Date of the second injection			
		□A local injection site skin adverse events	
		□Muscle pain	
Were there any		□Fatigue	
adverse events	∘Yes	□Fever, Peak temperature as	
after the second		□Headache	
injection?		Drowsiness	
		□Other	

	∘No	
Date of the third injection		
Were there any adverse events after the third injection?	∘Yes ∘No	 A local injection site skin adverse event Muscle pain Fatigue Fever, Peak temperature as Headache Drowsiness Other
Have you experienced any new onset of seizures since the vaccination?	 ○Yes, the date was ○No 	

	uocument 4	<u> </u>	o Mala o Estada		
Name		Gender • Male • Female			
Tel	Date of birth				
Research site	□West China Hospital of Sichuan University				
name	□Henan Provincial People's Hospital				
	Chongqing University Three Gorges Hospital				
	□Other				
Date of the			e exact date or month, the first		
epilepsy diagnosis	-	elevant month/year was use	ed.)		
Seizure type	 Focal ons 				
	oGeneraliz	ed onset			
	○Unknown	onset			
	oUnclassif	ied			
Seizure frequency	•At least of	ne attack per day			
before the	oAt least of	ne attack per week			
injection	oAt least o	ne attack per month			
	OAt least of	ne attack every 3 months			
	oAt least o	ne attack every 6 months			
	Only one	seizure in previous 12 mon	ths		
	 Seizure-fi 	ree for more than a year			
Anti-seizure	□Valproate				
Medications	□Levetiracetam				
(ASMs)	□Oxcarbazepine				
	□Carbamazepine				
	□Topiramate				
	□Lacosamide				
	□Perampanel				
	□Phenobarbital				
	□Phenytoir	sodium			
	□Zonisami	de			
	□Clonazepa	am			
	□Others				
Have you had any	oYes	Willingness to be	∘Yes ∘No		
COVID-19	oNo	vaccinated (If not yet			
vaccine?		been vaccinated)			
Do you have any	oYes	□Allergy to any vaccine c	omponents		
of these		Severe allergic reactions to previous vaccination			
Contraindications?		□Uncontrolled seizures or	other severe neurological		
		disease			
		□Fever, acute disorders, acute phase of chronic disease,			
		uncontrolled severe chronic disease			
		Pregnancy			

Supplementary document 4. The standard case report form in people with epilepsy

	∘No			
Why haven't you	□Uncontrolled disease			
been vaccinated?	□Worries about the interaction between my current medication and			
(If not yet	vaccine			
vaccinated)	□Worries a	bout potential	adverse ever	its of the vaccine
		nd priority age		
	□Contraind		0 1	
	□Other			
History of febrile	∘Yes	∘No		
convulsion before				
the age of five?				
	□Inactived	vaccine from S	Sinopharm's	Beijing institute
	□Inactived	vaccine from S	Sinopharm's	Wuhan institute
What kind of	□Sinovac'	s CoronaVac		
vaccines did you	□Viral vect	tor vaccine (Ca	inSino)	
vaccinate?	□Protein su	ubunit vaccine	(Anhui Zhife	ei Longcom)
	□Other			
Date of the first				
injection				
Date of the last				
seizure before the				
first injection				
Were there any	•Yes □A local injection site skin adverse event			
adverse events	□Muscle pain			
after the first	□Fatigue			
injection?		□Fever, temperature as		
		□Headache		
		Drowsiness		
		□Other	-	
	∘No	1		
Were there any	∘Yes(*	oIncreased	Seizure	•At least one attack per day
changes in seizure	the	seizures	frequency	○At least threes attack per
frequency after the	seizure	oDecreased	after the	week
first injection?	increased	seizures	injection	•At least one attack per week
	over			•At least one attack per
	25%)			month
				•At least one attack every 3
				months
				•At least one attack every 6
				months
				•Only one seizure in previous
				12 months
				•Seizure recurrence after one

				or more years seizure free
	○No			of more years seizure nee
Date of the second	0110			
injection				
Date of the last				
seizure before the				
second injection				
Were there any	∘Yes	□A local inie	ection site ski	n adverse event
adverse events	0103	□A local lije □Muscle pair		
after the second			1	
injection		□Fever, Peak	tomporatura	0.0
injection		□Headache	temperature	as
			.	
	- NI	□Other		
Wand	○No	o Incore 1	Seizure	0 A 4 1 and a 1
Were there any	•Yes(*	○Increased		•At least one attack per day
changes in seizure	the	seizures • Decreased	frequency after the	•At least three attacks per
frequency after the	seizure increased			week
second injection?	over	seizures	injection	•At least one attack per week
	25%)			•At least one attack per
	2370)			month
				•At least one attack every 3
				months
				•At least one attack every 6 months
				•Only one seizure in previous 12 months
				•Seizure recurrence after one
				more year seizure free
				more year seizure nee
	∘No			•
Date of the third				
injection				
Date of the last				
seizure before the				
third injection				
Were there any	oYes	□A local inje	ection site ski	n adverse event
adverse events	□Muscle pain			
after the third				
injection?		□Fever, peak temperature as		
		Drowsiness		
		□Other		
	∘No			
	1			

Were there any changes in seizure frequency after the third injection?	<pre>oYes((* the seizure increased over 25%))</pre>	 Increased seizures Decreased seizures 	Seizure frequency after the injection	 At least one attack per day At least three attacks per week At least one attack per week At least one attack per month At least one attack every 3 months At least one attack every 6 months Only one seizure in previous 12 months
				•Seizure recurrence after one more year seizure free
	∘No			
Have you adjusted	oYes	□The dose of	f ASMs incre	ased
your medication during the		□The type of ASMs increased		
vaccination period		□The dose of ASMs decreased		
(from the first injection to one		□The type of ASMs decreased		
week after the	∘No			
completion of				
vaccination				
schedule)?				
The main reason	oPhysician	's advice		
for the change in	•Increased seizures after vaccination			
medication?	•Worries about increased seizures after vaccination			
	•Worries a	bout interactio	n between va	accine and ASMs
	•An attempt to withdraw ASMs as seizures were well controlled			
	00ther			
Were there any	oYes	□New genera	alized tonic-c	lonic seizures
changes in seizure		□There were some new symptoms that I haven't had		
type during the		before:		
vaccination period		□No generalized tonic-clonic seizures since the		
(from the first		vaccinations:		
injection to one week after the		Seizure types decreased		
completion of	- 11	□Other	-	
vaccination	∘No			
schedule)?				
sonoauro).	l			