**Form Approved**

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**PRAMS COVID-19 Vaccine Supplemental Module**

PRAMS COVID-19 Vaccine Supplemental Module: English MAIL/WEB

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| **These next questions are about the COVID-19 vaccine.**  **The COVID-19 vaccine may include more than one shot or dose.** | | |
|  | **During your *most recent pregnancy*, did a doctor, nurse, or other health care worker do any of the following things?** For each one, check **No** if they did not do it or **Yes** if they did.    **No Yes** | |
|  | Talked with me about the COVID-19 vaccine □ □ | |
|  | Recommended that I get the COVID-19 vaccine □ □ | |
|  | Offered to give me the COVID-19 vaccine □ □ | |
|  | Referred me to another place to get the COVID-19 vaccine □ □ | |
|  |  | |
|  | **During your *most recent* *pregnancy*, did you get at least one shot or dose of a COVID-19 vaccine?** | |
|  | * No | |
|  | * Yes **→ Go to Question VC5** | |
|  |  | |
|  | **What were your reasons for not getting a COVID-19 vaccine during your *most recent pregnancy*?** Check ALL that apply  **\_ \_** | |
|  | * I was not in one of the groups that could get the COVID-19 vaccine | |
|  | * The vaccine was not available or ran out in my area | |
|  | * I couldn’t get an appointment or was placed on a waiting list | |
|  | * I didn’t have transportation to get to a vaccination site | |
|  | * The staff at the vaccination site didn't want to give me the vaccine because I was pregnant | |
|  | * I was concerned about possible side effects of the COVID-19 vaccine for my baby | |
|  | * I was concerned about possible side effects of the COVID-19 vaccine for me | |
|  | * I have an allergy or health condition that prevented me from getting the vaccine | |
|  | * My doctor or healthcare provider told me not to get the vaccine | |
|  | * I had gotten the COVID-19 vaccine *before* my pregnancy | |
|  | * I already had COVID-19 | |
|  | * I didn’t have enough information about the vaccine to feel comfortable getting it | |
|  | * I was concerned that the COVID-19 vaccine was developed too fast | |
|  | * I didn’t think the vaccine would protect me against COVID-19 | |
|  | * I didn’t think COVID-19 was a serious illness | |
|  | * I didn’t think I was at risk for COVID-19 infection | |
|  | * I preferred using masks and other precautions instead | |
|  | * I don’t think vaccines are beneficial | |
|  | * Other reason | |
|  | → Please tell us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | ***Since your new baby was born,* have you gotten a COVID-19 vaccine?** | |
|  | * No | |
|  | * Yes | |
|  |  | |
|  | **Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?** Check ONE answer | |
|  | * My doctor, nurse, or other health care provider | |
|  | * My pharmacist | |
|  | * Centers for Disease Control and Prevention (CDC) website or reports | |
|  | * Food and Drug Administration (FDA) website or reports | |
|  | * My state or local health department | |
|  | * Family or friends | |
|  | * News reports (such as television or radio news) | |
|  | * Social media sites like Facebook | |
|  | * Websites about health or other topics | |
|  | → Please tell us which sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | * Some other source | |
|  | → Please tell us what source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | **Which of the following describes your work or volunteer activities during your *most recent pregnancy*?** Check ALL that apply | |
|  |  | |
|  | * I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, or emergency responder) | |
|  | * I worked or volunteered in a health care setting, but not providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, or ward clerk) | |
|  | * I worked or volunteered in a position where I regularly came into contact with the public (such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, or postal or delivery services) | |
|  | * I worked or volunteered in a position where I did not regularly come in contact with the public | |
|  | * None of the above | |
|  | |  |
|  | | **Thank you for answering these questions!** |
|  | |  |

PRAMS COVID-19 Vaccine Supplemental Module – Spanish MAIL/WEB

|  |  |  |
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| **Las siguientes preguntas son sobre la vacuna contra el COVID-19.**  **La vacuna contra el COVID-19 puede incluir más de una inyección o dosis.** | | |
|  | |  |
|  | **Durante *su embarazo más reciente*, ¿un doctor, enfermera u otro profesional de la salud hizo alguna de las siguientes cosas?** Para cada una, marque **No** si no lo hicieron o **Sí** si lo hicieron. | |
|  | **No Sí** | |
|  | 1. Habló conmigo sobre la vacuna contra el COVID-19 □ □ | |
|  | 1. Recomendó que me pusiera la vacuna contra el COVID-19 □ □ | |
|  | 1. Me ofreció ponerme la vacuna contra el COVID-19 □ □ | |
|  | 1. Me refirió a otro lugar para que me pusieran la vacuna contra   el COVID-19 □ □ | |
|  |  | |
|  | **Durante *su embarazo más reciente*, ¿recibió al menos una inyección o dosis de la vacuna contra el COVID-19?** | |
|  |  | |
|  | * No | |
|  | * Sí **→ Pase a la Pregunta VC5** | |
|  |  | |
|  | **¿Cuáles fueron sus razones para no vacunarse contra el COVID-19 durante *su embarazo más reciente*?** Marque TODAS las que correspondan | |
|  |  | |
|  | * No estaba en uno de los grupos que podían recibir la vacuna contra el COVID-19 | |
|  | * La vacuna no estaba disponible o se acabó en mi área | |
|  | * No pude conseguir una cita o fui colocada en una lista de espera | |
|  | * No tenía transportación para llegar a un lugar de vacunación | |
|  | * El personal del centro de vacunación no quiso ponerme la vacuna porque estaba embarazada | |
|  | * Me preocupaba la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para mi bebé | |
|  | * Me preocupaban la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para mí | |
|  | * Tengo una alergia o problema de salud que me impedía ponerme la vacuna | |
|  | * Mi médico o proveedor de atención médica me dijo que no me pusiera la vacuna | |
|  | * Me había puesto la vacuna contra el COVID-19 *antes* de mi embarazo | |
|  | * Ya me había dado COVID-19 | |
|  | * No tenía suficiente información sobre la vacuna para sentirme cómoda en ponérmela | |
|  | * Me preocupaba que la vacuna contra el COVID-19 se desarrolló demasiado rápido | |
|  | * No pensé que la vacuna me protegería contra el COVID-19 | |
|  | * No pensaba que el COVID-19 era una enfermedad grave | |
|  | * No pensaba que estaba en riesgo de contraer COVID-19 | |
|  | * Preferí usar mascarillas y otras precauciones en vez | |
|  | * No creo que las vacunas sean beneficiosas | |
|  | * Otra razón | |
|  | → Por favor, díganos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | ***Desde que nació su nuevo bebé*, ¿ha sido vacunada contra el COVID-19?** | |
|  |  | |
|  | * No | |
|  | * Sí | |
|  |  | |
|  | **¿En CUÁL de la siguientes fuentes confía *más* para recibir información sobre la vacuna contra el COVID-19?** Marque UNA respuesta | |
|  |  | |
|  | * Mi doctor, enfermera u otro proveedor de atención médica | |
|  | * Mi farmacéutica | |
|  | * Sitio web o informes de los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) | |
|  | * Sitio web o informes de la Administración de Alimentos y Medicamentos (FDA por sus siglas en inglés) | |
|  | * Mi departamento de salud estatal o local | |
|  | * Familiares o amigos | |
|  | * Reportajes de noticias (como noticias de radio o televisión) | |
|  | * Sitios de redes sociales como Facebook | |
|  | * Sitios web sobre la salud u otros temas | |
|  | → Por favor díganos que sitios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | * Alguna otra fuente | |
|  | → Por favor díganos que otra fuente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
|  | **¿Cuál de las siguientes describe su trabajo o actividades de voluntariado durante *su embarazo más reciente*?** Marque TODAS las que correspondan | |
|  |  | |
|  | * Trabajé o fui voluntaria brindando atención médica directa a pacientes (como doctora, enfermera, dentista, terapeuta, proveedora de atención médica en el hogar o personal de emergencia) | |
|  | * Trabajé o fui voluntaria en el área de atención médica, pero no brindaba atención médica directa a pacientes (como ser personal administrativo, personal de limpieza, transporte de pacientes o secretaria de sala) | |
|  | * Trabajé o fui voluntaria en un puesto en el que regularmente estaba en contacto con el público (como en educación, supermercados o tiendas, transporte público, restaurantes o servicios de alimentos, cumplimiento de la ley o servicios postales o de entrega) | |
|  | * Trabajaba o fui voluntaria en un puesto que no estaba regularmente en contacto con el público | |
|  | * Ninguna de las anteriores | |
|  | |  |
|  | | **¡Gracias por responder estas preguntas!** |
|  | |  |

PRAMS COVID-19 Vaccine Supplemental Module – English PHONE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **These next questions are about the COVID-19 vaccine.**  **The COVID-19 vaccine may include more than one shot or dose.** | | | | | | | | |  | | | |
|  | **I am going to read a list of things that your doctor, nurse, or other health care worker may have done during *your most recent pregnancy*.** For each one, please tell me **No** if they did not do it, or **Yes** if they did. | | | | | | | | | | |
|  | **Actions** | | | | **(Don’t Read)** | | | | | |
|  | **No**  (1) | | **Yes**  (2) | | **Refused**  (8) | **DKDR**  (9) |
|  | 1. Talked with you about the COVID-19 vaccine | | | |  | |  | |  |  |
|  | 1. Recommended that you get the COVID-19 vaccine | | | |  | |  | |  |  |
|  | 1. Offered to give you the COVID-19 vaccine | | | |  | |  | |  |  |
|  | 1. Referred you to another place to get the COVID-19 vaccine | | | |  | |  | |  |  |
| **VC2.** | **During your *most recent* *pregnancy*, did you get at least one shot or dose of a COVID-19 vaccine?** | | | | | | | | | |
|  | ***(Don’t Read)*** | | | |  | |  | |  |  |
|  | 1 No | | | |  | |  | |  |  |
|  | 2 Yes **→ Go to Question VC5** | | | |  | |  | |  |  |
|  |  | | | |  | |  | |  |  |
|  | 8 Refused **→ Go to Question VC5** | | | |  | |  | |  |  |
|  | 9 Don’t Know / Don't Remember **→ Go to Question VC5** | | | |  | |  | |  |  |
|  |  | | | |  | |  | |  |  |
| **VC3.** | **I am going to read a list of reasons some people may have for not getting a COVID-19 vaccine during pregnancy.** For each one, please tell if it was a reason for you during your most recent pregnancy.  (**PROBE:** Would you say that you did not get the COVID-19 vaccine during your pregnancy because \_\_\_\_\_?) | | | | | | | | | |
|  | **Reasons** | | | | **(Don’t Read)** | | | | | |
|  | **No**  (1) | | | **Yes**  (2) | **Refused**  (8) | **DKDR**  (9) |
|  | 1. You were not in one of the groups that could get the COVID-19 vaccine | | | |  | | |  |  |  |
|  | 1. The vaccine was not available or ran out in your area | | | |  | | |  |  |  |
|  | 1. You couldn’t get an appointment or were placed on a waiting list | | | |  | | |  |  |  |
|  | 1. You didn’t have transportation to get to a vaccination site | | | |  | | |  |  |  |
|  | 1. The staff at the vaccination site didn't want to give you the vaccine because you were pregnant | | | |  | | |  |  |  |
|  | 1. You were concerned about possible side effects of the COVID-19 vaccine for your baby | | | |  | | |  |  |  |
|  | 1. You were concerned about possible side effects of the COVID-19 vaccine for yourself | | | |  | | |  |  |  |
|  | 1. You have an allergy or health condition that prevented you from getting the vaccine | | | |  | | |  |  |  |
|  | 1. Your doctor or healthcare provider told you not to get the vaccine | | | |  | | |  |  |  |
|  | 1. You had gotten the COVID-19 vaccine *before* your pregnancy | | | |  | | |  |  |  |
|  | 1. You already had COVID-19 | | | |  | | |  |  |  |
|  | 1. You didn’t have enough information about the vaccine to feel comfortable getting it | | | |  | | |  |  |  |
|  | 1. You were concerned that the COVID-19 vaccine was developed too fast | | | |  | | |  |  |  |
|  | 1. You didn’t think the vaccine would protect you against COVID-19 | | | |  | | |  |  |  |
|  | 1. You didn't think COVID-19 was a serious illness | | | |  | | |  |  |  |
|  | 1. You didn't think you were at risk for COVID-19 infection | | | |  | | |  |  |  |
|  | 1. You preferred using masks and other precautions instead | | | |  | | |  |  |  |
|  | 1. You don’t think vaccines are beneficial | | | |  | | |  |  |  |
|  | 1. Did you have some other reason? | | | |  | | |  |  |  |
|  | 1. **IF YES, ASK:** What was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
|  |  | | | |  |  | | |  |  |
| **VC4.** | ***Since your new baby was born,* have you gotten a COVID-19 vaccine?** | | | | | | | | | |
|  | ***(Don't Read)*** | | | |  |  | | |  |  |
|  | 1 No | | | |  |  | | |  |  |
|  | 2 Yes | | | |  |  | | |  |  |
|  |  | | | |  |  | | |  |  |
|  | 8 Refused | | | |  |  | | |  |  |
|  | 9 Don’t Know / Don't Remember | | | |  |  | | |  |  |
|  |  | | | |  |  | | |  |  |
| **VC5.** | **I am going to read a list of sources of information. Please tell me which ONE you trust the *most* for receiving information about the COVID-19 vaccine.** | | | | | | | | | |
|  |  | | | |  |  | | |  |  |
|  | * Your doctor, nurse, or other health care provider | | | |  |  | | |  |  |
|  | * Your pharmacist | | | |  |  | | |  |  |
|  | * Centers for Disease Control and Prevention or CDC website or reports | | | |  |  | | |  |  |
|  | * Food and Drug Administration or FDA website or reports | | | |  |  | | |  |  |
|  | * Your state or local health department | | | |  |  | | |  |  |
|  | * Family or friends | | | |  |  | | |  |  |
|  | * News reports such as television or radio news | | | |  |  | | |  |  |
|  | * Social media sites like Facebook | | | |  |  | | |  |  |
|  | * Websites about health or other topics | | | |  |  | | |  |  |
|  | → Please tell us which sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | | |  |  |
|  | * Some other source | | | |  |  | | |  |  |
|  | → Please tell us what source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | | |  |  |
|  |  | | | |  |  | | |  |  |
| **VC6.** | **I am going to read a list of descriptions of work or volunteer activities.** For each one, please tell me if it describes the work or volunteer activities you did during *your most recent pregnancy.* | | | | | | | | | |
|  | **Work/Activities** | | | | **(Don’t Read)** | | | | | |
|  | **No**  (1) | | | **Yes**  (2) | **Refused**  (8) | **DKDR**  (9) |
|  | 1. You worked or volunteered providing direct medical care to patients such as being a doctor, nurse, dentist, therapist, home health care provider, or emergency responder | | | |  | | |  |  |  |
|  | 1. You worked or volunteered in a health care setting, but not providing direct medical care to patients such as being administrative staff, cleaning staff, patient transport, or ward clerk | | | |  | | |  |  |  |
|  | 1. You worked or volunteered in a position where you regularly came into contact with the public such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, or postal or delivery services | | | |  | | |  |  |  |
|  | 1. You worked or volunteered in a position where you did not regularly come in contact with the public | | | |  | | |  |  |  |
|  | 1. **INTERVIEWER: If mom answers NO to all options ASK:** Would you say it was none of the above? | | | |  | | |  |  |  |
|  | |  | | |  |  | | |  |  |
|  | | **Thank you for answering these questions!** | | | | | | |  |  |
|  | |  |  |  | | | | |  |  |

PRAMS COVID-19 Vaccine Supplemental Module – Spanish PHONE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Las siguientes preguntas son sobre la vacuna contra el COVID-19.**  **La vacuna contra el COVID-19 puede incluir más de una inyección o dosis.** | | | | | | | | | |  |  | |  | |  | |
|  | |  | | | | | | | |  |  | |  | |  | |
|  | **Voy a leer una lista de cosas que un doctor, enfermera u otro profesional de la salud puede haber hecho durante *su embarazo más recient*e.** Para cada una, por favor dígame **No** si no lo hicieron o **Sí** si lo hicieron. | | | | | | | | | | | | | | |
|  | **Cosas** | | | | **(No Leer)** | | | | | | | | | | |
|  | **No**  (1) | | | **Sí**  (2) | | | | **Rechazó**  (8) | | **NS/NR**  (9) | |
|  | Habló con usted sobre la vacuna contra el COVID-19 | | | |  | | |  | | | |  | |  | |
|  | Recomendó que usted se pusiera la vacuna contra el COVID-19 | | | |  | | |  | | | |  | |  | |
|  | Le ofreció ponerle la vacuna contra el COVID-19 | | | |  | | |  | | | |  | |  | |
|  | Le refirió a otro lugar para que le pusieran la vacuna contra el COVID-19 | | | |  | | |  | | | |  | |  | |
|  |  | | |  | | | | | |  | |  | |  | |
|  | **Durante *su embarazo más reciente*, ¿recibió al menos una inyección o dosis de la vacuna contra el COVID-19?** | | |  | | | | | |  | |  | |  | |
|  |  | | |  | | | | | |  | |  | |  | |
|  | 1 No | | |  | | | | | |  | |  | |  | |
|  | 2 Sí **→ Pase a la Pregunta VC5** | | |  | | | | | |  | |  | |  | |
|  | ***(No Leer)*** | | |  | | | | | |  | |  | |  | |
|  | 8 Rechazó **→ Pase a la Pregunta VC5** | | |  | | | | | |  | |  | |  | |
|  | 9 No Sabe / No Recuerda **→ Pase a la Pregunta VC5** | | |  | | | | | |  | |  | |  | |
|  |  | | |  | | | | | |  | |  | |  | |
|  | **Voy a leer una lista de razones que algunas personas pueden tener para no vacunarse contra el COVID-19 durante el embarazo.** Para cada una, por favor dígame si fue una razón para usted durante su embarazo más reciente .  (**PREGUNTE:** ¿Diría que no se puso la vacuna contra el COVID-19 durante su embarazo porque \_\_\_?) | | | | | | | | | | | | | | |
|  |  | | | | |  | | | |  | |  | |  | |
|  | **Razones** | | | | | **(No Leer)** | | | | | | | | | |
|  | **No**  (1) | | | **Sí**  (2) | | | **Rechazó**  (8) | | **NS/NR**  (9) | |
|  | 1. Usted no estaba en uno de los grupos que podían recibir la vacuna contra el COVID-19 | | | | |  | | |  | | |  | |  | |
|  | 1. La vacuna no estaba disponible o se acabó en su área | | | | |  | | |  | | |  | |  | |
|  | 1. No pudo conseguir una cita o fue colocada en una lista de espera | | | | |  | | |  | | |  | |  | |
|  | 1. No tenía transportación para llegar a un lugar de vacunación | | | | |  | | |  | | |  | |  | |
|  | 1. El personal del centro de vacunación no quiso ponerle la vacuna porque usted estaba embarazada | | | | |  | | |  | | |  | |  | |
|  | 1. Le preocupaba la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para su bebé | | | | |  | | |  | | |  | |  | |
|  | 1. Le preocupaban la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para usted | | | | |  | | |  | | |  | |  | |
|  | 1. Tiene una alergia o problema de salud que le impide ponerse la vacuna | | | | |  | | |  | | |  | |  | |
|  | 1. Su médico o proveedor de atención médica le dijo que no se pusiera la vacuna | | | | |  | | |  | | |  | |  | |
|  | 1. Se había puesto la vacuna contra el COVID-19 *antes* de su embarazo | | | | |  | | |  | | |  | |  | |
|  | 1. Ya le había dado COVID-19 | | | | |  | | |  | | |  | |  | |
|  | 1. No tenía suficiente información sobre la vacuna para sentirse cómoda en ponérsela | | | | |  | | |  | | |  | |  | |
|  | 1. Le preocupaba que la vacuna contra el COVID-19 se desarrolló demasiado rápido | | | | |  | | |  | | |  | |  | |
|  | 1. No pensaba que la vacuna le protegería contra el COVID-19 | | | | |  | | |  | | |  | |  | |
|  | 1. No pensaba que el COVID-19 era una enfermedad grave | | | | |  | | |  | | |  | |  | |
|  | 1. No pensaba que estaba en riesgo de contraer COVID-19 | | | | |  | | |  | | |  | |  | |
|  | 1. Prefirió usar mascarillas y otras precauciones en vez | | | | |  | | |  | | |  | |  | |
|  | 1. No cree que las vacunas sean beneficiosas | | | | |  | | |  | | |  | |  | |
|  | 1. ¿Tuvo otra razón? | | | | |  | | |  | | |  | |  | |
|  | 1. **SI CONTESTA SI, PREGUNTE:** ¿Cuál fue?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  |  | | | | |  | | | |  | |  | |  | |
|  | ***Desde que nació su nuevo bebé*, ¿ha sido vacunada contra el COVID-19?** | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | |  | |  | |
|  | 1 No | |  | | | | | | |  | |  | |  | |
|  | 2 Sí | |  | | | | | | |  | |  | |  | |
|  | ***(No Leer)*** | |  | | | | | | |  | |  | |  | |
|  | 8 Rechazó | |  | | | | | | |  | |  | |  | |
|  | 9 No Sabe / No Recuerda | |  | | | | | | |  | |  | |  | |
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|  | **Voy a leer un listado de fuentes de información. Por favor dígame en CUÁL usted confía *más* para recibir información sobre la vacuna contra el COVID-19.** | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | |  | |  | |
|  | * Su doctor, enfermera u otro proveedor de atención médica | | |  | | | | | |  | |  | |  | |
|  | * Su farmacéutica | | |  | | | | | |  | |  | |  | |
|  | * Sitio web o informes de los Centros para el Control y la Prevención de Enfermedades, conocido como CDC por sus siglas en inglés | | |  | | | | | |  | |  | |  | |
|  | * Sitio web o informes de la Administración de Alimentos y Medicamentos, conocido como FDA por sus siglas en inglés | | |  | | | | | |  | |  | |  | |
|  | * Su departamento de salud estatal o local | | |  | | | | | |  | |  | |  | |
|  | * Familiares o amigos | | |  | | | | | |  | |  | |  | |
|  | * Reportajes de noticias como las noticias de radio o televisión | | |  | | | | | |  | |  | |  | |
|  | * Sitios de redes sociales como Facebook | | |  | | | | | |  | |  | |  | |
|  | * Sitios web sobre la salud u otros temas | | |  | | | | | |  | |  | |  | |
|  | → Por favor díganos que sitios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | | | |  | |  | |  | |
|  | * Alguna otra fuente | | |  | | | | | |  | |  | |  | |
|  | → Por favor díganos que otra fuente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | | | |  | |  | |  | |
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|  | **Voy a leer una lista de descripciones de trabajos o actividades de voluntariado.** Para cada una, por favor dígame si describe el trabajo o actividades de voluntariado que hizo durante *su embarazo más reciente*. | | | | | | | | | | | | | | |
|  | **Trabajos/Actividades** | | | **(No Leer)** | | | | | | | | | | | |
|  | **No**  (1) | | | **Sí**  (2) | | | | | **Rechazó**  (8) | | **NS/NR**  (9) | |
|  | 1. Trabajó o fue voluntaria brindando atención médica directa a pacientes como doctora, enfermera, dentista, terapeuta, proveedora de atención médica en el hogar o personal de emergencia | | |  | | |  | | | | |  | |  | |
|  | 1. Trabajó o fue voluntaria en el área de atención médica, pero no brindaba atención médica directa a pacientes como ser personal administrativo, personal de limpieza, transporte de pacientes o secretaria de sala | | |  | | |  | | | | |  | |  | |
|  | 1. Trabajó o fue voluntaria en un puesto en el que regularmente estaba en contacto con el público como en educación, supermercados o tiendas, transporte público, restaurantes o servicios de alimentos, cumplimiento de la ley o servicios postales o de entrega | | |  | | |  | | | | |  | |  | |
|  | 1. Trabajaba o fue voluntaria en un puesto que no estaba regularmente en contacto con el público | | |  | | |  | | | | |  | |  | |
|  | 1. **ENTREVISTADOR: Si la mamá contesta NO a todas las opciones PREGUNTE:**   ¿Usted diría que no es ninguna de las anteriores? | | |  | | |  | | | | |  | |  | |
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|  | | **¡Gracias por responder estas preguntas!** | | | | | | | |  | |  | |  | |
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