


## PRAMS COVID-19 Vaccine Supplemental Module: Web Mode

The screenshot shows a web browser window with the URL `prams-test.cdc.gov`. The page header features the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below the header, the user's location is identified as "South Carolina" with a "MomID: 2021SC258030". A progress bar on the right indicates that 90% of the module has been completed. A central message box states, "These next questions are about the COVID-19 vaccine." At the bottom of the page, there are three navigation buttons: "Previous" (blue), "Stop" (pink), and "Next" (blue). The footer contains the CDC address: "Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, U.S.A" and the "Department of Health and Human Services" logo and name.

WsmPortal x +  
prams-test.cdc.gov

 Department of Health and Human Services  
Centers for Disease Control and Prevention


South Carolina  
MomID: 2021SC258030 90%

**VC1. 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
a. Talked with me about the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
b. Recommended that I get the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
c. Offered to give me the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
d. Referred me to another place to get the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>

[Previous](#)      [Stop](#)      [Next](#)

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**VC2. During your most recent pregnancy, did you get at least one shot or dose of a COVID-19 vaccine?**

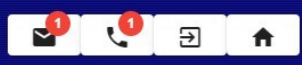
No

Yes

Previous Stop Next

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**VC3. What were your reasons for not getting a COVID-19 vaccine during your most recent pregnancy?**

	No	Yes
a. I was not in one of the groups that could get the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
b. The vaccine was not available or ran out in my area	<input type="radio"/>	<input type="radio"/>
c. I couldn't get an appointment or was placed on a waiting list	<input type="radio"/>	<input type="radio"/>
d. I didn't have transportation to get to a vaccination site	<input type="radio"/>	<input type="radio"/>
e. The staff at the vaccination site didn't want to give me the vaccine because I was pregnant	<input type="radio"/>	<input type="radio"/>
f. I was concerned about possible side effects of the COVID-19 vaccine for my baby	<input type="radio"/>	<input type="radio"/>
g. I was concerned about possible side effects of the COVID-19 vaccine for me	<input type="radio"/>	<input type="radio"/>
h. I have an allergy or health condition that prevented me from getting the vaccine	<input type="radio"/>	<input type="radio"/>
i. My doctor or healthcare provider told me not to get the vaccine	<input type="radio"/>	<input type="radio"/>
j. I had gotten the COVID-19 vaccine <i>before</i> my pregnancy	<input type="radio"/>	<input type="radio"/>
k. I already had COVID-19	<input type="radio"/>	<input type="radio"/>
l. I didn't have enough information about the vaccine to feel comfortable getting it	<input type="radio"/>	<input type="radio"/>
m. I was concerned that the COVID-19 vaccine was developed too fast	<input type="radio"/>	<input type="radio"/>
n. I didn't think the vaccine would protect me against COVID-19	<input type="radio"/>	<input type="radio"/>
o. I didn't think COVID-19 was a serious illness	<input type="radio"/>	<input type="radio"/>
p. I didn't think I was at risk for COVID-19 infection	<input type="radio"/>	<input type="radio"/>





h. I have an allergy or health condition that prevented me from getting the vaccine

i. My doctor or healthcare provider told me not to get the vaccine

j. I had gotten the COVID-19 vaccine *before* my pregnancy

k. I already had COVID-19

l. I didn't have enough information about the vaccine to feel comfortable getting it

m. I was concerned that the COVID-19 vaccine was developed too fast

n. I didn't think the vaccine would protect me against COVID-19

o. I didn't think COVID-19 was a serious illness

p. I didn't think I was at risk for COVID-19 infection

q. I preferred using masks and other precautions instead

r. I don't think vaccines are beneficial

s. Other reason


What was the reason? \_\_\_\_\_

Previous

Next



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**VC4. Since your new baby was born, have you gotten a COVID-19 vaccine?**

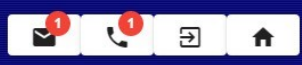
No

Yes

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**VC5. Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?**

- 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 in the space below
- Some other source → Please tell us which source in the space below



- 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 in the space below
- Some other source → Please tell us which source in the space below

Please tell us which **websites**

Previous

Next








- 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
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- Websites about health or other topics → Please tell us which sites in the space below
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Please tell us what **other source**

Previous

Next

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**VC6. Which of the following describes your work or volunteer activities during your most recent pregnancy?**

	No	Yes
a. I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, emergency responder)	<input type="radio"/>	<input type="radio"/>
b. I worked or volunteered in a health care setting, but <u>not</u> providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, ward clerk)	<input type="radio"/>	<input type="radio"/>
c. 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, postal or delivery services)	<input type="radio"/>	<input type="radio"/>
d. I worked or volunteered in a position where I did <u>not</u> regularly come in contact with the public	<input type="radio"/>	<input type="radio"/>


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99%

**No Yes**

e. None of the above

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