

Form Approved  
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Exp. Date xx/xx/xxx

# **PRAMS COVID-19 Vaccine Supplemental Module**

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

The screenshot shows a mobile application interface for the PRAMS COVID-19 Vaccine Supplemental Module. At the top, there is a dark blue header with the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". To the right of the header are three icons: an envelope, a telephone, and a share icon. Below the header, the user's location is identified as "South Carolina" with a "MomID: 2022TT333011". A progress bar on the right indicates that 92% of the module has been completed. A central grey box contains the text "These next questions are about the COVID-19 vaccine." Below this box are two blue buttons labeled "Back" and "Next".





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

South Carolina  
MomID: 2022TT333011

92%

**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"/>

Back

Next



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South Carolina  
MomID: 2022SC264098

82%

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

- No
- Yes

Back

Next



South Carolina  
MomID: 2022SC264098

83%

**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"/>

Attachment 11d - PRAMS COVID-19 Vaccine Supplement\_English and Spanish Web

q. I preferred using masks and other precautions instead

r. I don't think vaccines are beneficial

s. Other reason

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

<https://prams.cdc.gov/#>

Sep 29 10:01

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

South Carolina  
MomID: 2022SC264098

 84%


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




- No
- Yes

Back

Next



 Centers for Disease Control and Prevention

**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


Please tell us which **websites**

[Back](#)      [Next](#)

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

Please tell us what **other source**

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Sep 29 10:04

South Carolina  
MomID: 2022SC264098

 88%

**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"/>

Back

Next



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

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South Carolina  
MomID: 2022TT333011



Las siguientes preguntas son sobre la vacuna contra el COVID-19.

Anterior

Siguiente



South Carolina  
MomID: 2022TT333011

 94%


**VC1. 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
a. Habló conmigo sobre la vacuna contra el COVID-19	<input type="radio"/>	<input type="radio"/>
b. Recomendó que me pusiera la vacuna contra el COVID-19	<input type="radio"/>	<input type="radio"/>
c. Me ofreció ponerme la vacuna contra el COVID-19	<input type="radio"/>	<input type="radio"/>
d. Me refirió a otro lugar para que me pusieran la vacuna contra el COVID-19	<input type="radio"/>	<input type="radio"/>

Anterior

Siguiente



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South Carolina  
MomID: 2022TT333011 95%

**VC2. Durante su embarazo más reciente, ¿recibió al menos una inyección o dosis de la vacuna contra el COVID-19?**

No

Sí

[Anterior](#) [Siguiente](#)



Department of Health and Human Services

Centers for Disease Control and Prevention



South Carolina  
 MomID: 2022TT333011

96%

**VC3. ¿Cuáles fueron sus razones para no vacunarse contra el COVID-19 durante su embarazo más reciente?**

	No	Sí
a. No estaba en uno de los grupos que podían recibir la vacuna contra el COVID-19	<input type="radio"/>	<input type="radio"/>
b. La vacuna no estaba disponible o se acabó en mi área	<input type="radio"/>	<input type="radio"/>
c. No pude conseguir una cita o fui colocada en una lista de espera	<input type="radio"/>	<input type="radio"/>
d. No tenía transportación para llegar a un lugar de vacunación	<input type="radio"/>	<input type="radio"/>
e. El personal del centro de vacunación no quiso ponerme la vacuna porque estaba embarazada	<input type="radio"/>	<input type="radio"/>
f. Me preocupaba la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para mi bebé	<input type="radio"/>	<input type="radio"/>
g. Me preocupaban la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para mí	<input type="radio"/>	<input type="radio"/>
h. Tengo una alergia o problema de salud que me impedía ponerme la vacuna	<input type="radio"/>	<input type="radio"/>
i. Mi médico o proveedor de atención médica me dijo que no me pusiera la vacuna	<input type="radio"/>	<input type="radio"/>
j. Me había puesto la vacuna contra el COVID-19 <u>antes</u> de mi embarazo	<input type="radio"/>	<input type="radio"/>
k. Ya me había dado COVID-19	<input type="radio"/>	<input type="radio"/>
l. No tenía suficiente información sobre la vacuna para sentirme cómoda en ponérmela	<input type="radio"/>	<input type="radio"/>
m. Me preocupaba que la vacuna contra el COVID-19 se desarrolló demasiado rápido	<input type="radio"/>	<input type="radio"/>
n. No pensé que la vacuna me protegería contra el COVID-19	<input type="radio"/>	<input type="radio"/>
o. No pensaba que el COVID-19 era una enfermedad grave	<input type="radio"/>	<input type="radio"/>
p. No pensaba que estaba en riesgo de contraer COVID-19	<input type="radio"/>	<input type="radio"/>


q. Preferí usar mascarillas y otras precauciones en vez	<input type="radio"/>	<input type="radio"/>
r. No creo que las vacunas sean beneficiosas	<input type="radio"/>	<input type="radio"/>
s. Otra razón	<input type="radio"/>	<input checked="" type="radio"/>




Por favor, escribala:

[Anterior](#)      [Siguiete](#)

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Oct 3    10:00      





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South Carolina  
MomID: 2022TT333011



**VC4. Desde que nació su nuevo bebé, ¿ha sido vacunada contra el COVID-19?**

- No
- Sí

Anterior

Siguiente



South Carolina  
MomID: 2022TT333011

97%

**VC5. ¿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
- Alguna otra fuente


Por favor díganos que sitios:

Alguna otra fuente

Por favor díganos que otra fuente:

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Oct 4 3:13

South Carolina  
MomID: 2022TT333011

98%

**VC6. ¿Cuál de las siguientes describe su trabajo o actividades de voluntariado durante su embarazo más reciente?**

	No	Sí
a. Trabajé o fui voluntaria brindando atención médica directa a pacientes (como doctora, enfermera, dentista, terapeuta, proveedora de atención médica en el hogar, personal de emergencia)	<input type="radio"/>	<input type="radio"/>
b. Trabajé o fui voluntaria en el área de atención médica, pero <u>no</u> brindaba atención médica directa a pacientes (como ser personal administrativo, personal de limpieza, transporte de pacientes, secretaria de sala)	<input type="radio"/>	<input type="radio"/>
c. 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, servicios postales o de entrega)	<input type="radio"/>	<input type="radio"/>
d. Trabajaba o fui voluntaria en un puesto que <u>no</u> estaba regularmente en contacto con el público	<input type="radio"/>	<input type="radio"/>

Anterior

Siguiente

