**Form Approved**

**OMB No. 0920-1273**

**Exp. Date xx/xx/xxxx**

**PRAMS COVID-19 Vaccine Supplemental Module**

English MAIL Version

|  |  |
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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.  |
|  | 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?** |
|  |  |
| ⃣ (1) | No |
| ⃣ (2) | 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?** |
|  |  |
| ⃣ (1) | No  |
| ⃣ (2) | Yes  |
|  |  |
|  | **Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?** **Check ONE answer\_** |
|  |  |
| ⃣ (1) | My doctor, nurse, or other health care provider  |
| ⃣ (2) | My pharmacist  |
| ⃣ (3) | Centers for Disease Control and Prevention (CDC) website or reports |
| ⃣ (4) | Food and Drug Administration (FDA) website or reports  |
| ⃣ (5) | My state or local health department |
| ⃣ (6) | Family or friends  |
| ⃣ (7) | News reports (such as television or radio news) |
| ⃣ (8) | Social media sites like Facebook |
| ⃣ (9) | Websites about health or other topics  |
|  |  → Please tell us which sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⃣ (10) | 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!** |
|  |  |

COVID-19 Vaccine Supplemental Module – Spanish MAIL Version

|  |  |
| --- | --- |
|  |  |
|  | **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. |
|  |  |
|  |  |
|  | Habló conmigo sobre la vacuna contra el COVID-19 |
|  | Recomendó que me pusiera la vacuna contra el COVID-19 |
|  | Me ofreció ponerme la vacuna contra el COVID-19 |
|  | 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?** |
|  |  |
| ⃣ (1) | No |
| ⃣ (2) | 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?** |
|  |  |
| ⃣ (1) | No |
| ⃣ (2) | Sí  |
|  |  |
|  | **¿En CUÁL de la siguientes fuentes confía *más* para recibir información sobre la vacuna contra el COVID-19?****Marque UNA respuesta** |
|  |  |
| ⃣ (1) | Mi doctor, enfermera u otro proveedor de atención médica |
| ⃣ (2) | Mi farmacéutica  |
| ⃣ (3) | Sitio web o informes de los Centros para el Control y la Prevención de Enfermedades (CDC por sus siglas en inglés) |
| ⃣ (4) | Sitio web o informes de la Administración de Alimentos y Medicamentos (FDA por sus siglas en inglés) |
| ⃣ (5) | Mi departamento de salud estatal o local |
| ⃣ (6) | Familiares o amigos |
| ⃣ (7) | Reportajes de noticias (como noticias de radio o televisión) |
| ⃣ (8) | Sitios de redes sociales como Facebook |
| ⃣ (9) | Sitios web sobre la salud u otros temas |
|  | → Por favor díganos que sitios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⃣ (10) | 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!** |
|  |  |

COVID-19 Vaccine Supplemental Module – English PHONE Version

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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.  |  |  |  |
|  |  | **No**(1) | **Yes**(2) | **Ref**(8) | **DKDR**(9) |
|  | Talked with you about the COVID-19 vaccine  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Recommended that you get the COVID-19 vaccine | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Offered to give you the COVID-19 vaccine | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Referred you 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?** |  |  |  |  |
|  |  |  |  |  |  |
| ⃣ (1) | No |  |  |  |  |
| ⃣ (2) | Yes **→ Go to Question VC5** |  |  |  |  |
|  | ***(Don't Read)*** |  |  |  |  |
| ⃣ (8) | Refused **→ Go to Question VC5** |  |  |  |  |
| ⃣ (9) | Don’t Know / Don't Remember **→ Go to Question VC5** |  |  |  |  |
|  |  |  |  |  |  |
|  | **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 \_\_\_\_\_?) |  |  |  |  |
|  |  | **No**(1) | **Yes**(2) | **Ref**(8) | **DKDR**(9) |
|  |  |  |  |  |  |
|  | You were not in one of the groups that could get the COVID-19 vaccine  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | The vaccine was not available or ran out in your area | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You couldn’t get an appointment or were placed on a waiting list | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You didn’t have transportation to get to a vaccination site | ⃝ | ⃝ | ⃝ | ⃝ |
|  | The staff at the vaccination site didn't want to give you the vaccine because you were pregnant | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You were concerned about possible side effects of the COVID-19 vaccine for your baby  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You were concerned about possible side effects of the COVID-19 vaccine for yourself | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You have an allergy or health condition that prevented you from getting the vaccine  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Your doctor or healthcare provider told you not to get the vaccine | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You had gotten the COVID-19 vaccine *before* your pregnancy  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You already had COVID-19 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You didn’t have enough information about the vaccine to feel comfortable getting it | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You were concerned that the COVID-19 vaccine was developed too fast | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You didn’t think the vaccine would protect you against COVID-19 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You didn't think COVID-19 was a serious illness | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You didn't think you were at risk for COVID-19 infection | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You preferred using masks and other precautions instead  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You don’t think vaccines are beneficial | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Did you have some other reason? | ⃝ | ⃝ | ⃝ | ⃝ |
|  | → **IF YES, ASK:** What was it? \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |
|  | ***Since your new baby was born,* have you gotten a COVID-19 vaccine?** |  |  |  |  |
|  |  |  |  |  |  |
| ⃣ (1) | No  |  |  |  |  |
| ⃣ (2) | Yes  |  |  |  |  |
|  | ***(Don't Read)*** |  |  |  |  |
| ⃣ (8) | Refused  |  |  |  |  |
| ⃣ (9) | Don’t Know / Don't Remember  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **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.** |  |  |  |  |
|  |  |  |  |  |  |
| ⃣ (1) | Your doctor, nurse, or other health care provider |  |  |  |  |
| ⃣ (2) | Your pharmacist  |  |  |  |  |
| ⃣ (3) | Centers for Disease Control and Prevention or CDC website or reports |  |  |  |  |
| ⃣ (4) | Food and Drug Administration or FDA website or reports |  |  |  |  |
| ⃣ (5) | Your state or local health department |  |  |  |  |
| ⃣ (6) | Family or friends  |  |  |  |  |
| ⃣ (7) | News reports such as television or radio news |  |  |  |  |
| ⃣ (8) | Social media sites like Facebook |  |  |  |  |
| ⃣ (9) | Websites about health or other topics  |  |  |  |  |
|  |  → Please tell us which sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| ⃣ (10) | Some other source  |  |  |  |  |
|  |  → Please tell us what source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |
|  | **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.* |  |  |  |  |
|  |  | **No**(1) | **Yes**(2) | **Ref**(8) | **DKDR**(9) |
|  |  |  |  |  |  |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | You worked or volunteered in a position where you did not regularly come in contact with the public  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | **INTERVIEWER: If mom answers NO to all options ASK:**Would you say it was none of the above?  | ⃝ | ⃝ | ⃝ | ⃝ |
|  |  |  |  |  |  |
|  | **Thank you for answering these questions!** |  |  |
|  |  |  |  |  |  |

COVID-19 Vaccine Supplemental Module – Spanish PHONE Version

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | **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.  |  |  |  |  |
|  |  | **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 \_\_\_?) |  |  |  |  |
|  |  | **No**(1) | **Sí**(2) | **Rechazó**(8) | **NS/NR**(9) |
|  | Usted 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 su área | ⃝ | ⃝ | ⃝ | ⃝ |
|  | No pudo conseguir una cita o fue colocada en una lista de espera | ⃝ | ⃝ | ⃝ | ⃝ |
|  | No tenía transportación para llegar a un lugar de vacunación | ⃝ | ⃝ | ⃝ | ⃝ |
|  | El personal del centro de vacunación no quiso ponerle la vacuna porque usted estaba embarazada | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Le preocupaba la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para su bebé | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Le preocupaban la posibilidad de efectos secundarios de la vacuna contra el COVID-19 para usted | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Tiene una alergia o problema de salud que le impide ponerse la vacuna | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Su médico o proveedor de atención médica le dijo que no se pusiera la vacuna | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Se había puesto la vacuna contra el COVID-19 *antes* de su embarazo | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Ya le había dado COVID-19 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | No tenía suficiente información sobre la vacuna para sentirse cómoda en ponérsela | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Le preocupaba que la vacuna contra el COVID-19 se desarrolló demasiado rápido | ⃝ | ⃝ | ⃝ | ⃝ |
|  | No pensaba que la vacuna le 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Prefirió usar mascarillas y otras precauciones en vez | ⃝ | ⃝ | ⃝ | ⃝ |
|  | No cree que las vacunas sean beneficiosas | ⃝ | ⃝ | ⃝ | ⃝ |
|  | ¿Tuvo otra razón?  | ⃝ | ⃝ | ⃝ | ⃝ |
|  | → **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  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **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.** |  |  |  |  |
|  |  |  |  |  |  |
| ⃣ (1) | Su doctor, enfermera u otro proveedor de atención médica |  |  |  |  |
| ⃣ (2) | Su farmacéutica |  |  |  |  |
| ⃣ (3) | Sitio web o informes de los Centros para el Control y la Prevención de Enfermedades, conocido como CDC por sus siglas en inglés |  |  |  |  |
| ⃣ (4) | Sitio web o informes de la Administración de Alimentos y Medicamentos, conocido como FDA por sus siglas en inglés |  |  |  |  |
| ⃣ (5) | Su departamento de salud estatal o local |  |  |  |  |
| ⃣ (6) | Familiares o amigos |  |  |  |  |
| ⃣ (7) | Reportajes de noticias como las noticias de radio o televisión |  |  |  |  |
| ⃣ (8) | Sitios de redes sociales como Facebook |  |  |  |  |
| ⃣ (9) | Sitios web sobre la salud u otros temas |  |  |  |  |
|  | → Por favor díganos que sitios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| ⃣ (10) | Alguna otra fuente |  |  |  |  |
|  | → Por favor díganos que otra fuente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |
|  | **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*. |  |  |  |  |
|  |  | **No**(1) | **Sí**(2) | **Rechazó**(8) | **NS/NR**(9) |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | 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 | ⃝ | ⃝ | ⃝ | ⃝ |
|  | Trabajaba o fue voluntaria en un puesto que no estaba regularmente en contacto con el público | ⃝ | ⃝ | ⃝ | ⃝ |
|  | **ENTREVISTADOR: Si la mamá contesta NO a todas las opciones PREGUNTE:**¿Usted diría que no es ninguna de las anteriores? | ⃝ | ⃝ | ⃝ | ⃝ |
|  |  |  |  |  |  |
|  | **¡Gracias por responder estas preguntas!** |  |  |  |
|  |  |  |  |  |  |