

Form Approved
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PRAMS COVID-19 Vaccine Supplemental Module

Attachment 11d - PRAMS COVID-19 Vaccine Supplement_English and Spanish Web

[PRAMS COVID-19 Vaccine Supplemental Module: English Web](#)

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

South Carolina
MomID: 2022TT333011

These next questions are about the COVID-19 vaccine.

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Oct 3 10:05



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"/>

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South Carolina
MomID: 2022SC264098



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

No

Yes

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South Carolina
MomID: 2022SC264098



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"/>

q. I preferred using masks and other precautions instead	<input type="radio"/>	<input type="radio"/>
r. I don't think vaccines are beneficial	<input type="radio"/>	<input type="radio"/>
s. Other reason	<input type="radio"/>	<input checked="" type="radio"/>

What was the reason? _____

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

Sep 29 10:01

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South Carolina
MomID: 2022SC264098 84%




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

No

Yes

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 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**

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"/>

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PRAMS COVID-19 Vaccine Supplemental Module: Spanish Web

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South Carolina

MomID: 2022TT333011

 94%

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

Anterior

Siguiente



South Carolina
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 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





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

- No
- Sí

Anterior

Siguiente



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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:

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Oct 3 10:00   

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

- No
- Sí

Anterior

Siguiente



South Carolina
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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
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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

