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PRAMS COVID-19 Vaccine Supplemental Module

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



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South Carolina
MomID: 2022TT333011

92%

These next questions are about the COVID-19 vaccine.

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Oct 3 10:05





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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	☐	☐
b. Recommended that I get the COVID-19 vaccine	☐	☐
c. Offered to give me the COVID-19 vaccine	☐	☐
d. Referred me to another place to get the COVID-19 vaccine	☐	☐

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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

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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	☐	☐
b. The vaccine was not available or ran out in my area	☐	☐
c. I couldn't get an appointment or was placed on a waiting list	☐	☐
d. I didn't have transportation to get to a vaccination site	☐	☐
e. The staff at the vaccination site didn't want to give me the vaccine because I was pregnant	☐	☐
f. I was concerned about possible side effects of the COVID-19 vaccine for my baby	☐	☐
g. I was concerned about possible side effects of the COVID-19 vaccine for me	☐	☐
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 <i>before</i> 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	☐	☐

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/>

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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

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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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)	☐	☐
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)	☐	☐
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)	☐	☐
d. I worked or volunteered in a position where I did <u>not</u> regularly come in contact with the public	☐	☐

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PRAMS COVID-19 Vaccine Supplemental Module: Spanish Web



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

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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	☐	☐
b. Recomendó que me pusiera la vacuna contra el COVID-19	☐	☐
c. Me ofreció ponerme la vacuna contra el COVID-19	☐	☐
d. Me refirió a otro lugar para que me pusieran la vacuna contra el COVID-19	☐	☐

Anterior

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95%

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

☐ No

☐ Sí

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

q. Preferí usar mascarillas y otras precauciones en vez	☐	☐
r. No creo que las vacunas sean beneficiosas	☐	☐
s. Otra razón	☐	☒

Por favor, escribala:

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

☐ No

☐ Sí

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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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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)	☐	☐
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)	☐	☐
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)	☐	☐
d. Trabajaba o fui voluntaria en un puesto que <u>no</u> estaba regularmente en contacto con el público	☐	☐

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