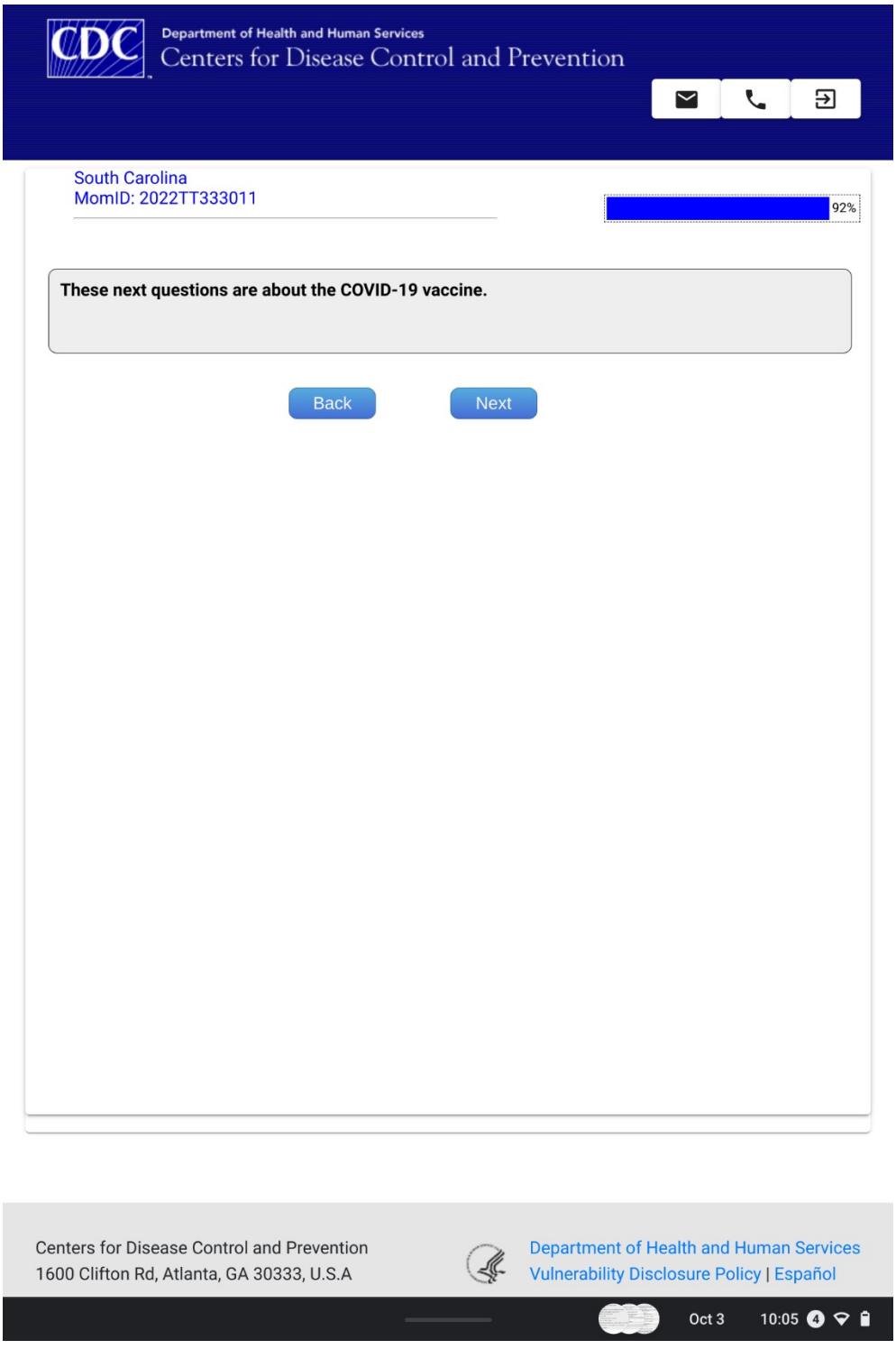
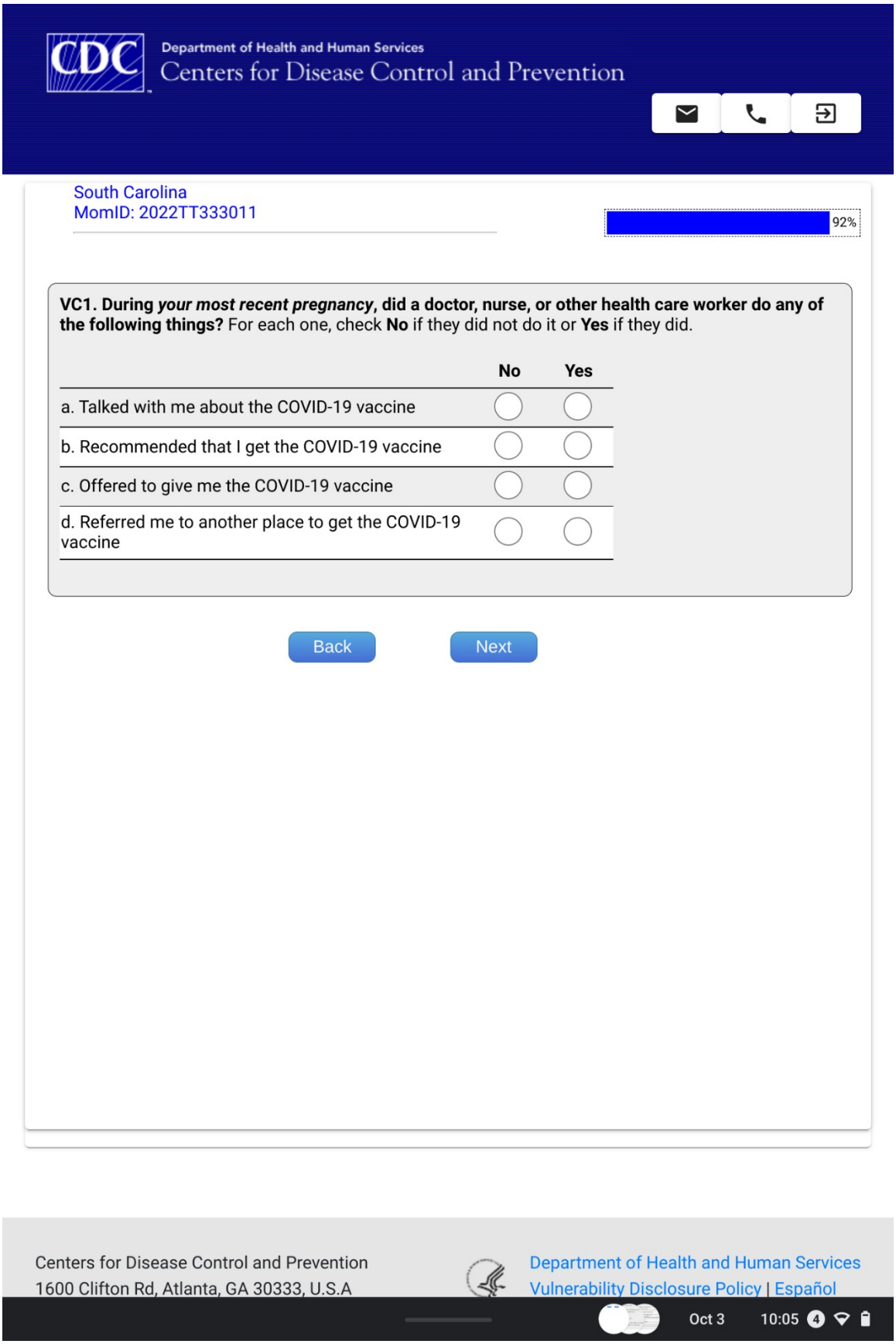
Form Approved
OMB No. 0920-1273
Exp. Date xx/xx/xxx

PRAMS COVID-19 Vaccine Supplemental Module

PRAMS COVID-19 Vaccine Supplemental Module: English Web

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




Department of Health and Human Services
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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
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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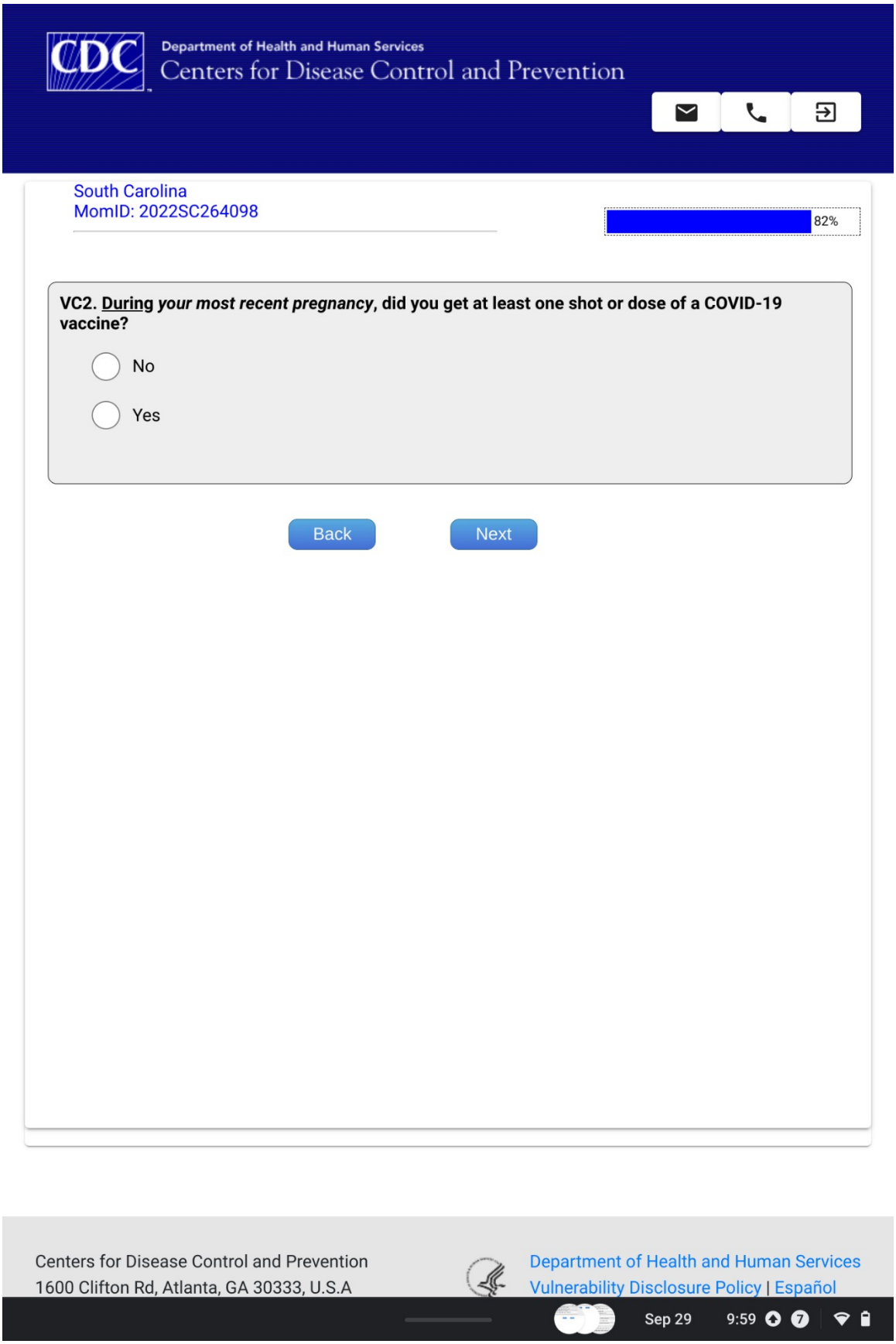
Department of Health and Human Services
Vulnerability Disclosure Policy | Español
Oct 3
10:05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82%
VC2. During your most recent pregnancy, did you get at least one shot or dose of a COVID-19 vaccine?
No
Yes
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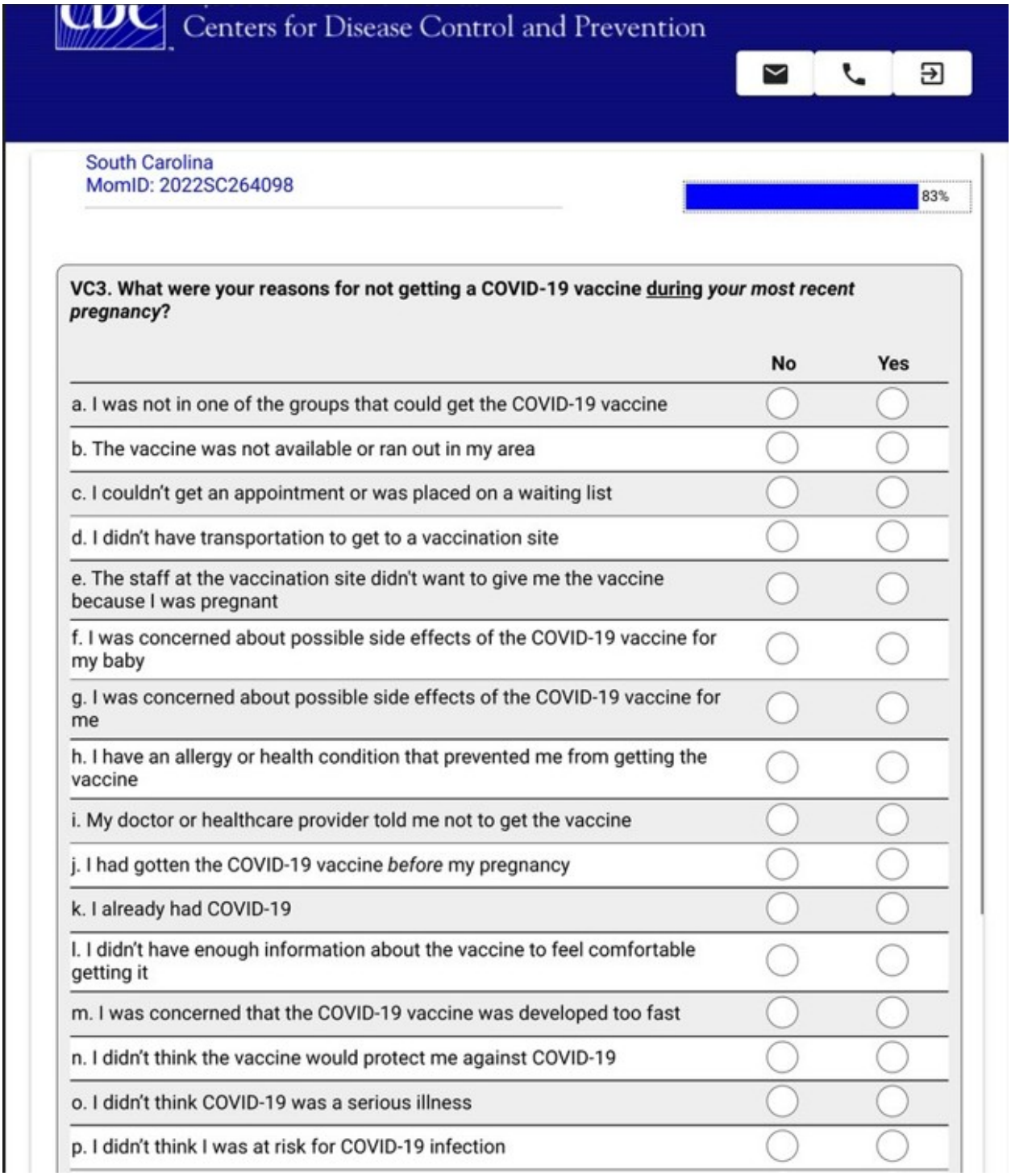
Sep 29
9:59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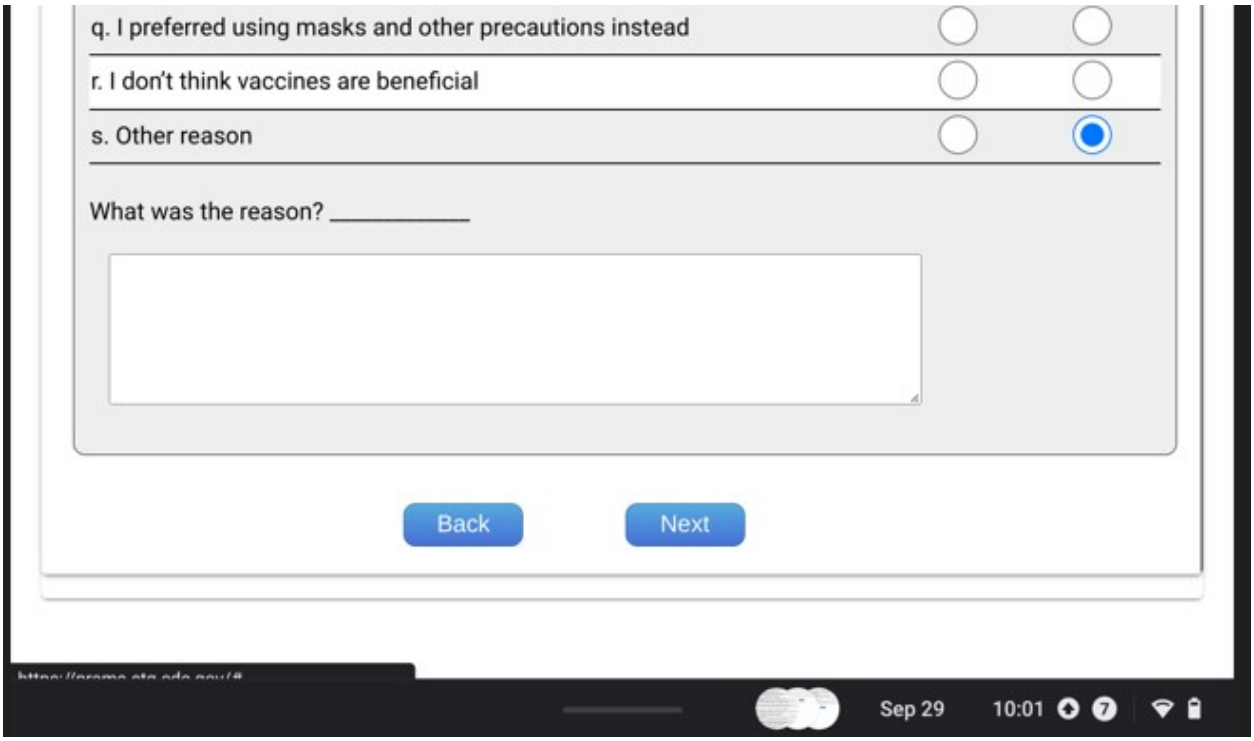
MomID: 2022SC264098
83%
VC3. What were your reasons for not getting a COVID-19 vaccine during your most recent pregnancy?
No
Yes
a. I was not in one of the groups that could get the COVID-19 vaccine
b. The vaccine was not available or ran out in my area
c. I couldn't get an appointment or was placed 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 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? _____
Back
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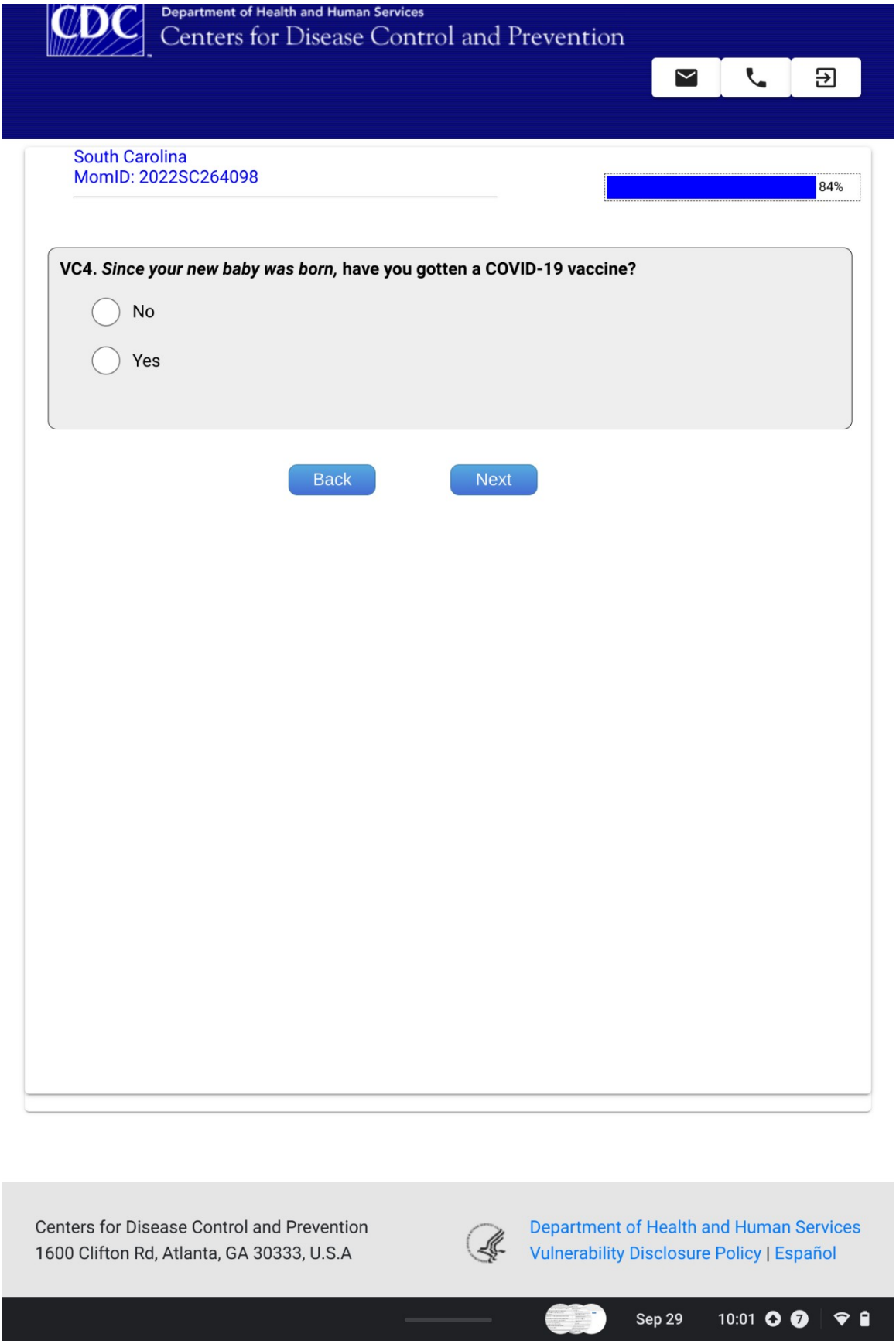
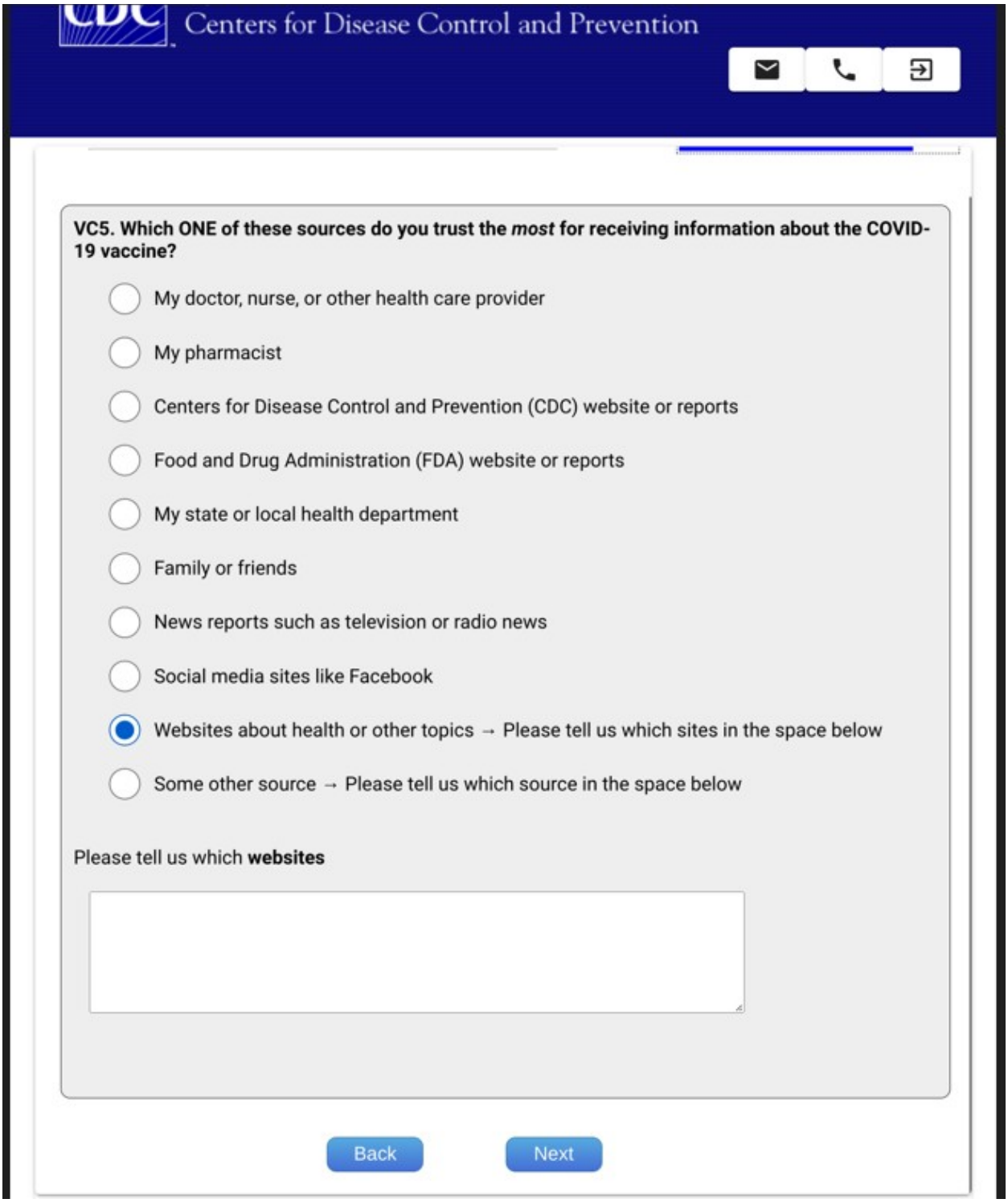
10:01

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

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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
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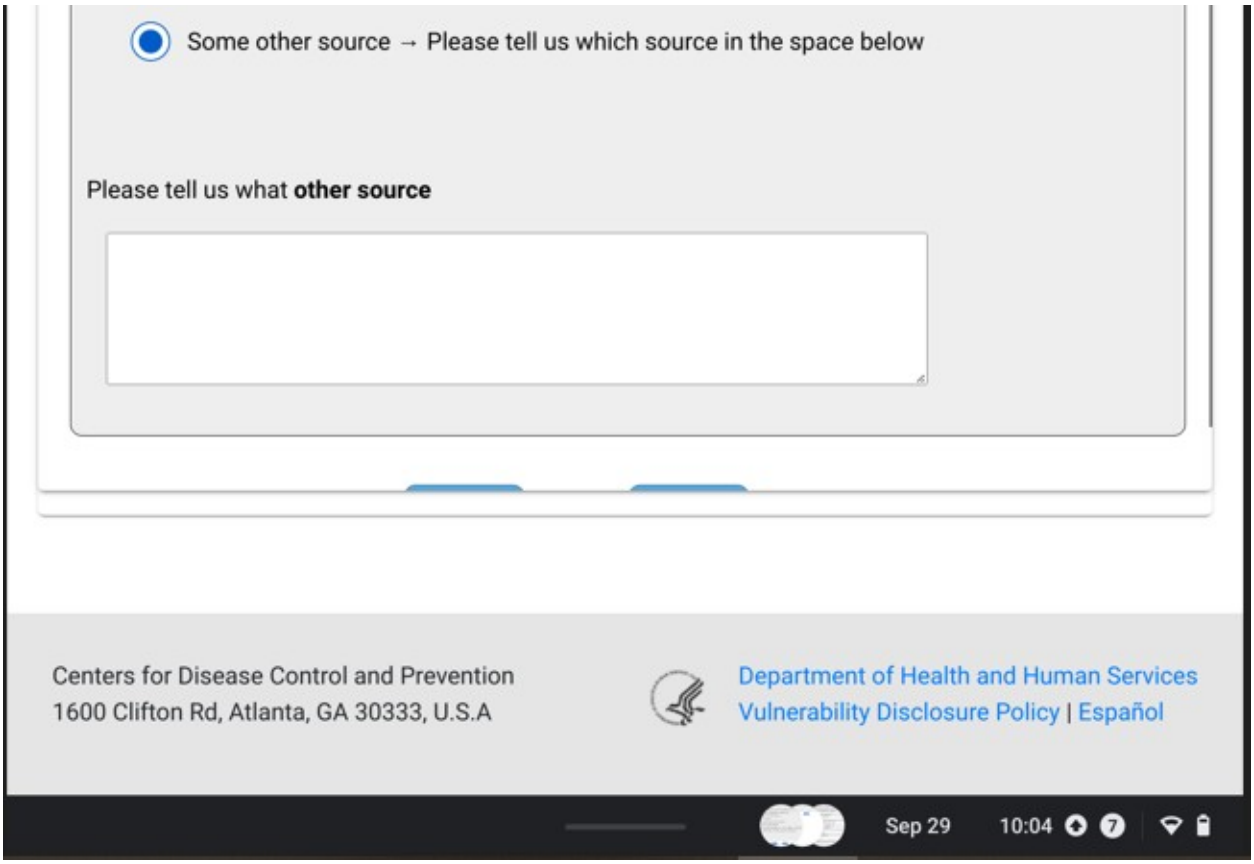
Some other source → Please tell us which source in the space below
Please tell us what **other source**
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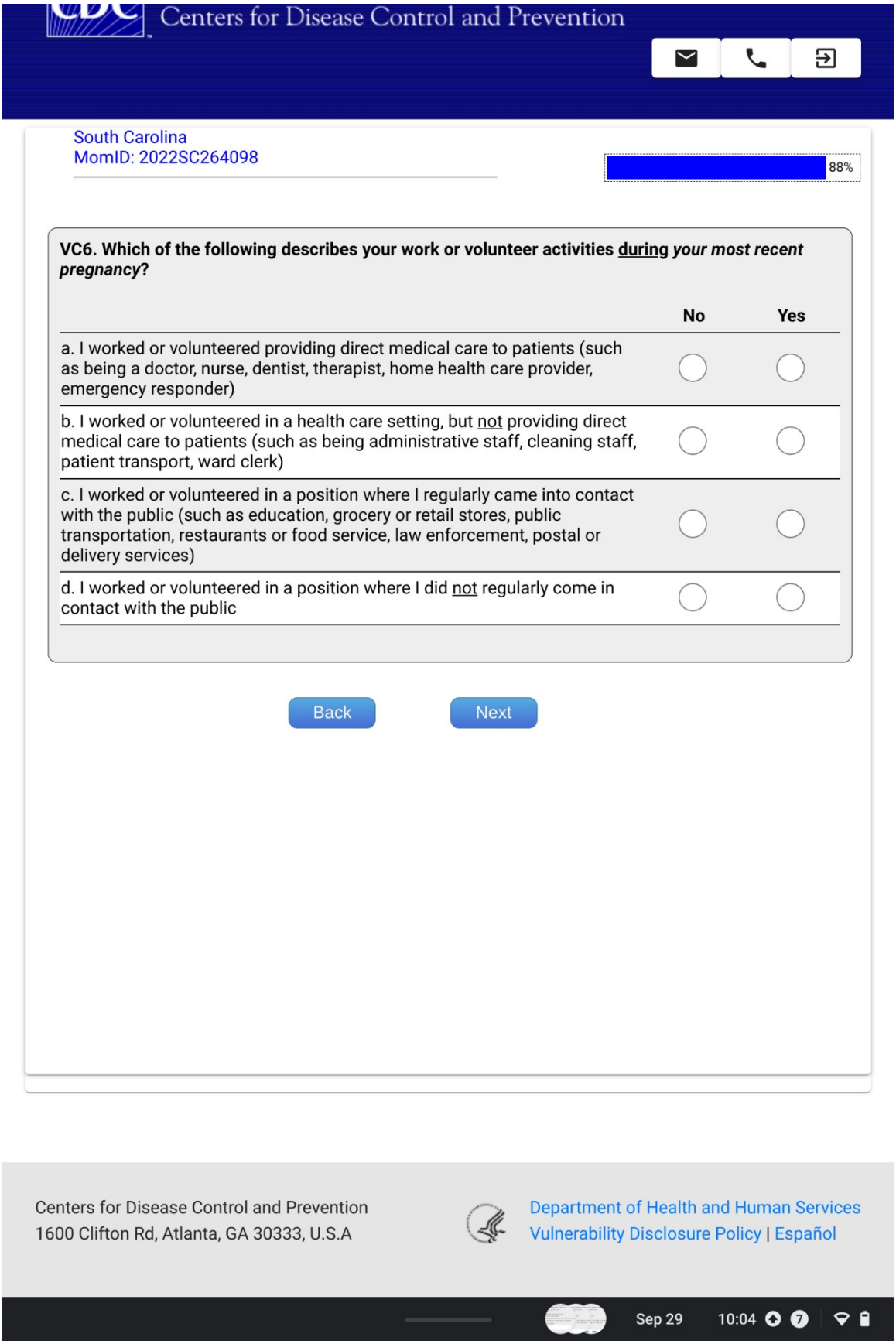
10:04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South Carolina
MomID: 2022SC264098
88%
VC6. Which of the following describes your work or volunteer activities during your most recent pregnancy?
No
Yes
a. I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, emergency responder)
b. 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, 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 not regularly come in contact with the public
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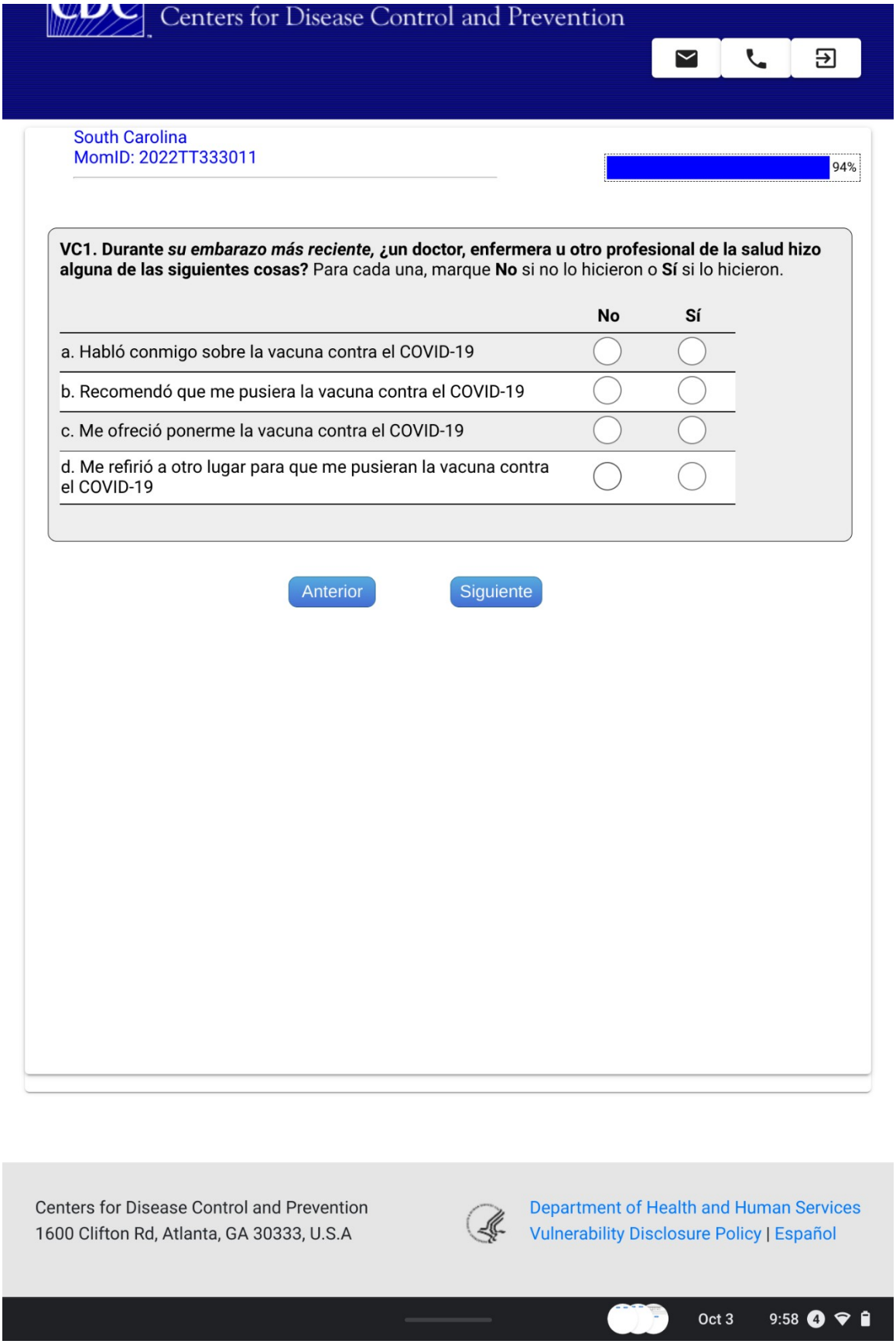
PRAMS COVID-19 Vaccine Supplemental Module: Spanish Web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94%
VC1. Durante su embarazo más reciente, ¿un doctor, enfermera u otro profesional de la salud hizo alguna de las siguientes cosas? Para cada una, marque No si no lo hicieron o Sí si lo hicieron.
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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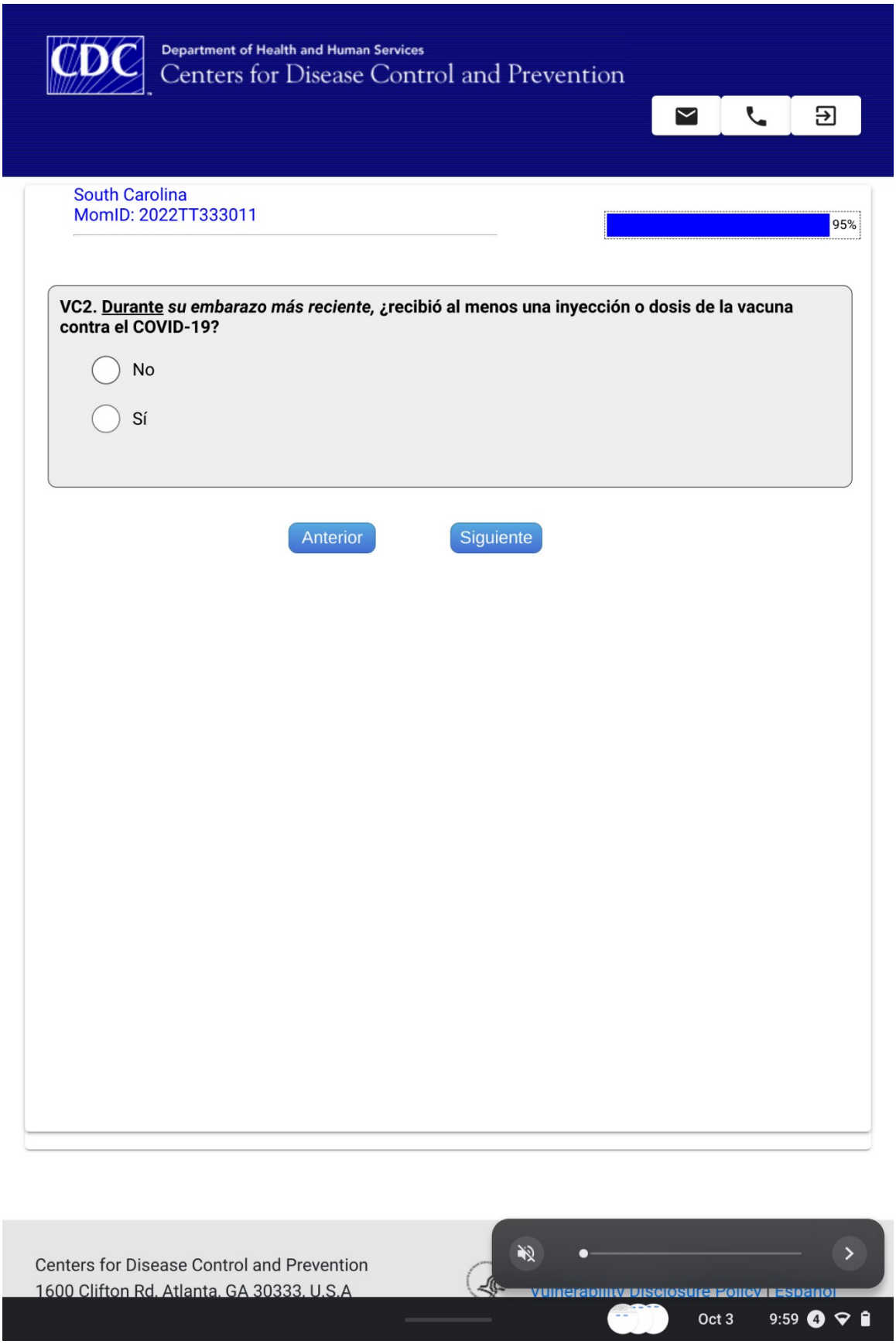
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95%
VC2. Durante su embarazo más reciente, ¿recibió al menos una inyección o dosis de la vacuna contra el COVID-19?
No
Sí
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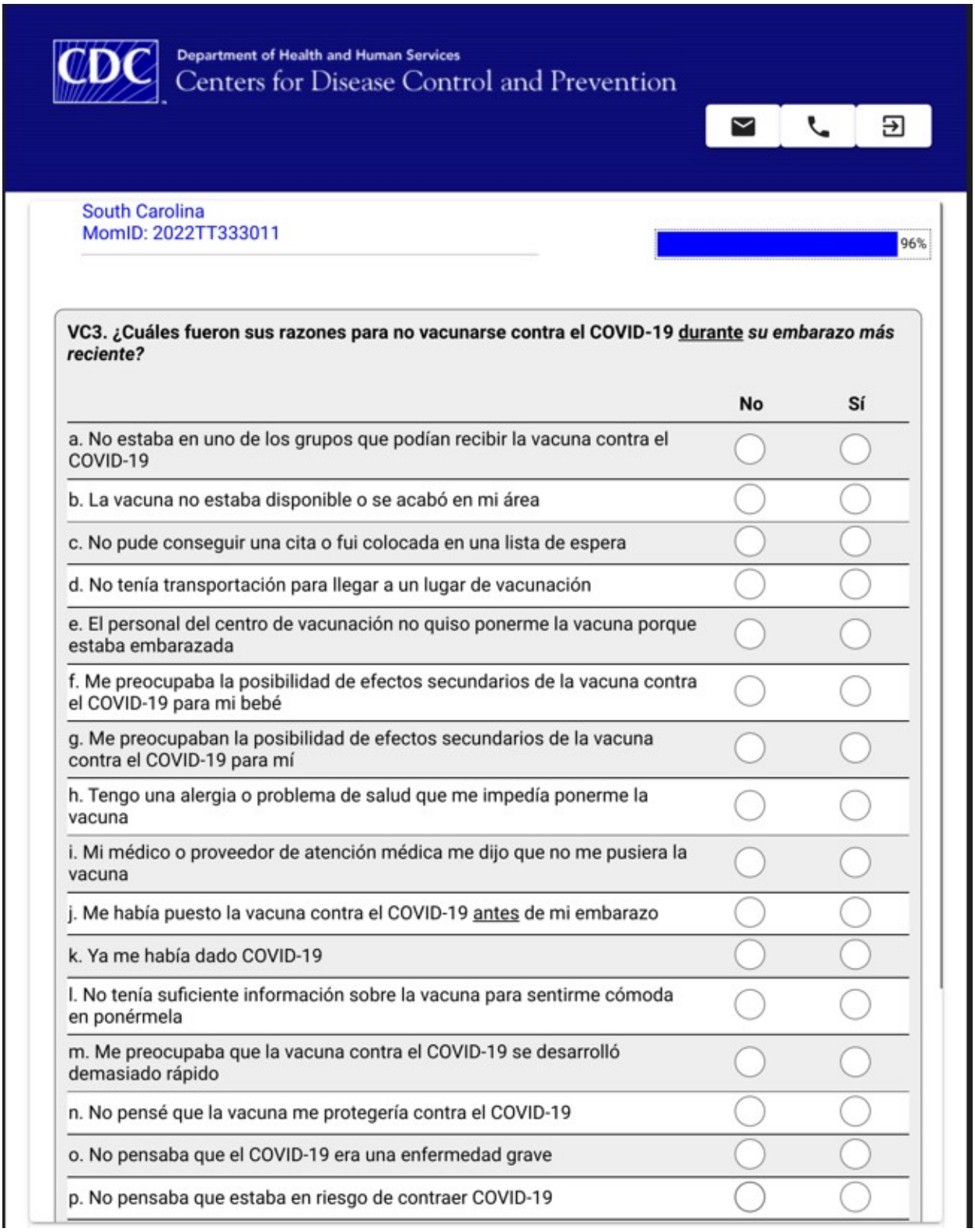
9:59



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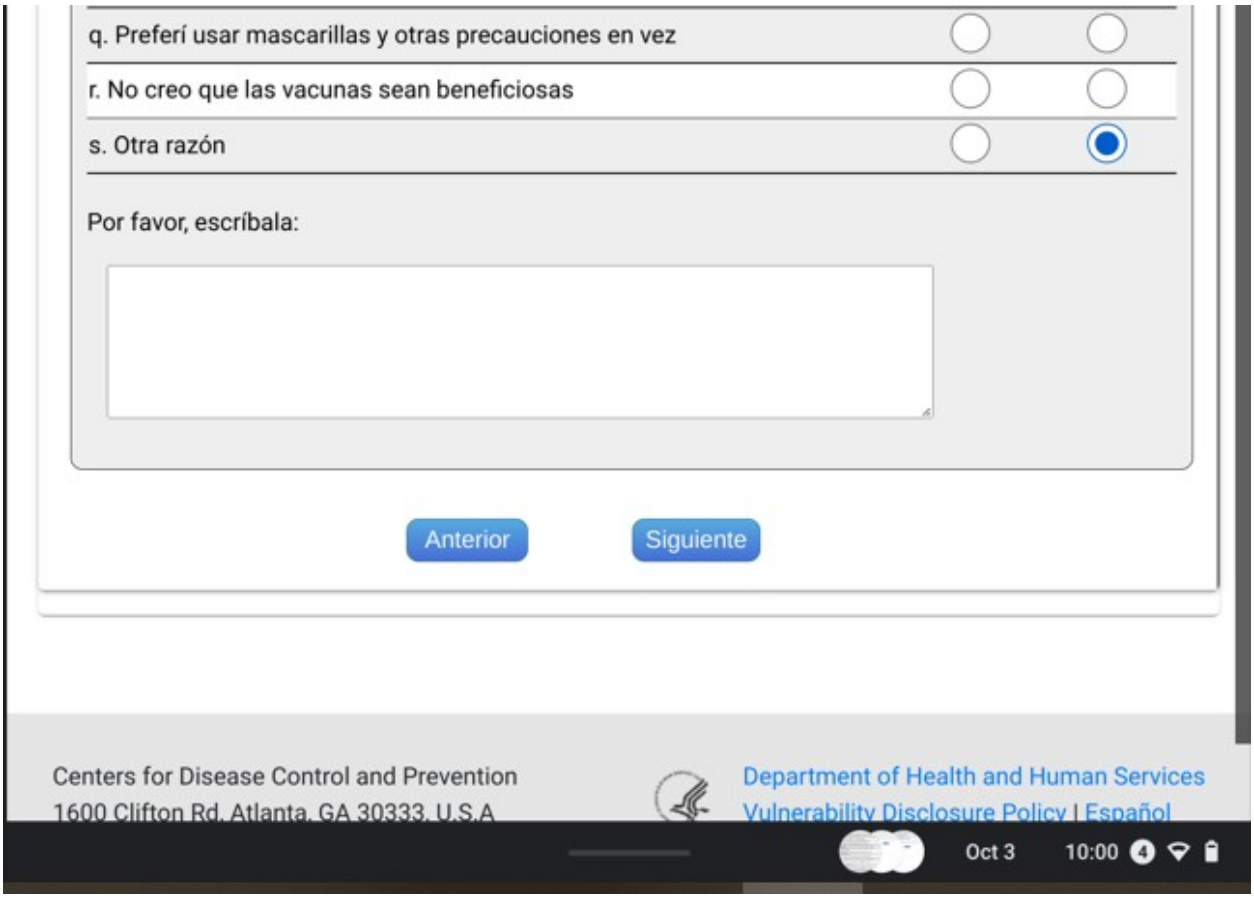
96%

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 antes 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, escríbala:
Anterior
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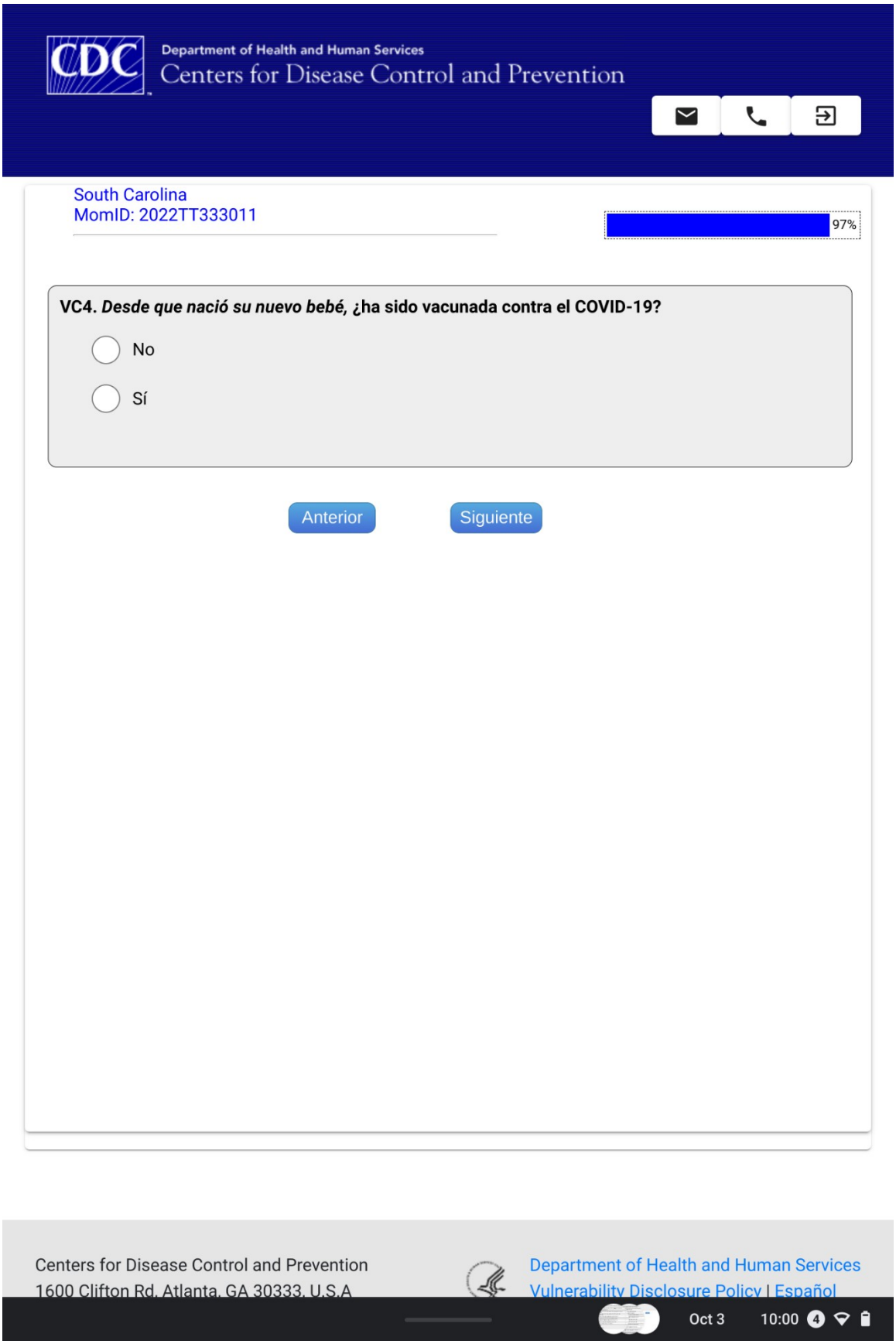
Oct 3
10:00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South Carolina
MomID: 2022TT333011
97%
VC4. Desde que nació su nuevo bebé, ¿ha sido vacunada contra el COVID-19?
No
Sí
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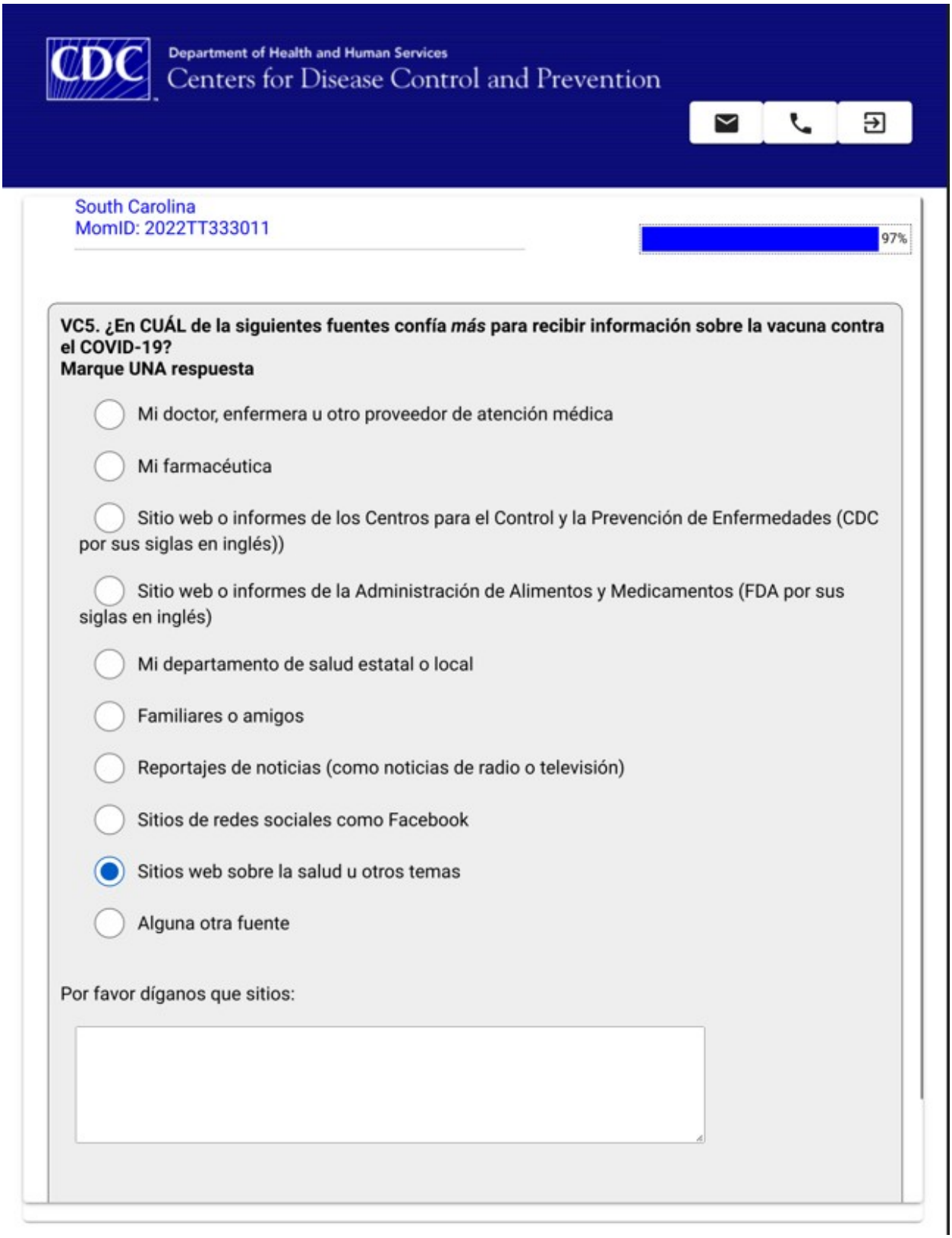
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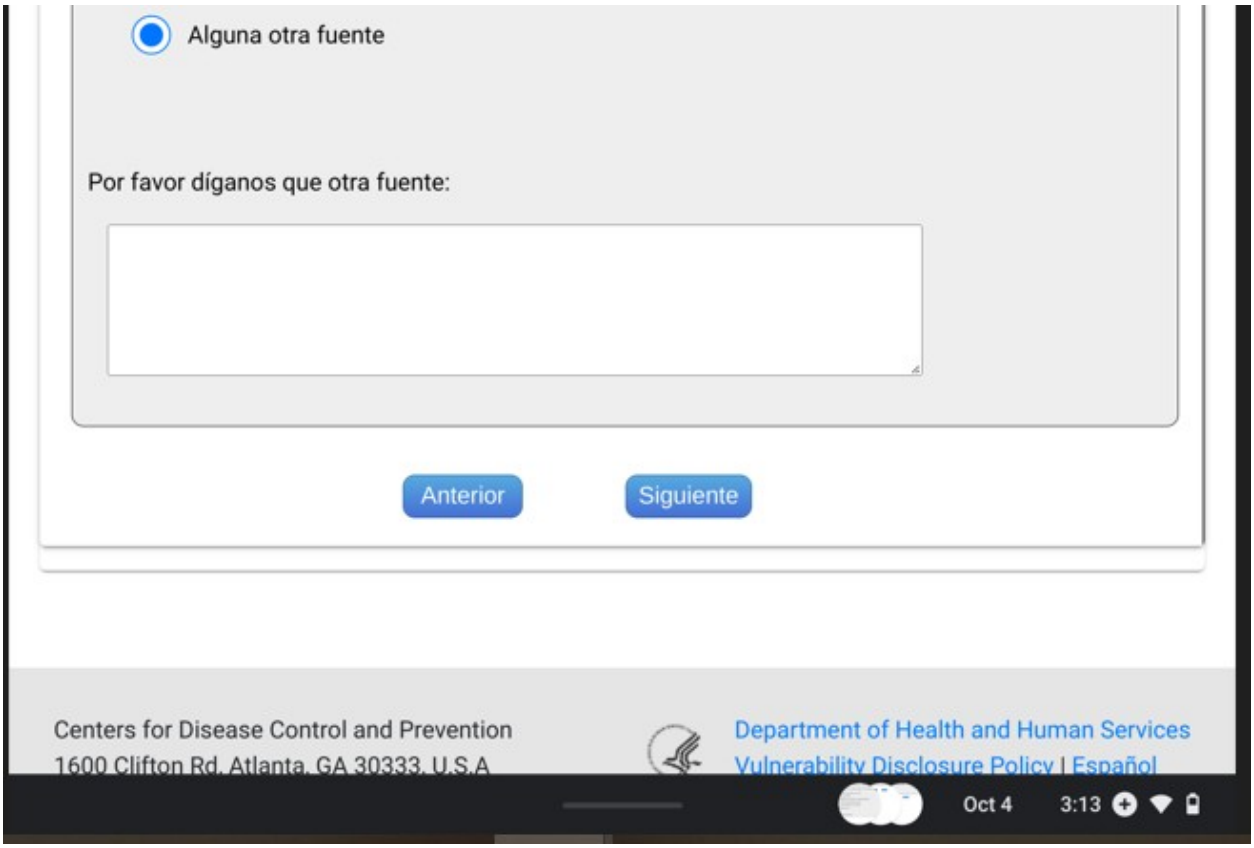
97%
VC5. ¿En CUÁL de la siguientes fuentes confía *más* para recibir información sobre la vacuna contra el COVID-19?
Marque UNA respuesta
Mi doctor, enfermera u otro proveedor de atención médica
Mi farmacéutica
Sitio web o informes de los Centros para el Control y la Prevención de Enfermedades (CDC por 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:
Anterior
Siguiente
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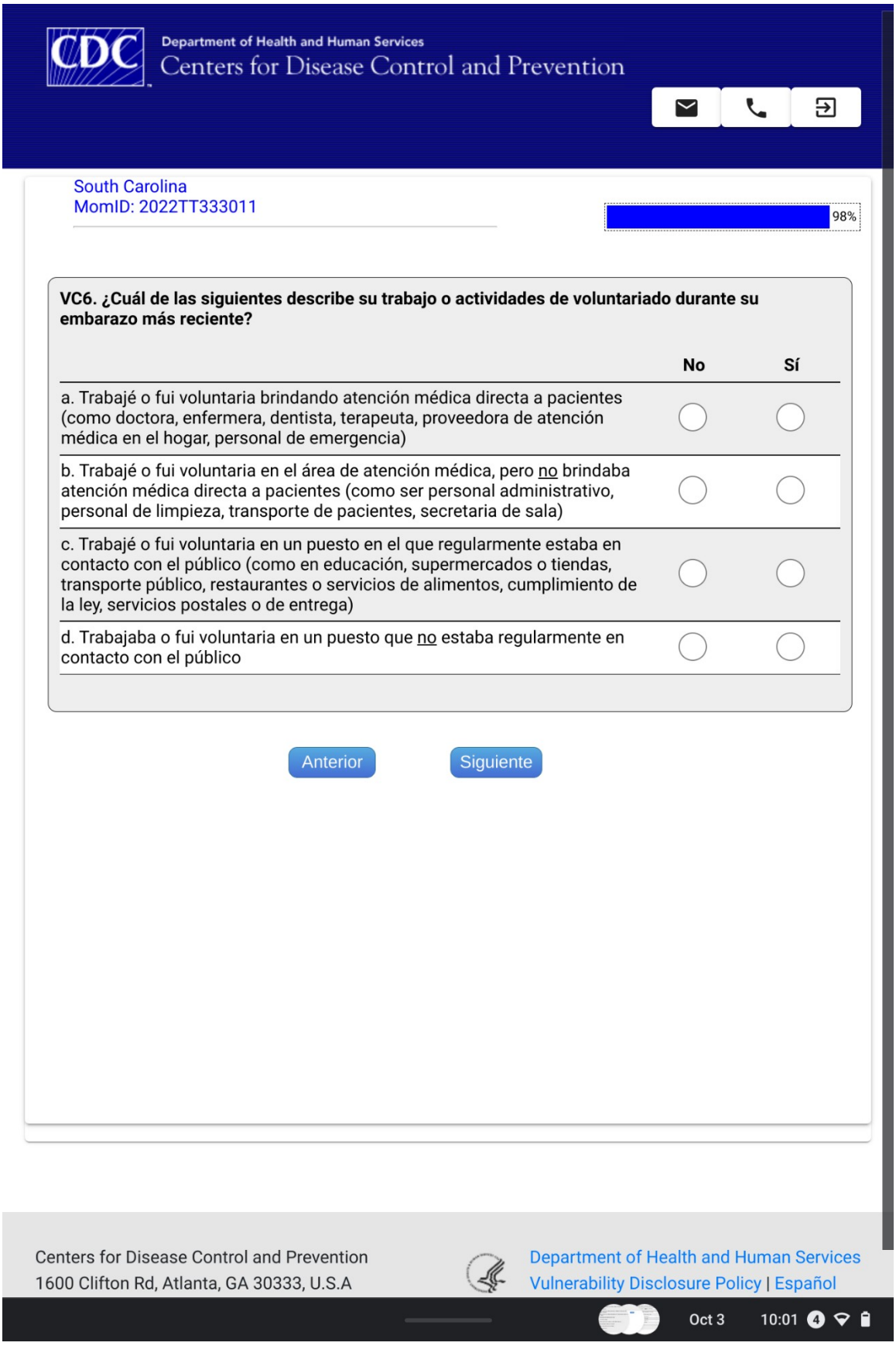
Oct 4
3:13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South Carolina
MomID: 2022TT333011
98%
VC6. ¿Cuál de las siguientes describe su trabajo o actividades de voluntariado durante su embarazo más reciente?
No
Sí
a. Trabajé o fui voluntaria brindando atención médica directa a pacientes (como doctora, enfermera, dentista, terapeuta, proveedora de atención médica en el hogar, personal de emergencia)
b. 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, 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 no estaba regularmente en contacto con el público
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