

**These last questions are about the COVID-19 vaccine.**

**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="checkbox"/> | <input type="checkbox"/> |
| b. Recommended that I get the COVID-19 vaccine.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offered to give me the COVID-19 vaccine.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Referred me to another place to get the COVID-19 vaccine ..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

No  
 Yes

→ **Go to Question VC5**

↓ **Go to Question VC3**

**VC3. 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:

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

- No
- Yes

**VC5. Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?**

**Check ONE answer**

- 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:

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- Some other source  
Please tell us what source:

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**VC6. 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