

Public Health Communication Preferences of Pregnant Women Survey

Return this survey to the nurse/receptionist when complete

Today's Date (MM/DD/YYYY): _____

Section 1. Healthcare experience

- 1) **Is your main prenatal provider an OB/GYN or a midwife?**
 a) _____ OB/GYN
 b) _____ Midwife
 c) _____ Don't know
- 2) **Is your main prenatal provider:**
 a) _____ Male
 b) _____ Female
- 3) **Do you consider your prenatal provider to be your primary care doctor?**
 a) _____ Yes
 b) _____ No
- 4) **Is this your first pregnancy?**
 a) _____ Yes
 b) _____ No
- 5) **What trimester of pregnancy are you in now?**
 a) _____ First (0 – 12 weeks)
 b) _____ Second (13 – 27 weeks)
 c) _____ Third (27 – 40+ weeks)
 d) _____ Don't know

Section 2. Zika and pregnancy

- 6) **Have you heard of Zika virus?**
 a) _____ Yes b) _____ No
- 7) **Has your prenatal care provider talked with you about Zika virus yet?**
 a) _____ Yes b) _____ No c) _____ Don't know
- 8) **How interested are you in information about Zika infection and pregnancy?**
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not interested at all | A little interested | Neutral | Interested | Very interested |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 9) **Other than talking with your prenatal provider, where would you most likely go to find more information about Zika and pregnancy? Check all that apply.**
- a) _____ Social Media (Facebook, Twitter, etc.)
 b) _____ My OB/GYN's practice website
 c) _____ CDC Website
 d) _____ Health department website
 e) _____ My friends and family
 f) _____ Other pregnancy-related websites (e.g. BabyCenter, What To Expect, etc.)
 g) _____ Other (specify) _____

- 10) **If your prenatal provider wanted to give you more information about Zika during pregnancy, how would you like to get that information? Check all that apply.**
- a) _____ A "Zika virus" section on their practice website
 b) _____ Useful links posted on their practice Facebook page
 c) _____ Useful links distributed on their Twitter feed
 d) _____ Text messages to me
 e) _____ Emails to me
 f) _____ Educational brochures
 g) _____ Other (specify) _____

Section 3. Vaccinations during pregnancy

- 11) **Has your prenatal provider talked with you about vaccinations during pregnancy yet?**
 a) _____ Yes b) _____ No c) _____ Don't know
- 12) **How interested are you in information about vaccines during pregnancy?**

Not interested at all	A little interested	Neutral	Interested	Very interested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 13) **Other than talking with your prenatal provider, where would you most likely go to find more information about vaccines during pregnancy? Check all that apply.**
- a) _____ Social Media (Facebook, Twitter, etc.)
 b) _____ My OB/GYN's practice website
 c) _____ CDC Website
 d) _____ Health department website
 e) _____ My friends and family
 f) _____ Other pregnancy-related websites (e.g. www.BabyCenter.com, www.whattoexpect.com etc.)
 g) _____ Other (specify) _____
- 14) **If your prenatal provider wanted to give you more information about vaccines during pregnancy, how would you like to get that information? Check all that apply.**
- a) _____ A "vaccines" section on their practice website
 b) _____ Useful links posted on their practice Facebook page
 c) _____ Useful links distributed on their Twitter feed
 d) _____ Text messages to me
 e) _____ Emails to me
 f) _____ Educational brochures
 g) _____ Other (specify) _____

Section 4. Safe medications and pregnancy

- 15) **Have you talked to your prenatal provider about safe medications during pregnancy?**
 a) _____ Yes b) _____ No c) _____ Don't know

16) How interested are you in information about safe medications during pregnancy?

Not interested at all	A little interested	Neutral	Interested	Very interested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) Other than talking with your prenatal provider, where would you most likely go to find more information about safe medications during pregnancy? Check all that apply.

- a) Social Media (Facebook, Twitter, etc.)
- b) My OB/GYN's practice website
- c) CDC Website
- d) Health department website
- e) My friends and family
- f) Other pregnancy-related websites (e.g. BabyCenter, What To Expect, etc.)
- g) Other (specify) _____

Section 5. Practice website & social media knowledge

19) Do you have any social media accounts? Please check all that apply.

- a) Facebook
- b) Twitter
- c) Instagram
- d) Other (specify) _____

20) Do you know if your prenatal provider has a practice website?

- a) Yes, and I visit it regularly
- b) Yes, but I don't visit often
- c) Yes, but I have never visited it
- d) No, I don't know

18) If your prenatal provider wanted to give you more information about safe medications during pregnancy, how would you like to get that information? Check all that apply.

- a) A "Safe medications" section on their practice website
- b) Useful links posted on their practice Facebook page
- c) Useful links distributed on their Twitter feed
- d) Text messages to me
- e) Emails to me
- f) Educational brochures
- g) Other (specify) _____

21) Do you know whether your prenatal provider has a practice-sponsored Facebook page?

- a) Yes, and I have followed/liked it
- b) Yes, but I have not followed/liked it
- c) No, I don't know

22) Do you know whether your prenatal provider has a practice-sponsored Twitter account?

- a) Yes, and I follow it
- b) Yes, but I do not follow it
- c) No, I don't know

23) If your prenatal provider started a text message service to provide you with information about prenatal health topics, how frequently would you want to get those texts?

- a) Twice per week
- b) Once per week
- c) Twice per month
- d) Once per month
- e) Never, I don't want that service

Section 6. Qualities of content

24) When reading information about pregnancy-related topics, how important do you find the following qualities?

	Not important	Somewhat important	Very important
<u>That it's endorsed or approved by the CDC</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>That it's endorsed or approved by my own prenatal care provider</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>That it's evidence-based</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>That it's brief</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>That it's important to other mothers</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7. Demographic information

25) How old are you?

- a) 18 – 24 years old
- b) 25 – 29 years old
- c) 30 – 34 years old
- d) 35 – 39 years old
- e) 40+ years old

26) What is the highest level of school that you have completed?

- a) K-8 grade
- b) 9-11 grade
- c) High school graduate/GED
- d) Technical/Vocational or Associates
- e) Bachelor Degree
- f) Master's Degree
- g) Doctorate

27) How would you describe your ethnic background?

- a) African American/Black
- b) Hispano/Latino/Chicano
- c) Caucasian/White
- d) Asian
- e) Other (please specify) _____

*THANK YOU FOR COMPLETING
OUR SURVEY!*

PLEASE RETURN YOUR SURVEY
TO THE FRONT DESK

