

# Patient Survey: COVID-19 Vaccination intentions and uptake in pregnant women at KEMH/ OPH

1. What is your age?

2. How many weeks pregnant are you?

3. Please indicate which WNHS site you are receiving care from (select which one best applies)

- King Edward Memorial Hospital
- Osborne Park Hospital
- Family Birth Centre
- Community Midwifery Program - Home

4. Please indicate how you receive your maternity care (select which one best applies)

- Usual hospital clinics, I see a combination of midwives and doctors
- Midwifery Group Practice, I see my allocated midwife/ midwives
- Community Midwifery Program, I see my allocated midwife/ midwives

5. Do you identify as Aboriginal or Torres Strait Islander?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No, I do not identify as Aboriginal or Torres Strait Islander

6. Do you speak a language other than English at home? (If Yes, please indicate the language in the 'other' box below).

- Yes
  - No
  -
- Other

7. Has the COVID-19 Vaccine been discussed with you by any staff at our hospital?

- Midwife
- Doctor
- Unsure if it has been discussed with me
- COVID-19 vaccination has not yet been discussed with me

8. Did you know that pregnant women are a priority group for the COVID-19 Vaccine?

- Yes
- No

9. Have you received the COVID-19 vaccine already?

- Yes - 1 dose
- Yes - 2 doses
- No

10. Do you intend to receive the COVID-19 vaccine during your pregnancy?

- Yes
- No
- Unsure

11. Do you intend to wait to receive the COVID -19 Vaccine until after your baby is born?

- Yes
- No
- Unsure

12. Would you like more information regarding COVID-19 Vaccination before deciding to accept the vaccine?

- Yes, I would like more information
- No, I have sufficient information to make the decision

13. If a COVID-19 vaccine was available to me today, I would accept it.

- Yes
- No
- Unsure

14. Did you know that as a pregnant woman you are at higher risk of severe illness with COVID-19 than if you are not pregnant?

Yes

No

15. Has anyone advised you **not** to receive the COVID-19 Vaccine during your pregnancy? (select all that apply)

Midwife

GP

Obstetrician

Family / partner

Friends

Peer groups (online forums etc)

16. Please respond by selecting how much you agree or disagree with the following statements

	Strongly agree	Agree	Disagree	Strongly Disagree
I am worried about the side effects of the COVID-19 Vaccination for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about the side effects of the COVID-19 Vaccination for my baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot find enough adequate information on the safety of the COVID-19 Vaccine during Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot find any suitable time to schedule an appointment for my COVID-19 Vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the decreased rates of COVID-19 in Western Australia mean I do not need to be vaccinated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the space below, please tell us anything that you would like our staff to know about your vaccination choice including any factors that may influence you getting or not getting vaccinated.

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