Questionnaire for lactating women vaccinating against COVID-19

Informed consent

Purposes
Hello Moms! This is a research project of the School of Medicine, Hunan Normal University. This research has two goals. One is to understand the current status of COVID-19 vaccination among lactating women. The second is to explore the reasons and related factors for some lactating women who are not vaccinated against COVID-19.

Content
We will introduce you to this study in more detail to see if you are interested in participating. If you participate in this study, you will answer questions about three aspects: the first part is mainly about your general situation, including age, occupation, feeding method, whether there is a history of COVID-19 infection, etc. The second part includes your knowledge-attitude-behavior about COVID-19 and vaccines, such as your knowledge of the source of infection and transmission of COVID-19, whether you think it is necessary to get vaccinated against COVID-19, and whether you have been vaccinated against COVID-19. In the third part, we would like to know some of your recent psychological conditions.

Risk
This research does not present you with any danger, harm, or risk. Your participation is completely voluntary, you may skip any specific question, you may ask the investigator at any time if you have any questions or concerns about this study, and you may terminate the survey at any time.

Benefit
Through this research, you will help us better understand the current status of lactating women's vaccination and the reasons for non-vaccination. Although you will
not directly benefit, it may help relevant departments to better carry out the COVID-19 vaccination for lactating women in the future.

**Voluntary participation**

Your participation in this research is entirely voluntary, and you have the right to terminate at any time during the investigation.

**Privacy**

If you decide to participate in this research, we will protect the privacy and confidentiality of the information you provide, your information will not be disclosed to others, and no identifying information will appear in scientific publications or journals.

**Additional information**

If you have any questions about this study and your rights as a respondent, please contact:

Medical Ethics Committee of Hunan Normal University
Address: No. 371, Tongzipo Road, Yuelu District, Changsha, Hunan, China Postal Code: 410013
Xinchan Li
Tel: +86-0731-8891-2466

**Respondent's informed consent statement**

My participation in this research has been explained to me and I have been allowed to ask any questions,
I am fully informed about participating in this study.

Signature ___________________________ Date: ___________
We will keep your information strictly confidential. There is no right or wrong answer, please fill in the truth according to your situation. Thank you again for your cooperation!

**General Information**

1. Your age (   ) years old

2. Your ethnicity (   )
   - ① Han nationality
   - ② Minority

3. Your marital status (   )
   - ① Unmarried
   - ② Married
   - ③ Divorced or widowed

4. Your education level (   )
   - ① Junior high school or below
   - ② Senior high school
   - ③ Bachelor's degree
   - ④ Master's degree or above

5. Your residence (   )
   - ① Rural
   - ② Urban

6. Your occupation (   )
   - ① Farmer
   - ② Worker
   - ③ Employees of enterprises/public institutions
   - ④ Student
   - ⑤ Housewives

7. You have a medical background or not (   )
   - ① No
   - ② Yes

8. Your family members have a medical background or not (   )
   - ① No
   - ② Yes

9. Your number of children (   )
   - ① 1
   - ② 2
   - ③ ≥3

10. Your present feeding methods (   )
    - ① Exclusive breastfeeding
    - ② Mixed feeding

11. Your duration of breastfeeding for the last baby is (   ) month(s)

12. You or your family members have a history of COVID-19 infection or not (   )
① No ② You have ③ Your family members have ④ Both have

13、 You or your family members have a travel history in medium-high risk areas or not ( )
① No ② You have ③ Your family members have ④ Both have

14、 Your relationship with family ( )
① Poor ② Average ③ Good

15、 Your physical condition ( )
① Poor ② Average ③ Good

Your knowledge of COVID-19 and vaccinations

1、 My understanding of the source of infection and transmission of COVID-19 ( )
① Very poor ② Poor ③ Not sure ④ Good ⑤ Very good

2、 I feel like I could get COVID-19 at any time ( )
① Strongly disagree ② Disagree ③ Not sure ④ Agree ⑤ Strongly agree

3、 I don't think it's scary to be infected with COVID-19 ( )
① Strongly disagree ② Disagree ③ Not sure ④ Agree ⑤ Strongly agree

4、 My understanding of the preventive and protective measures against COVID-19 ( )
① Very poor ② Poor ③ Not sure ④ Good ⑤ Very good

5、 My understanding of the type and protection rate of the COVID-19 vaccine ( )
① Very poor ② Poor ③ Not sure ④ Good ⑤ Very good

6、 My understanding of who is suitable for vaccinating against the COVID-19 vaccine ( )
① Very poor ② Poor ③ Not sure ④ Good ⑤ Very good

7、 My understanding of the contraindications of COVID-19 vaccination ( )
① Very poor ② Poor ③ Not sure ④ Good ⑤ Very good
Your attitude towards COVID-19 vaccination

1. I think it is necessary for a national COVID-19 vaccination (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

2. I think getting vaccinated can reduce the likelihood of getting COVID-19 (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

3. I think vaccination against COVID-19 can reduce the likelihood of confirmed patients into intensive (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

4. I feel that the prevention and control of the epidemic are sufficient and there is no need to vaccinate (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

5. I think healthy people can skip the COVID-19 vaccine (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

6. I don't think the elderly and infirm should be vaccinated against COVID-19 (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

7. I'm hesitant to get the COVID-19 vaccine while breastfeeding (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

8. I'm worried about the vaccine will affect my health (  )
   ① Strongly disagree  ② Disagree  ③ Not sure  ④ Agree  ⑤ Strongly agree

9. I'm afraid the vaccine will affect the baby through breastmilk (  )
① Strongly disagree ② Disagree ③ Not sure ④ Agree ⑤ Strongly agree

10. I have full confidence in COVID-19 vaccine manufacturers and vaccination agencies ( )
① Strongly disagree ② Disagree ③ Not sure ④ Agree ⑤ Strongly agree

Your actions on COVID-19 vaccinations

1. Have you been vaccinated against COVID-19? ( )
   ① No (to 1a)  ② Yes (to 1b)

1a. Your main reason for not getting vaccinated against COVID-19 (single choice) ( )
   ① I'm worried about the vaccine will affect my health
   ② I'm afraid the vaccine will affect the baby through breastmilk
   ③ It's hard to make an appointment or go out so I have no chance to get vaccinated
   ④ I feel that the prevention and control of the epidemic are sufficient and there is no need to vaccinate
   ⑤ There are so many types of vaccines I don't know which ones to vaccinate
   ⑥ I am allergic to a component of the vaccine

1b. Your reasons for getting vaccinated against COVID-19 ( )
   ① Completely voluntary  ② Family advice
   ③ Work unit advocacy  ④ Community advocacy

2. Do you still breastfeed after vaccination ( )
   ① Terminate breastfeeding  ② Continue breastfeeding after a period of pause
   ③ Breastfeeding as usual

3. Whether there are adverse reactions after vaccination ( )
   ① No or slight adverse reactions (Relieve on its own after rest)
2. Moderate to severe adverse reactions (Require treatment and management)

4. Your willingness to get booster shots ( )
   ① Yes  ② No  ③ Not sure

5. You insist on wearing masks in public places, pay attention to ventilation, disinfecction, and other protective measures at home ( )
   ① Very inconsistent  ② Relatively inconsistent  ③ Generally consistent
   ④ Relatively consistent  ⑤ Very consistent

6. You take the initiative to persuade your family to get vaccinated against COVID-19 ( )
   ① Very inconsistent  ② Relatively inconsistent  ③ Generally consistent
   ④ Relatively consistent  ⑤ Very consistent

7. You take the initiative to remind people around you to take protective measures ( )
   ① Very inconsistent  ② Relatively inconsistent  ③ Generally consistent
   ④ Relatively consistent  ⑤ Very consistent

Postpartum psychological state

Tab 1 The 7-item Generalized Anxiety Disorder Scale (GAD-7)

Now, we would like to know how often in the past two weeks have you been bothered?
Please tick “√” under your choice.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Worrying too much about</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
different things

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Trouble relaxing</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Being so restless that it's hard to sit still</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Becoming easily annoyed or irritable</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Feeling afraid as if something awful might happen</td>
<td></td>
</tr>
</tbody>
</table>

**Tab 2 The Edinburgh Postpartum Depression Scale (EPDS)**

We want to know how you feel after having a baby. Below are 10 questions, each with 4 choices. Please circle the closest feeling you have felt in the past 7 days, not just how you feel today.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have been able to laugh and see the funny side of things</td>
<td>0</td>
<td>As much as in the past</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Not so much</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Certainly not so much</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>2</td>
<td>I have looked forward with enjoyment to things</td>
<td>0</td>
<td>As much as in the past</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Not so much</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Certainly not so much</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>3</td>
<td>I have blamed myself</td>
<td>3</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Rarely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>No, never</td>
</tr>
<tr>
<td>4</td>
<td>I have been anxious or worried for no good reason</td>
<td>0</td>
<td>No, never</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rarely</td>
<td>Sometimes</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>5.</td>
<td>I have felt scared or panicky for no very good reason</td>
<td>3</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Rarely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>No, never</td>
</tr>
<tr>
<td>6.</td>
<td>Things have been getting on top of me</td>
<td>3</td>
<td>I can't handle it most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Sometimes I can't handle it like I usually do</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Can handle it most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>Works fine as usual</td>
</tr>
<tr>
<td>7.</td>
<td>I have been so unhappy that I have had difficulty sleeping</td>
<td>3</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Rarely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>No, never</td>
</tr>
<tr>
<td>8.</td>
<td>I have felt sad and miserable</td>
<td>3</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>No, never</td>
</tr>
<tr>
<td>9.</td>
<td>I have been so unhappy that I have been crying</td>
<td>3</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Occasionally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>No, never</td>
</tr>
</tbody>
</table>
10. The thought of harming myself has occurred to me

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes, very common</td>
</tr>
<tr>
<td>2</td>
<td>Sometimes</td>
</tr>
<tr>
<td>1</td>
<td>Rarely</td>
</tr>
<tr>
<td>0</td>
<td>No, never</td>
</tr>
</tbody>
</table>