

## SAFE Study Baseline Instrument

Study ID: \_\_\_\_\_

Baseline interview completed by: (Counselor name) \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Data entered into Qualtrics by: (name) \_\_\_\_\_

1. How old are you? \_\_\_\_\_ years
2. What city do you live in now? \_\_\_\_\_
3. How many times have you been pregnant, including this pregnancy? \_\_\_\_\_
4. How many times have you given birth through the vagina (not a C-section)? \_\_\_\_\_
5. We trust you to make the best choices for yourself. So please, feel safe to answer freely: How many abortions (not miscarriages) have you had? \_\_\_\_\_
6. How many children do you have? \_\_\_\_\_
7. What is the highest level of education you have completed? **Select only one response.**
  - No schooling
  - Completed primary
  - Completed secondary
  - More than high school (any university, any AA, any graduate)
  - No response

**Abortion Characteristics**

8. When did you find out you were pregnant? It's ok if you can't remember exactly, please just give us your best estimate. (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
9. When did you decide you wanted to end the pregnancy? It's ok if you can't remember exactly, please just give us your best estimate: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
10. From when you decided to end the pregnancy, how long did it take you to contact [hotline name]? (Enter number of **days** only. For example, if they report one week, enter 7 days, if two weeks, report 14 days, etc.) \_\_\_\_\_ days
11. Where did you find out info about [hotline name]? *Select all that apply.*
  - A friend
  - A family member
  - Facebook
  - Women on Web
  - Internet search
  - Flier/handbill/sticker/t-shirt
  - Hotline website
  - Other: \_\_\_\_\_
  - No response
12. What is the date of your last menstrual period, or your best approximation of it? It's ok if you can't remember exactly, please just give us your best estimate: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
13. How many weeks pregnant are you (if you know)? *Enter in number of weeks only. Round to nearest week, i.e.: if 6 weeks and 3 days, just mark "6". If 6 weeks 4 days or up, mark "7"*: \_\_\_\_\_

14. How do you know you are pregnant? *Let participant answer freely, Select all that apply.*
- Took pregnancy test at home
  - Took blood test in a facility
  - Took urine test in a facility
  - Late/missed period
  - Ultrasound
  - Pregnancy symptoms
  - Other \_\_\_\_\_
  - No response
15. Have you previously done anything to end this pregnancy, even if it didn't work?
- Yes
    - If yes: What did you do? Select all that apply.*
    - Misoprostol
    - Herbs
    - Chili/hot pepper
    - Teas
    - Emergency contraception (Plan B)
    - Vitamin C
    - Intense exercise
    - Substance use
    - Went to a clinic/hospital
      - If "went to a clinic/hospital": What happened? Select all that apply.*
      - The provider refused to provide abortion care
      - I decided I didn't want to have help from the facility
      - It was too expensive
      - Other \_\_\_\_\_
      - No response
    - Other (including other medications) \_\_\_\_\_
    - No response
  - No
  - No response
- If yes: When was the most recent attempt to end this pregnancy?*
- In the past 7 days
  - 8 - 14 days ago
  - 15 - 30 days ago
  - More than 30 days ago
  - No response
- No
  - No response
16. *(If reported going to a clinic/hospital above in Q15, just record that answer here. No need to ask again.)* Did you try to go to a health facility for help in ending your pregnancy?
- Yes
    - If yes: What happened? Select all that apply.*
    - The provider refused to provide abortion care
    - I decided I didn't want to have help from the facility
    - It was too expensive
    - Other \_\_\_\_\_
    - No response
  - No
  - No response

**Contact Follow-Up Details**

17. As a participant in this study, it is important that we are able to follow-up with you so we can learn about your experience and how to improve this care for all women. What is the best way for [study coordinator name] to be in touch with you one week from today?

- Phone call: (Write phone number here)\_\_\_\_\_
- SMS: (Write phone number here)\_\_\_\_\_
- Whatsapp: (Write phone number here)\_\_\_\_\_
- Wire
- Other \_\_\_\_\_
- No response

18. Is there another way we can reach you in case that method doesn't work?

- Phone call
- SMS
- Whatsapp
- Wire
- Other: \_\_\_\_\_
- No response

19. When [study coordinator name] contacts you, who should she say is calling?

20. Is it ok for [study coordinator name] to send a text message to you?

- Yes
- No
- No response

21. When would be a good time for [study coordinator name] to contact you? Select all that apply.

- Anytime
- Weekend mornings
- Weekend afternoons
- Weekend evenings
- Weekday mornings
- Weekday afternoons
- Weekday evenings
- No response

22. At some point in the future, we may contact you for participation in an interview about experiences with [hotline name]. We would offer you an incentive of [\$10 USD]. Would you be interested in this?

- Yes
- No
- Not sure
- No response

23. When are you planning to take pills? (update when you know): (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

24. Is the number you gave me the best number for [study coordinator name] to send your incentive (mobile money payment)?

- Yes
- No *If no*: What is the best number to send your incentive to? \_\_\_\_\_

Was the incentive sent to the participant?(circle one) Yes No

Date incentive sent: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Incentive sent by: (name) \_\_\_\_\_

## SAFE Study 1st Follow-Up

Unique ID: \_\_\_\_\_

7-day follow-up interview completed by: (name) \_\_\_\_\_

Date of interview: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Data entered by: (name) \_\_\_\_\_

## 1. Have you gotten the pills yet?

 No*If no: Why not? Let participant answer freely, Select all that apply*

- Decided to continue the pregnancy → END SURVEY
- Could not find the pills
- Did not have enough money for the pills
- Not enough time to go get the pills
- Had a miscarriage so no longer need the pills → END SURVEY
- Concerns about using the pills
- I am not sure I am still pregnant
- Other \_\_\_\_\_
- No response

**For everyone who did not report deciding to continue the pregnancy or miscarriage:** Despite these challenges, do you still plan to get the pills and take them?

- Yes
- No
- Don't know
- No response

If **yes**, when do you PLAN to take the pills? \_\_\_\_/\_\_\_\_/\_\_\_\_  
*dd mm yyyy*

If **no** or **don't know**, please tell me a bit more about why you do not, or are not sure if you plan to get the pills and take them [open response]:

**IF PARTICIPANT DID NOT GET THE PILLS AND DOES NOT PLAN TO TAKE THE PILLS, END SURVEY HERE. IF THEY PLAN TO GET THE PILLS, SCHEDULE NEXT FOLLOW-UP FOR 7 DAYS AFTER PLAN GET/TAKE PILLS.**

 Yes

*If yes: When did you get them?* \_\_\_\_/\_\_\_\_/\_\_\_\_  
*dd mm yyyy*

*If yes: Where did you get them? Select all that apply*

- Pharmacy  
*If pharmacy: How many pharmacies did you need to go to before you got all of the pills that you needed?* \_\_\_\_\_
- A friend
- Ordered from the internet
- Health care provider
- Other \_\_\_\_\_
- No response

*If yes: How were they stored?*

- Loose pills
- Blister pack
- Other \_\_\_\_\_
- No response

*If yes: What was the brand name? If more than one brand was purchased, select all that apply.*

- Cytotec

- Mariprist
- Mife Kit
- Mife Pack
- Misoclear
- Misofem
- Mistol
- Other: \_\_\_\_\_
- Don't know
- No response

*If yes:* How did you pay for the pills? (the abortion pills only) \_\_\_\_\_

2. Have you taken the pills yet?

- No

*If no:* Why not? *Let participant answer freely, Select all that apply.*

- Decided to continue the pregnancy → END SURVEY
- Had a miscarriage so no longer need the pills → END SURVEY
- Concerns about using the pills
- Haven't had time yet
- I am not sure I am still pregnant
- Other (specify) \_\_\_\_\_
- No response

*If no:* Do you plan to take the pills?

- Yes

*If yes:* When do you plan to take the pills? \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

- No
- No response

**IF PARTICIPANT HAS NOT TAKEN THE PILLS, END SURVEY HERE.**

- Yes

*If yes:* What regimen did you use?

- Misoprostol alone
- Mifepristone + Misoprostol
- No response

3. In total, how many medication doses did the woman report taking? \_\_\_\_\_

**Dose Timing**

4. **1<sup>st</sup> dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
dd mm yyyy time

5. **2<sup>nd</sup> dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual

- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
dd mm yyyy time

6. **3<sup>rd</sup> dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
dd mm yyyy time

7. **4<sup>th</sup> dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
dd mm yyyy time

8. **5<sup>th</sup> dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
dd mm yyyy time

9. Did you (or do you) need to take any additional doses?

- Yes
- No
- No response

*If yes:* Give details of the medicine, number of pills, route, date, and timing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bleeding**

10. Did you experience any bleeding?

- No
- No response

- Yes

*If yes:* When did you first notice ANY bleeding?

- After the first dose of the medication
- After the second dose of the medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

*If yes:* Over how many DAYS did you have ANY bleeding? (days) \_\_\_\_\_

*If yes:* Was the bleeding continuous throughout this period, or did it stop and start multiple times?

- Continuous
- Stop and start
- No response

*If yes:* Over how many DAYS did you have THICK/HEAVY bleeding? (days) \_\_\_\_\_

*If greater than 0:* When did you first notice the THICK/HEAVY bleeding?

- After the first dose of the medication
- After the second dose of the medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

### **Cramping**

11. Did you experience any cramping?

- No
- No response
- Yes

*If yes:* When did you first notice ANY cramping/contractions?

- After the first dose of the medication
- After the second dose of the medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

*If yes:* Over how many hours did you have cramping/contractions? (hours) \_\_\_\_\_

*If yes:* Over how many days did you have cramping/contractions? (days) \_\_\_\_\_

*If yes:* Was the cramping continuous throughout this period, or did it stop and start multiple times?

- Continuous
- Stop and start
- No response

**Pain**

12. Did you do anything to prevent pain BEFORE you started the process? (Like taking pills, watching a movie, using a heating pad, shower or bath, massage, special teas, etc.)

- No
- No response
- Yes

*If yes: What did you do? Let participant answer freely, Select all that apply.*

- Took painkillers
- Watched a movie/tv
- Took a shower
- Used a heating pad
- Used massage
- Took herbs
- Drank tea
- Listened to music
- Other \_\_\_\_\_
- No response

13. Did you feel any physical pain during the process?

- No
- No response
- Yes

*If yes: Did you do anything to alleviate the pain, once it began? (Like taking pills, watching a movie/tv, using a heating pad, shower or bath, massage, special teas, etc.)*

- No
- No response
- Yes
  - If yes: What did you do? Select all that apply.*
  - Took painkillers
  - Watched a movie/tv
  - Took a shower
  - Used a heating pad
  - Used massage
  - Took herbs
  - Drank tea
  - Listened to music
  - Other \_\_\_\_\_
  - No response

**Side Effects and Completion**

14. During or after your process, did you experience any of the following? *Read all options, select all that apply.*

- Nausea
- Diarrhea
- Vomiting
- Fever
- Chills
- Itchiness/hives
- Difficulty breathing
- Face numbness
- Client didn't experience any of these symptoms
- No response



15. During or after the process, did you experience: *Read all options, Select all that apply*

- Bleeding that soaked more than 2 pads per hour for more than 2 hours
- Pain that didn't go away with pain relievers and made it difficult to do normal activities
- Fever higher than 38C for more than 24 hours
- Foul smelling yellow/green discharge
- Client didn't experience any symptoms
- No response

16. Do you feel that your abortion process is complete?

- No response
- Unsure

*If you are unsure: Why are you not sure?*

- No

*If no: Why do you feel that your abortion process is not complete? Let participant answer freely, then Select all that apply.*

- Counselor told me I was STILL pregnant
- Pregnancy symptoms did NOT go away
- Doctor/nurse told me I was STILL pregnant
- I did NOT feel the pregnancy come out
- I did NOT see the gestational sac
- POSITIVE pregnancy test at facility, blood
- POSITIVE pregnancy test at facility, urine
- POSITIVE pregnancy test, home
- Ultrasound
- Other \_\_\_\_\_
- No response

- Yes

*If yes: Why do you feel that your abortion is complete? Let participant answer freely, then Select all that apply..*

- Counselor told me I was no longer pregnant
- Pregnancy symptoms went away
- Doctor/nurse told me I was no longer pregnant
- I felt the pregnancy come out
- I saw the gestational sac
- NEGATIVE pregnancy test at facility, blood
- NEGATIVE pregnancy test at facility, urine
- NEGATIVE pregnancy test, home
- Ultrasound
- Other \_\_\_\_\_
- No response

17. Since taking the medications, have you had an ultrasound?

- Yes

*If yes: What was the result of the ultrasound?*

- Complete abortion
- Incomplete abortion
- Ongoing pregnancy
- Other \_\_\_\_\_
- No response

*If yes: What was the date of the ultrasound? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
dd mm yyyy*

18. At any point in the process, did you notice (feel or see) the pregnancy come out/expel?

- No

- Don't know
- No Response
- Yes

*If yes:* At what point in the process did you notice the pregnancy (products of conception) come out?

- After the first dose of medication
- After the second dose of medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

*If yes:* Approximately how many HOURS after your first dose of medication did the pregnancy come out? (hours)\_\_\_\_\_

19. At any point during or after your abortion process, did you seek care at a health facility?

- No → Go to Q20 (Emotions)
- No response → Go to Q20 (Emotions)
- Yes

*If yes:* Why did you seek care at a health facility? *Select all that apply.*

- To confirm abortion completion
- Concern about bleeding
- Concern about pain
- Concern about fever
- Concern about discharge
- Concern about nausea
- Concern about diarrhea
- For MVA
- For D&C
- Other \_\_\_\_\_
- No response

*If yes:* Did the clinicians keep you under observation? (i.e. asked you to stay for some time so they could continue to assess your symptoms, without actively treating you)

- Yes
- No
- I don't know
- No response

*If yes to seeking care at a health facility:* Did they give you misoprostol?

- Yes
- No
- I don't know
- No response

*If yes:* Did they give you antibiotics?

- Yes
- No
- I don't know
- No response

*If yes:* Did they give you pain medications?

- Yes
- No
- I don't know
- No response

*If yes: Did they give you other medications (beyond miso, antibiotics, or pain medications)?*

- Yes (Specify which medications) \_\_\_\_\_
- No
- I don't know
- No response

*If yes: Did you have an MVA?*

- Yes
- No
- I don't know
- No response

*If yes: Did you have a D&C?*

- Yes
- No
- I don't know
- No response

*If yes: Did they do an ultrasound at the health facility?*

- Yes
- No
- I don't know
- No response

*If yes: Did they give you IV fluids?*

- Yes
- No
- I don't know
- No response

*If yes: Did you receive a blood transfusion?*

- Yes
- No
- I don't know
- No response

*If yes: Did you stay overnight at the health facility?*

- Yes
- No
- No response

*If yes: Did you receive any other type of treatment that we haven't listed?*

- Yes (specify what kind of medical treatment) \_\_\_\_\_
- No
- I don't know
- No response

*If yes to seeking care at a health facility: What type of facility did you go to?*

- Government/public clinic
- Private clinic
- Government/public hospital
- Private hospital
- Other \_\_\_\_\_
- No response

*If yes: Did the doctor or nurse know you had taken anything to try to end your pregnancy?*

- Yes, I told them  
*If yes, I told them: Why did you tell the provider? Let participant answer freely, Select all that apply.*
  - They asked me directly if I had done anything
  - I wanted them to have all of the information
  - I felt comfortable sharing the information
  - I knew the provider
  - I trusted the provider
  - I felt that I had to tell the provider

- Other \_\_\_\_\_
  - No response
  - Yes, they suspected/ found out
  - No, I told them I had a miscarriage → see below
  - No, I didn't tell them anything → see below
- If "No, I told them I had a miscarriage" and "No, I didn't tell them anything": Why did you not tell the provider? Let participant answer freely. Select all that apply.*
- I was afraid
  - I knew the provider personally
  - There was no medical need to tell them
  - I did not want to be judged
  - Other \_\_\_\_\_
  - No response
- Other \_\_\_\_\_
  - No response

20. What are the top 3 emotions you feel now about your abortion experience? To be clear, we mean the top 3 emotions you feel about the abortion (not about having an unwanted pregnancy).

- Relief
- Guilty
- Calm
- Happy
- Satisfied
- Anxious
- Nervous
- Relaxed
- Fear
- Sadness
- Disappointment
- Anguish
- No emotion
- Other \_\_\_\_\_
- No response

**END OF SURVEY**

SAFE Study 2<sup>nd</sup>/Additional follow-up Instrument

Unique ID: \_\_\_\_\_

2<sup>nd</sup>/Additional follow-up interview completed by: (name) \_\_\_\_\_

Date of interview (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Which additional follow-up is this (refers to the follow-up, not number of times trying to contact)

- Second (21-day)
- Third (28 day)
- Fourth (42 day)

Did the participant report a complete abortion at the 7 day follow-up?

- Yes
- No
- No response at 7 day follow-up

Did the participant report an expulsion at the 7 day follow-up?

- Yes
- No
- No response at 7 day follow-up

What was the date of their 7-day follow-up? dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

21. Since we last spoke, have you taken any additional doses?

- No → Go to Q8 (Bleeding)
- No response → Go to Q8 (Bleeding)
- Yes

*If yes:* How many additional doses did the participant take? \_\_\_\_\_  
(answer questions about each dose below)

**Dose Timing (Skip this section if the participant did not take any additional doses)**22. **1<sup>st</sup> additional dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
*dd mm yyyy time*

23. **2<sup>nd</sup> additional dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral
- Buccal
- Sublingual
- Vaginal
- Other \_\_\_\_\_
- No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
*dd mm yyyy time*

24. **3<sup>rd</sup> additional dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral  
 Buccal  
 Sublingual  
 Vaginal  
 Other \_\_\_\_\_  
 No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
*dd mm yyyy time*

25. **4<sup>th</sup> additional dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral  
 Buccal  
 Sublingual  
 Vaginal  
 Other \_\_\_\_\_  
 No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
*dd mm yyyy time*

26. **5<sup>th</sup> additional dose:** Which medication did you take?  Mife  Miso  No response

How many pills did you take? \_\_\_\_\_ pills

Route of administration:

- Oral  
 Buccal  
 Sublingual  
 Vaginal  
 Other \_\_\_\_\_  
 No response

What date did you take this dose?: \_\_\_\_/\_\_\_\_/\_\_\_\_ What time did you take this dose? \_\_\_\_\_  
*dd mm yyyy time*

27. Did you (or do you) need to take any additional doses?

- Yes  
 No  
 No response

*If yes:* Give details of the medicine, number of pills, route, date, and timing.

**Bleeding**

We last spoke on [date of 1st follow up]. The next set of questions are about **NEW** experiences that happened since we last spoke.

28. Since we last spoke, did you experience any more bleeding?

- No
- No response
- Yes

*If yes:* Over how many DAYS since we last spoke did you have ANY bleeding? (days) \_\_\_\_\_

*If yes:* Was the bleeding continuous throughout this period, or did it stop and start multiple times?

- Continuous
- Stop and start
- No response

*If yes:* Over how many DAYS since we last spoke did you have THICK/HEAVY bleeding? (days) \_\_\_\_\_

*If greater than 0:* When did you first notice the THICK/HEAVY bleeding?

- After the first dose of the medication
- After the second dose of the medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

**Cramping**

29. Since we last spoke, have you experienced any more cramping?

- No
- No response
- Yes

*If yes:* Over how many hours since we last spoke did you have cramping/contractions? (hours) \_\_\_\_\_

*If yes:* Over how many days since we last spoke did you have cramping/contractions? (days) \_\_\_\_\_

*If yes:* Was the cramping continuous throughout this period, or did it stop and start multiple times?

- Continuous
- Stop and start
- No response

**Pain**

30. Since we last spoke, have you experienced any physical pain related to the abortion?

- No
- No response
- Yes

*If yes:* Did you do anything to alleviate the pain, once it began? (Like taking pills, watching a movie/tv, using a heating pad, shower or bath, massage, special teas, etc.)

- No
- No response
- Yes

*If yes:* What did you do? *Select all that apply.*

- Took painkillers
- Watched a movie/tv
- Took a shower
- Used a heating pad
- Used massage
- Took herbs
- Drank tea

- Listened to music
  - Other \_\_\_\_\_
  - No response
31. Since we last spoke, did you do anything to prevent pain BEFORE you started the process? (Like taking pills, watching a movie, using a heating pad, shower or bath, massage, special teas, etc.)
- No
  - No response
  - Yes
- If yes: What did you do? Let participant answer freely, Select all that apply.*
- Took painkillers
  - Watched a movie/tv
  - Took a shower
  - Used a heating pad
  - Used massage
  - Took herbs
  - Drank tea
  - Listened to music
  - Other \_\_\_\_\_
  - No response

### **Side Effects and Completion**

32. Since we last spoke, did you experience any NEW episodes of: *Read all options, Select all that apply*
- Bleeding that soaked more than 2 pads per hour for more than 2 hours
  - Pain that didn't go away with pain relievers and made it difficult to do normal activities
  - Fever higher than 38C for more than 24 hours
  - Foul smelling yellow/green discharge
  - Client didn't experience any symptoms
  - No response

33. **[If participant's abortion was complete at 7 days:]** "When we last spoke, you said that you felt your abortion was complete. Today, approximately \_\_\_\_ weeks after you took your pills, do you STILL feel that your abortion process is complete?"

**[If participant's abortion was NOT complete at 7 days:]** "When we last spoke, you said that you felt your abortion was NOT complete. Today, approximately \_\_\_\_ weeks after you took your pills, do you now feel that your abortion process is complete?"

- No response
- Unsure

*If you are unsure: Why are you not sure?*

- No

*If no: Why do you feel that your abortion process is not complete? Let participant answer freely, then Select all that apply.*

- Counselor told me I was STILL pregnant
- Pregnancy symptoms did NOT go away
- Doctor/nurse told me I was STILL pregnant
- I did NOT feel the pregnancy come out
- I did NOT see the gestational sac
- POSITIVE pregnancy test at facility, blood
- POSITIVE pregnancy test at facility, urine
- POSITIVE pregnancy test, home



- I have not yet gone for a pregnancy test
  - Ultrasound
  - Other \_\_\_\_\_
  - No response
- Yes
- If yes:* Why do you feel that your abortion is complete? *Let participant answer freely, then Select all that apply..*
- Counselor told me I was no longer pregnant
  - Pregnancy symptoms went away
  - Doctor/nurse told me I was no longer pregnant
  - I felt the pregnancy come out
  - I saw the gestational sac
  - NEGATIVE pregnancy test at facility, blood
  - NEGATIVE pregnancy test at facility, urine
  - NEGATIVE pregnancy test, home
  - Ultrasound
  - Other \_\_\_\_\_
  - No response
34. At any point since taking the pills, have you taken a pregnancy test?
- No
  - No response
  - Yes
- If yes:* What type?
- Blood test in clinic
  - Urine test in clinic
  - Pregnancy test at home
  - I don't know
  - No response
- If yes:* What was the result?
- Positive (still pregnant)
  - Negative (not pregnant)
  - Inconclusive
  - No response
- If yes:* How much did you pay for the pregnancy test? \_\_\_\_\_
35. Since we last spoke, have you had an ultrasound?
- Yes
- If yes:* What was the result of the ultrasound?
- Complete abortion
  - Incomplete abortion
  - Ongoing pregnancy
  - Other \_\_\_\_\_
  - No response
- If yes:* What was the date of the ultrasound? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
dd mm yyyy
- If yes:* How much did you pay for the ultrasound? \_\_\_\_\_

**FOR THE INTERVIEWER**

**Did the participant report an expulsion (feeling the pregnancy come out) at the 7 day follow-up?**

- Yes → Skip to Q17 (Healthcare seeking)
- No → continue to Q16
- No response at 7 day follow-up → continue to Q16

**What was the date of their 7-day follow-up? dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_**

36. Since we last spoke, did you notice (feel or see) the pregnancy come out/expel?

- No
- Don't know
- No Response
- Yes

*If yes:* At what point in the process did you notice the pregnancy (products of conception) come out?

- After the first dose of medication
- After the second dose of medication
- After the third dose of medication
- After the fourth dose of medication
- After the fifth dose of medication
- After the sixth dose of medication
- After the seventh dose of medication
- After the eighth dose of medication
- I don't remember
- No response

*If yes:* Approximately how many HOURS after your first dose of medication did the pregnancy come out? (hours) \_\_\_\_\_

### **Healthcare Seeking**

37. At any point during or after your abortion process, did you seek care at a health facility?

- No → Go to Q18 (Emotions and Preferences)
- No response → Go to Q18 (Emotions and Preferences)
- Yes

*If yes:* Why did you seek care at a health facility? *Select all that apply.*

- To confirm abortion completion
- Concern about bleeding
- Concern about pain
- Concern about fever
- Concern about discharge
- Concern about nausea
- Concern about diarrhea
- For MVA
- For D&C
- Other \_\_\_\_\_
- No response

*If yes:* Did the clinicians keep you under observation? (i.e. asked you to stay for some time so they could continue to assess your symptoms, without actively treating you)

- Yes
- No
- I don't know
- No response

*If yes:* Did they give you misoprostol?

- Yes
- No
- I don't know
- No response

*If yes:* Did they give you antibiotics?

- Yes
- No
- I don't know
- No response

*If yes:* Did they give you pain medications?

- Yes
- No

- I don't know
- No response

*If yes: Did they give you other medications (beyond miso, antibiotics, or pain medications)?*

- Yes (Specify which medications) \_\_\_\_\_
- No
- I don't know
- No response

*If yes: Did you have an MVA?*

- Yes
- No
- I don't know
- No response

*If yes: Did you have a D&C?*

- Yes
- No
- I don't know
- No response

*If yes: Did they do an ultrasound at the health facility?*

- Yes
- No
- I don't know
- No response

*If yes: Did they give you IV fluids?*

- Yes
- No
- I don't know
- No response

*If yes: Did you receive a blood transfusion?*

- Yes
- No
- I don't know
- No response

*If yes: Did you stay overnight at the health facility?*

- Yes
- No
- No response

*If yes: Did you receive any other type of treatment that we haven't listed?*

- Yes (specify what kind of medical treatment) \_\_\_\_\_
- No
- I don't know
- No response

*If yes: What type of facility did you go to?*

- Government/public clinic
- Private clinic
- Government/public hospital
- Private hospital
- Other \_\_\_\_\_
- No response

*If yes: Did the doctor or nurse know you had taken anything to try to end your pregnancy?*

- Yes, I told them

*If yes, I told them: Why did you tell the provider? Let participant answer freely, Select all that apply.*

- They asked me directly if I had done anything
- I wanted them to have all of the information
- I felt comfortable sharing the information
- I knew the provider

- I trusted the provider
- I felt that I had to tell the provider
- Other \_\_\_\_\_
- No response
- Yes, they suspected/found out
- No, I told them I had a miscarriage → see below
- No, I didn't tell them anything → see below

*If “No, I told them I had a miscarriage” and “No, I didn't tell them anything” : Why did you not tell the provider? Let participant answer freely, Select all that apply.*

- I was afraid
- I knew the provider personally
- There was no medical need to tell them
- I did not want to be judged
- Other \_\_\_\_\_
- No response
- Other \_\_\_\_\_
- No response

### **Emotions and Preferences**

38. If abortion care in a health facility was comparable to self-managed abortion with [hotline name] support in terms of safety and cost, AND both were legal, where would you PREFER to have your abortion?
- In a health facility
  - Self-managed at home or place of my choosing (not a clinic) with support from [hotline name]
  - Self-managed at home or place of my choosing (not a clinic), on my own
  - Other \_\_\_\_\_
  - No response
39. What are the top 3 emotions you feel now about your abortion experience? To be clear, we mean the top 3 emotions you feel about the abortion (not about having an unwanted pregnancy).
- Relief
  - Guilty
  - Calm
  - Happy
  - Satisfied
  - Anxious
  - Nervous
  - Relaxed
  - Fear
  - Sadness
  - Disappointment
  - Anguish
  - No emotion
  - Other \_\_\_\_\_
  - No response

### **Cost**

40. In preparing for, during, or in the weeks since you ended the pregnancy, did you have to do any of the following as part of the abortion process? *[Select all that apply]*
- Take time off of work
  - Forfeit lost wages for time off of work
  - arrange childcare

- find lodging outside of your home
- borrow money
- sell something
- travel more than thirty minutes
- Other burden: \_\_\_\_\_ -
- None of the above

41. Reflecting on the whole process, including buying the pills, care received at a health facility, and transportation to/from those places, how much did you spend?

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#### **Disclosure**

42. Did you keep your abortion a secret from someone you wish you could have told?
- Yes
  - No
  - No Response
43. Did someone find out about your abortion that you did not want to tell?
- Yes
  - No
  - No Response

#### **Support**

44. If your friend was in this situation, where would you tell her to go?
- [hotline name]
  - Online (women on web, women help women, etc)
  - Public clinic
  - Public hospital
  - Private clinic
  - Private hospital
  - Other \_\_\_\_\_
  - No response
45. Did you feel you had all the support you needed from [hotline name]?
- Yes
  - No response
  - No
- If no:* What else did you need? \_\_\_\_\_
46. Did you feel you had all the support you needed from other people?
- Yes
  - No response
  - No
- If no:* What else did you need? \_\_\_\_\_

**END OF SURVEY**