

Supplementary File 1: Questionnaire

DAY FOUR QUESTIONS

Question 1:

Did you take the first tablet (mifepristone, 1 tablet that you swallow)?

Circle: Yes / No

If yes, do you remember when:

Date: _____ Time: _____

Or circle: Don't remember

Question 2:

Do you remember the date and time you took the first dose of your misoprostol tablets (4 tablets under the tongue or inside the vagina)?

Circle: Yes / No

If yes:

Date: _____ Time: _____

Did you take the tablets (circle): under the tongue / inside the vagina /
between your cheek and gum ?

Question 3:

Did you use any additional doses of misoprostol? (2 more tablets under the tongue or inside the vagina)

Circle: Yes / No

If yes:

How many further doses (i.e. pairs of tablets) did you take? _____

Question 4:

Do you remember the date and time that you passed the pregnancy?

Circle: Yes / No / Unsure

If yes:

Date: _____ Time: _____

Question 5:

Did you experience pain during the procedure?

Circle: Yes / No

If yes:

- What was the worst pain you experienced on a scale of 0-10 (0 being no pain, 10 being worst pain imaginable): _____
- Was this pain *worse than expected / as bad as expected / better than expected?* (please circle)

Question 6:

Did you use any pain killers during the procedure?

Circle: Yes / No

If yes:

What did you use:

Drug name	Used? (Circle)	How many doses (write strength and number e.g. 400mg x 3)
Paracetamol	Yes / No	
Ibuprofen	Yes / No	
Dihydrocodeine	Yes / No	
Other (ask about own supply of other meds and also recreational drugs e.g. cannabis):	Yes / No	

Question 7:

Did you experience any of the following (circle):

- Nausea: Yes / No
- Vomiting: Yes / No
- Diarrhoea: Yes / No
- Headache: Yes / No

Question 8:

Have you experienced any bleeding?

Circle: Yes / No

If yes:

How did this compare to a typical period for you:

- Much more bleeding than a period
- A bit more bleeding than a period
- The same amount of bleeding as a period
- A bit less bleeding than a period
- Much less bleeding than a period

Question 9:

Did you use any of the anti-sickness pills provided (cyclizine)?

Circle: Yes / No

If yes:

How many tablets did you use in total? _____

DAY FOURTEEN QUESTIONS

Question 10: Were you given antibiotics? Yes / No
If yes, did you use them?: Took full course / Took some / Took none

Question 11:

Looking back, what did you think of duration of the consultation?

- Much too long
- A bit longer than I wanted
- Just right
- A bit shorter than I wanted
- Much too short

Question 12:

Looking back, how well prepared were you for your abortion?

- Very prepared
- Somewhat prepared
- Neutral
- Somewhat unprepared
- Very unprepared