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:_____