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: ____________________________