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:

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