

Appendix: Survey questions used to assess abortion decision-making and measures of accessibility and acceptability

Abortion method and delivery method decision-making:

MEASURE	QUESTION	RESPONSE
DESIRES RELATED TO ABORTION METHOD	When you were deciding about having a medical abortion (the abortion pill) or a surgical (or suction) abortion, how did you feel?	<input type="checkbox"/> I strongly wanted the abortion pill <input type="checkbox"/> I was leaning toward the abortion pill <input type="checkbox"/> No strong feeling either way <input type="checkbox"/> I was leaning toward surgical abortion <input type="checkbox"/> I strongly wanted surgical abortion <input type="checkbox"/> Prefer not to answer
DESIRES RELATED TO ABORTION DELIVERY METHOD	When you were deciding where to have your abortion and what type of abortion you were going to have, what was the most important factor that influenced your decision? [Pick one only]	<input type="checkbox"/> I wanted to have the abortion as soon as possible <input type="checkbox"/> I wanted to have the abortion as close to my home as possible <input type="checkbox"/> I wanted to have the abortion in a certain clinic or city <input type="checkbox"/> I wanted to have the abortion in my home <input type="checkbox"/> I wanted to have the abortion pill (or medical abortion) <input type="checkbox"/> Another reason. Explain: <input type="checkbox"/> Prefer not to answer
	When you were deciding where to have your abortion, what factors made you want to have your abortion at home? [Pick all that apply]	<input type="checkbox"/> It was more comfortable <input type="checkbox"/> It was more private <input type="checkbox"/> A partner, friend, or family member could be present <input type="checkbox"/> It was better for my schedule/could be scheduled around my responsibilities <input type="checkbox"/> It could be scheduled sooner <input type="checkbox"/> I would have had to travel a long distance to visit a provider in-person <input type="checkbox"/> I did not want to have my abortion at home <input type="checkbox"/> Prefer not to answer

Accessibility:

MEASURE	QUESTION	RESPONSE
TIME TO CARE	How long was it between when you first realised you were pregnant and when you first contacted a Dr. Marie clinic?	_____days AND/OR _____ weeks <input type="checkbox"/> Prefer not to answer
	How long was it between when you first contacted a Dr. Marie clinic and when you took your first prescribed abortion medication?	_____days AND/OR _____weeks <input type="checkbox"/> Prefer not to answer
DISTANCE TO CARE	How far did you travel from your home to the Dr. Marie clinic or the GP clinic where you had the initial abortion visit (one way)? Please try to estimate the number of kilometers.	_____ kilometers (one way)
MODE OF TRANSPORT	How did you get to the [GP office or Dr. Marie clinic]?	<input type="checkbox"/> Plane <input type="checkbox"/> Private car <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Airplane <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
BARRIER TO CARE	Did you experience any of the following in order to attend your abortion appointment ? [Check all that apply]	<input type="checkbox"/> Had to take time off of work <input type="checkbox"/> Had to miss class <input type="checkbox"/> Had to pay to stay overnight <input type="checkbox"/> Had to pay for childcare <input type="checkbox"/> Had to pay for public transportation <input type="checkbox"/> None <input type="checkbox"/> Prefer not to answer

Acceptability:

MEASURE	QUESTION	RESPONSE
SATISFACTION WITH ABORTION SERVICE	Overall, how satisfied are you with the abortion service you received? [Mark one option]	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat <u>d</u> issatisfied <input type="checkbox"/> Very <u>d</u> issatisfied If you were not 'Very satisfied,' please explain: <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer
	What did you like <u>best</u> about the care that you received from Dr. Marie?	Open text
SATISFACTION WITH CLINIC STAFF	When you spoke with staff at the Dr. Marie clinic to schedule your appointment, were you given information about the option of having your abortion via telemedicine (using the videoconference)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	When you spoke with the staff at the Dr. Marie clinic to schedule your appointment, did you receive enough information about what to expect with telemedicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
	During your appointment with Dr. Marie were you given any information about contraception you could use after your abortion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
SATISFACTION WITH DOCTOR WHO PROVIDED ABORTION PILL	How satisfied were you with the information you were given by the Dr. Marie clinic about what contraception you could use after the abortion? [Mark one option]	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat <u>d</u> issatisfied <input type="checkbox"/> Very <u>d</u> issatisfied <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer
	How satisfied were you with the conversation you had with the Dr. Marie doctor who spoke with you about the abortion pill? [Mark one option]	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat <u>d</u> issatisfied <input type="checkbox"/> Very <u>d</u> issatisfied <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer
RECOMMEND THE ABORTION SERVICE	If you had a friend who was in a similar situation and who had decided to have an abortion, would you recommend that she have a medical abortion (the abortion pill) the same way you did (with the videoconference or not)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer
PREFERENCE FOR IN-PERSON CARE	Would you have preferred to be in the same room with the doctor rather than talking to the doctor via videoconference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer