

Staff Attitude Survey

Thank you for agreeing to complete this survey about medication abortion. This survey is anonymous, which means your name will not appear anywhere on the survey or be linked to your responses. As you may know, in a medication abortion a patient is give pills to end their pregnancy, rather than having a procedure that involves instruments. A medication abortion is done very early in pregnancy (within the first 12 weeks) and the patient passes the pregnancy tissue at home after using the pills. Please answer the following questions to help us learn about our staff's feelings on medication abortion.

1. Have you ever heard of medication abortion (the abortion pill) before today?
 - Yes
 - No
2. What is your current position at this facility?
 - Physician
 - Advanced Practice Clinician (nurse practitioner, midwife, physician assistant)
 - Nursing staff (RN/LPN)
 - Medical assistant
 - Clerical staff (front desk, receptionist)
 - Administrator
 - Social Worker or Health Educator
 - Other: _____
3. How long have you been working at this facility in any position?
_____ months _____ years
4. Do you think medication abortion pills should be available at the following places?
Circle Yes or No.

In abortion clinics	Yes	No
In hospitals	Yes	No
In primary care settings	Yes	No
In pharmacies	Yes	No
Via telemedicine	Yes	No
Ordering online	Yes	No
5. How comfortable would you feel working in a primary care setting that offered medication abortion care to patients as part of that facility's general medical services?
 - Very comfortable
 - Somewhat comfortable
 - Somewhat uncomfortable
 - Very uncomfortable

IF YOU SAID "VERY COMFORTABLE" OR "SOMEWHAT COMFORTABLE" TO THE LAST QUESTION, SKIP TO QUESTION #6. OTHERWISE, CONTINUE TO QUESTION #5.

6. Why might you feel uncomfortable working in a primary care setting that offers medication abortion care as part of their general medical services? Select all that apply.

- I'm personally opposed to abortion.
- I'm not opposed to abortion, but I don't want to be involved in providing early abortion care.
- I'm concerned about the safety of medication abortion.
- I'm concerned about how well medication abortion works.
- I'm concerned about staff safety.
- Other: use the space below to tell us any other reason(s) you may feel uncomfortable

7. How interested are you personally in participating in providing medication abortion care in a primary care setting at some point in the next year? If you are an administrator or clerical staff member, please select "not applicable."

- Very interested
- Somewhat interested
- Somewhat uninterested
- Very uninterested
- Not applicable

8. What concerns do you have about working in a primary care clinic that provides medication abortion?

9. What benefits do you think will come from working in a primary care clinic that provides medication abortion?

10. Have you or has anyone you know ever had a medication abortion?

- Yes
- No
- Don't know

11. How strongly do you agree or disagree with the following statements about providing medication abortion at this clinic?

I like the idea of providing medication abortion here.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

I am willing to be part of a team that provides medication abortion here.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

I want to learn more about what plans this clinic has to provide medication abortion.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

IF YOU ARE A PHYSICIAN OR ADVANCED PRACTICE CLINICIAN, CONTINUE TO QUESTION #12. OTHERWISE, SKIP TO QUESTION #14.

12. Have you ever performed an aspiration abortion procedure or provided medication abortion care?

- Yes
- No
- Not applicable

13. Have you ever performed a vacuum aspiration or given medicines to treat early pregnancy loss (miscarriage)?

- Yes
- No
- Not applicable

14. Have you ever assisted in an aspiration abortion procedure?

- Yes
- No
- Not applicable

15. Have you ever assisted in a medication abortion?

- Yes
- No
- Not applicable

16. Have you ever referred a patient elsewhere for an abortion?

- Yes
- No
- Not applicable

17. Have you ever provided pregnancy options counseling? (Counseling a patient on their options after a positive pregnancy test).

- Yes
- No
- Not applicable

18. Have you ever provided abortion options counseling? (Counseling a patient on their abortion options after they decided they want to have an abortion).

- Yes
- No
- Not applicable