Patient Attitude Survey

Please take a moment to fill out this survey. Your answers will help us improve our services to you.

This survey is totally voluntary and anonymous. This means your name will not appear anywhere on the survey. If you decide not to participate, it will not affect the type of care that you receive at this clinic.

This survey is about medication abortion – when a woman is given pills to end her pregnancy, rather than having a procedure that involves instruments. A medication abortion is only done very early in pregnancy (within the first 9 weeks of pregnancy) and the woman passes the pregnancy tissue at home after using the pills.

How old are you? ______

What race do you consider yourself to be? Please mark one or more.
- Black or African American
- White
- Asian
- Hispanic or Latina
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other What?______________________

Had you ever heard of medication abortion (the abortion pill) before today?
- Yes
- No
- Don’t know

Have you or has anyone you know ever had an aspiration abortion?
- Yes
- No
- Don’t know

Have you or has anyone you know ever had a medication abortion (abortion pill)?
- Yes
- No
- Don’t know

www.reproductiveaccess.org
Do you feel that medication abortion (abortion pill) services are needed in this community or that this is something that the community does not need?

- Community needs these services
- Community does not need these services

If they wanted an abortion, how many of your friends and neighbors do you think would use medication abortion services at this clinic?

- Many
- Some
- A few
- None

Do you think this clinic should or should not provide medication abortion services?

- Should provide medication abortion
- Should not provide medication abortion

If you needed an abortion, how likely would you be to use medication abortion services at this clinic?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

What are the reasons that women in your community would want this clinic to provide medication abortions (abortion pill)? (Check all that apply)

- Convenience - this clinic is close to where they live
- The patients know the doctors at this clinic
- This clinic provides good services
- Clinic staff speak their language
- Other: ______________________________

What are the reasons that women in your community would not want this clinic to provide medication abortions (abortion pill)? (Check all that apply)

- Services are not needed in this community
- Religious groups will oppose the service
- Other groups will oppose the service
- They worry about security for the patients
- Other: ______________________________
Even if you don’t plan to use medication abortion, if this clinic started to provide medication abortions, what would you do?

- I would definitely keep coming to this clinic
- I would probably keep coming to this clinic
- I would probably stop coming to this clinic
- I would definitely stop coming to this clinic

If this clinic offers medication abortion services, most people I know...

- Would be happy
- Would be concerned
- Would accept it, but would not be happy
- Would be upset
- Would not accept it at all
- Would be angry
- Other: ___________________________

If I had the power to decide for this clinic, I would.... (choose only one)

- Provide medication abortions at this clinic
- Not provide medication abortions at this clinic

THANK YOU!