

Patient Attitude Survey

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

This survey is totally voluntary and anonymous. This means your name will not appear 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 patient takes pills to end a pregnancy. The patient passes the pregnancy tissue at home after using the pills.

How old are you? _____

What is your race? Please mark one or more.

- Black or African American
- White
- Asian
- Hispanic
- 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

Have you or has anyone you know ever had an abortion procedure?

- Yes
- No
- Don't know

Have you or has anyone you know ever had a medication abortion (abortion pill)?

- Yes
- No
- Don't know

Do you feel that medication abortion (abortion pill) services are needed here?

- Yes, the community needs these services
- No, the 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?

- Yes, this clinic should provide medication abortion
- No, this clinic 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 people in your community would want this clinic to provide medication abortion services (abortion pill)? (Check all that apply)

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

What are the reasons that people in your community would not want this clinic to provide medication abortion services (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 feel neutral
- 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 abortion services at this clinic
- Not provide medication abortion services at this clinic

THANK YOU!