

Patient Satisfaction 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 anywhere on this survey. If you decide not to participate, it will not affect the type of care that you receive here.

This survey is about why patients come here for abortion care and how we can better serve them.

Please write a check mark (✓) on the line next to the word or phrase that best shows your answer.

1. Did you come to this office for routine medical care before this pregnancy?

_____ Yes

_____ No

2. How many weeks pregnant were you when you took the abortion pill?

_____ 5 weeks

_____ 6 weeks

_____ 7 weeks

_____ 8 weeks

_____ 9 weeks

_____ 10 weeks

_____ 11 weeks

3. Please circle yes or no next to the reasons you came to this office rather than another office.

Yes	No	I was a patient here in the past.
Yes	No	I wanted to have my abortion at a primary care office.
Yes	No	I was referred by my main provider.
Yes	No	I was referred by someone else (friend, relative, neighbor)
Yes	No	I was referred by a staff member at this office.
Yes	No	This office could see me sooner than another office.
Yes	No	This office was the cheapest.
Yes	No	Other (please explain)_____

4. How important was the fact that **this is a primary care office** (not an abortion clinic) in choosing to have your abortion here?

- Very Important
- Somewhat Important
- Somewhat Unimportant
- Very Unimportant

5. Have you had a medication abortion before?

- Yes
- No

6. Have you had an abortion procedure before?

- Yes
- No

If you have never had a medication abortion or abortion procedure before, skip to Question #10. Otherwise, continue to Question #7.

7. Where did you have your last abortion that was **not at this office**? If you have had more than one abortion, please answer for the most recent one.

- An abortion clinic (for example, Planned Parenthood)
- A hospital
- A gynecology office
- A primary care office
- Other _____

8. Overall, how did you feel about your abortion experience **at the other office**?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

9. Regarding your abortion experience **at the other office**, please tell us how you felt by placing a checkmark (✓) in the boxes that apply:

I felt:	Very	Somewhat	A little	Not at All
a) supported				
b) respected				
c) embarrassed				

- d) ashamed
- e) pressured
- f) like I was making my own choice

The following are some questions about your experiences **at this office**. **Everyone should answer these questions.**

10. Overall, how do you feel about your experience **at this office**?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

11. Regarding your abortion experience **at this office**, please tell us how you felt:

- I felt:
- a) supported
 - b) respected
 - c) embarrassed
 - d) ashamed
 - e) pressured
 - f) like I was making my own choice

	Very	Somewhat	A little	Not at All

12. If you could get an abortion procedure **at this office** at the same cost as the medication abortion, would you:

- choose the abortion pill anyway, or
- choose the abortion procedure instead?

13. Overall, how satisfied were you with the abortion counseling you received **at this office**?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

14. Would you suggest **this office** to a friend who needs abortion care?

- Yes
- No

15. How would you rate **this office** at preparing you for having a medication abortion?

- Excellent
- Good
- Fair
- Poor

The last questions are about you.

16. How old are you? _____

17. What type of medical insurance do you now have?

- Medicaid
- Private
- None

THANK YOU!