

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 11 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. What is your current position at this facility?

- Physician
- Advanced Practice Clinician (nurse practitioner, midwife, physician assistant)
- Nursing staff (RN/LPN)
- Clerical staff
- Administrator
- Social Work
- Other: _____

2. How long have you been working at this facility in any position?

_____ months _____ years

3. 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

4. In the next year, 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.

5. 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

6. Given the necessary training and backup, 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

7. What are your worst fears about this facility providing abortion care?

8. About what percent of your patients here at this facility are people who could become pregnant?

_____ %

9. Have you ever performed an aspiration abortion procedure or providing medication abortion care?

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

12. Have you ever assisted in a medication abortion?

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

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

- Yes
- No
- Not applicable

15. 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

16. How do you identify your gender? (i.e. cisgender woman, transgender man, non-binary, etc.)

_____ (fill in)