



SURVEY OF RESPONSIVE CLINICAL PRACTICE: FAMILY PLANNING VISITS DURING THE COVID-19 PANDEMIC – T1

Electronic survey text

Introduction and purpose

Thank you for agreeing to take part in the *Family planning visits during the COVID-19 pandemic* study. The purpose of this study is to document changes in service delivery and uptake of clinical innovations at participant sites in the Abortion Clinical Research Network (the Network).

Study components

Each site will answer three online surveys and complete one in depth interview. If you would prefer to complete your survey over the phone, please contact Elizabeth Ly (ELy@SocietyFP.org), Study Coordinator.

Study compensation

You will be compensated for your time taking the survey and completing the in depth interview. The first survey (T1) will be compensated at \$300, the second survey at \$250, and the third survey at \$250. The in-depth interview will be compensated at \$350.

Study data

This survey will not collect any personally identifiable health information (PHI) about the patients at your site. All data will be stored in a secure online repository. Access to the de-identified dataset will be open to interested investigators who have been screened by Society of Family Planning (the Society) staff. Your clinic name will not be shared with anyone outside of Society staff. If you have any concerns, please contact Elizabeth Ly (ELy@SocietyFP.org), Study Coordinator.

Potential risks

This study is being conducted for the purposes of studying health care delivery. There is no risk to patients related to this study. Care will not be modified or impacted by the study. To protect privacy, data collected will be de-identified before being reported or made available to investigators. Participation in this study is voluntary. You may stop participating at any time without any consequences to your site's future participation in the Society or the Network activities

If you are ready to begin your survey, please advance to the next page. We expect that the survey will take no more than 60 minutes to complete.

Clinic characteristics

The questions in this survey will refer to “your clinic.” If your site has multiple clinics or multiple clinical locations, please answer all survey questions with only your highest volume clinic in mind.

Clinic information

Please answer the following questions about your clinic.

1. Clinic name:
2. Clinic location:
 - Dropdown with list of states
3. County of service delivery:
 - Urban county (eg, urbanized areas of 50,000 or more people; urban clusters of at least 2,500 and less than 50,000 people)
 - Rural county (eg, does not meet the definition of urban above)

Clinical practice

Abortion

The following section is intended to capture your clinic’s abortion services and practices **prior to the COVID-19 pandemic**. Please answer based on your clinic’s standard services and practices, even if they have changed in response to COVID-19.

4. Does your clinic provide abortion care? For the purposes of this survey, please only include services related to elective abortion; do not include services related to pregnancy loss or miscarriage management.
 - Yes
 - If yes, gestational range:
 - Min LMP in days:
 - Max LMP in days:
 - If yes, what types?
 - Options counseling
 - Medication abortion
 - First-trimester surgical or procedural abortion
 - Second-trimester surgical or procedural abortion
 - Induction abortion
 - Other (please describe)
 - No [*skip to contraception section*]
5. [*If provides abortion care*] How is abortion care provided at your clinic? Select all that apply.
 - In-house providers
 - Contract providers (provider “moonlights” or works per diem)
 - Providers fly in from out of state
 - Other (please describe)

6. [*If provides abortion care*] In what circumstances does your clinic refer patients to another practice for abortion care?
 - Write in response
7. [*If provides abortion care*] In what circumstances does your clinic refer patients to a hospital-based provider for abortion care?
 - Write in response
8. [*If options counseling selected*] Please indicate the modes through which your clinic routinely provides options counseling. Select all that apply.
 - In-person
 - Phone
 - Video
 - Other (please describe)
9. [*If medication abortion selected*] Please indicate the typical number of times you see an individual patient when they are seeking a medication abortion. Include encounters delivered via any mode, such as in-person, phone, or video.
 - —
10. [*If medication abortion selected*] Please indicate the modes through which your clinic routinely provides medication abortion. Select all that apply.
 - In-person
 - Phone
 - Video
 - Other (please describe)
11. [*If medication abortion selected*] Please select the laboratory tests that your clinic routinely conducts prior to medication abortion. Select all that apply.
 - Blood HcG test
 - Blood test to check Rh factor when Rh status is unknown
 - Blood test for anemia
 - STI testing
 - Other (please describe)
12. [*If medication abortion selected*] Does your clinic routinely provide RhoGAM to Rh negative patients at the time of medication abortion?
 - Yes
 - No
13. [*If medication abortion selected*] Does your clinic routinely conduct ultrasounds prior to medication abortion?
 - Yes
 - No
14. [*If medication abortion selected*] Does your clinic routinely conduct pelvic exams prior to medication abortion?
 - Yes
 - No

15. *[If medication abortion selected]* Does your clinic routinely follow up with patients after medication abortion?
- Yes
 - *[If yes selected]* When do you follow up with patients? Please enter the number of days: ____
 - *[If yes selected]* How do you follow up with patients? Select all that apply.
 - In-person
 - Phone
 - Video
 - Other (please describe)
 - No
16. *[If medication abortion selected]* What methods does your clinic routinely use to confirm termination of pregnancy after medication abortion? Select all that apply.
- Blood HcG test
 - At home high-sensitivity pregnancy test
 - Patient observation of bleeding and passage of clots or tissue followed by resolution of pregnancy symptoms
 - Ultrasound
 - None
 - Other (please describe)
17. *[If medication abortion selected]* What are your clinic's standard protocols for patients who appear to have an ongoing pregnancy following a medication abortion? Select all that apply.
- Schedule in-person visit
 - Prescribe additional misoprostol
 - Request patient takes home pregnancy test at later date
 - Other (please describe)
18. *[If first-trimester surgical or procedural abortion selected]* Please indicate the typical number of times you see an individual patient when they are seeking a first-trimester surgical or procedural abortion. Include encounters delivered via any mode, such as in-person, phone, or video.
- ____
19. *[If first-trimester surgical or procedural abortion selected]* Please select the laboratory tests that your clinic routinely conducts prior to first-trimester surgical or procedural abortions. Select all that apply.
- Blood HcG test
 - Blood test to check Rh factor when Rh status is unknown
 - Blood test for anemia
 - STI testing
 - Other (please describe)
20. *[If first-trimester surgical or procedural abortion selected]* Does your clinic routinely provide RhoGAM to Rh negative patients at the time of first-trimester surgical or procedural abortions?
- Yes
 - No

21. *[If first-trimester surgical or procedural abortion selected]* Does your clinic routinely conduct ultrasounds prior to first-trimester surgical or procedural abortions?
- Yes
 - No
22. *[If first-trimester surgical or procedural abortion selected]* Does your clinic routinely conduct pelvic exams prior to first-trimester surgical or procedural abortions?
- Yes
 - No
23. *[If first-trimester surgical or procedural abortion selected]* Does your clinic routinely follow up with patients after first-trimester surgical or procedural abortions?
- Yes
 - *[If yes selected]* When do you follow up with patients? Please enter the number of days: ____
 - *[If yes selected]* How do you follow up with patients? Select all that apply.
 - In-person
 - Phone
 - Video
 - Other (please describe)
 - No
24. *[If second-trimester surgical or procedural abortion selected]* Please indicate the typical number of times you see an individual patient when they are seeking a second-trimester surgical or procedural abortion. Include encounters delivered via any mode, such as in-person, phone, or video.
- ____
25. *[If second-trimester surgical or procedural abortion selected]* Please select the laboratory tests that your clinic routinely conducts prior to second-trimester surgical or procedural abortions. Select all that apply.
- Blood HcG test
 - Blood test to check Rh factor when Rh status is unknown
 - Blood test for anemia
 - STI testing
 - Other (please describe)
26. *[If second-trimester surgical or procedural abortion selected]* Does your clinic routinely provide RhoGAM to Rh negative patients at the time of second-trimester surgical or procedural abortions?
- Yes
 - No
27. *[If second-trimester surgical or procedural abortion selected]* Does your clinic routinely conduct ultrasounds prior to second-trimester surgical or procedural abortions?
- Yes
 - No
28. *[If second-trimester surgical or procedural abortion selected]* Does your clinic routinely conduct pelvic exams prior to second-trimester surgical or procedural abortions?
- Yes

- No
29. *[If second-trimester surgical or procedural abortion selected]* Does your clinic routinely follow up with patients after second-trimester surgical or procedural abortions?
- Yes
 - *[If yes selected]* When do you follow up with patients? Please enter the number of days: ____
 - *[If yes selected]* How do you follow up with patients? Select all that apply.
 - In-person
 - Phone
 - Video
 - Other (please describe)
 - No
30. *[If induction abortion selected]* Please indicate the typical number of times you see an individual patient when they are seeking an induction abortion. Include encounters delivered via any mode, such as in-person, phone, or video.
- ____
31. *[If induction abortion selected]* Please select the laboratory tests that your clinic routinely conducts prior to induction abortions. Select all that apply.
- Blood HcG test
 - Blood test to check Rh factor when Rh status is unknown
 - Blood test for anemia
 - STI testing
 - Other (please describe)
32. *[If induction abortion selected]* Does your clinic routinely provide RhoGAM to Rh negative patients at the time of induction abortions?
- Yes
 - No
33. *[If induction abortion selected]* Does your clinic routinely conduct ultrasounds prior to induction abortions?
- Yes
 - No
34. *[If induction abortion selected]* Does your clinic routinely conduct pelvic exams prior to induction abortions?
- Yes
 - No
35. *[If induction abortion selected]* Does your clinic routinely follow up with patients after induction abortions?
- Yes
 - *[If yes selected]* When do you follow up with patients? Please enter the number of days: ____
 - *[If yes selected]* How do you follow up with patients? Select all that apply.
 - In-person
 - Phone
 - Video

- Other (please describe)
 - No

36. *[If provides abortion care]* Please use the space below to provide any other comments related to your clinic's standard abortion care practices.

Contraception

The following section is intended to capture your clinic's contraceptive services and practices **prior to the COVID-19 pandemic**. Please answer based on your clinic's standard services and practices, even if they have changed in response to COVID-19.

37. Does your clinic provide contraceptive care?

- Yes
 - If yes, type(s) of contraceptive services:
 - Contraceptive counseling
 - Prescription for pill, patch, or ring
 - Onsite delivery of pill, patch, or ring
 - DMPA injection
 - Emergency contraception
 - IUD or implant insertion
 - IUD or implant replacement
 - IUD or implant removal
 - Procedures for permanent methods of contraception (eg, tubal ligation, vasectomy)
 - Other (write-in)
- No *[skip remaining contraception questions]*

38. *[If provides contraceptive care]* In what circumstances does your clinic refer patients to another practice for contraceptive care?

- Write in response

39. *[If provides contraceptive care]* In what circumstances does your clinic refer patients to a hospital-based provider for contraceptive care?

- Write in response

40. *[If contraceptive counseling selected]* Please indicate the modes through which your clinic routinely provides contraceptive counseling. Select all that apply.

- In-person
- Phone
- Video
- Other (please describe)

41. *[If prescription for pill, patch, or ring selected]* Does your clinic require an appointment or consultation before providing patients with a prescription for a new contraceptive method?

- Yes
 - *[If yes selected]* Please indicate the modes through which your clinic meets with patients. Select all that apply.
 - In-person
 - Phone

- Video
- Other (please describe)
- No

42. *[If prescription for pill, patch, or ring selected]* Does your clinic routinely provide contraceptive refills without a patient appointment or consultation (eg, send prescription directly to pharmacy)?

- Yes
- No

43. *[If IUD or implant selected]* Does your clinic routinely provide guidance to patients on extended use of IUDs or implants?

- Yes
- No

44. *[If IUD or implant selected]* Does your clinic routinely provide guidance to patients on IUD self-removal?

- Yes
- No

45. *[If DMPA selected]* Does your clinic routinely provide patients with supplies and/or guidance for self-administration of DMPA?

- Yes
- No

Volume: Contraception

[Display if clinic provides contraceptive care]

Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) in February 2020.

46. Total number of contraceptive encounters: ___
- Number of encounters for contraceptive counseling: ___
 - Number of encounters for new contraceptive methods: ___
 - Number of encounters for contraceptive refills or replacements: ___
 - Number of encounters for evaluation and/or treatment of contraceptive problems: ___
-

Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) during the last full month of service delivery.

47. Total number of contraceptive encounters: ___
- Number of encounters for contraceptive counseling: ___
 - Number of encounters for new contraceptive methods: ___
 - Number of encounters for contraceptive refills or replacements: ___
 - Number of encounters for evaluation and/or treatment of contraceptive problems: ___
-

Volume: Abortion

[Display if clinic provides abortion care]

Please provide the following information about the number of abortion-related patient encounters (in-person, phone, video, etc.) in February 2020. For the purposes of this survey, please only include encounters related to elective abortion; do not include encounters related to pregnancy loss or miscarriage management.

48. Total number of abortion encounters: ___
- Number of encounters for options counseling: ___
 - Number of encounters for provision of medication abortion: ___
 - Number of encounters for provision of first-trimester surgical or procedural abortion: ___
 - Number of encounters for provision of second-trimester surgical or procedural abortion: ___
 - Number of encounters for provision of induction abortion: ___
 - Number of encounters for evaluation and/or treatment of abortion complications: ___

Please provide the following information about the number of abortion-related patient encounters (in-person, phone, video, etc.) during the last full month of service delivery.

49. Total number of abortion encounters: ___
- Number of encounters for options counseling: ___
 - Number of encounters for provision of medication abortion: ___
 - Number of encounters for provision of first-trimester surgical or procedural abortion: ___
 - Number of encounters for provision of second-trimester surgical or procedural abortion: ___
 - Number of encounters for provision of induction abortion: ___
 - Number of encounters for evaluation and/or treatment of abortion complications: ___

Practice changes

The following section is intended to capture changes to your clinic's services and practices **in response to the COVID-19 pandemic**.

If your site has multiple clinics or multiple clinical locations, please answer the following survey questions with only your highest volume clinic in mind.

General COVID-19

50. If available, please upload your practice's clinical protocols related to COVID-19:
- *[upload box]*
 - Not available at this time, please email me to receive protocols

The following section is related to screening patients for COVID-19.

52. Please indicate whether you have implemented any of the following practices in advance of appointments in response to COVID-19. Select all that apply.

- Screened patients for COVID-19 symptoms
- Screened patients for travel to affected geographic areas
- Screened patients for positive COVID-19 test
- Other screening changes related to COVID-19 in advance of appointments (please describe)

53. Please indicate whether you have implemented any of the following practices during appointments in response to COVID-19. Select all that apply.

- Screened patients for COVID-19 symptoms
- Screened patients for travel to affected geographic areas
- Screened patients for positive COVID-19 test
- Other screening changes related to COVID-19 during appointments (please describe)

The following section is related to management of patients with suspected or confirmed COVID-19.

54. Please indicate whether you have implemented any of the following practices for patients with suspected COVID-19. Select all that apply.

- Referred patients for testing
- Required patient to wear a mask
- Rescheduled appointment
- Cancelled appointment
- Proceeded with appointment as scheduled
- Other (please describe)

55. Please indicate whether you have implemented any of the following practices for patients with confirmed COVID-19. Select all that apply.

- Rescheduled appointment
- Cancelled appointment
- Proceeded with appointment as scheduled
- Required patient to wear a mask
- Other (please describe)

Contraception

The following section is intended to capture changes to your clinic's contraceptive services and practices **in response to the COVID-19 pandemic**. Please answer these questions thinking about **all** the changes your clinic has made to date in response to COVID-19.

If your site has multiple clinics or multiple clinical locations, please answer the following survey questions with only your highest volume clinic in mind.

56. Has your clinic stopped providing any contraceptive services that you were previously able to provide in response to COVID-19?

- Yes
- No

57. [If Yes above] Please indicate what types of contraceptive services your clinic has had to stop providing:

Service	Yes, unable to provide regardless of patient COVID-19 status	Yes, unable to provide, but only for patients with suspected and/or confirmed COVID-19
Contraceptive counseling		
Prescription for pill patch, or ring		
Onsite delivery of pill, patch, or ring		
DMPA injection		
Emergency contraception		
IUD or implant insertion		
IUD or implant replacement		
IUD or implant removal		
Permanent methods of contraception (eg, tubal ligation, vasectomy)		
Other (write in)		

58. [If yes above] At this time, are you still unable to provide these services?

Service	Yes, unable to provide regardless of patient COVID-19 status	Yes, unable to provide, but only for patients with suspected and/or confirmed COVID-19
[If selected above] Contraceptive counseling		
[If selected above] Prescription for pill patch, or ring		
[If selected above] Onsite delivery of pill, patch, or ring		
[If selected above] DMPA injection		

[If selected above] Emergency contraception		
[If selected above] IUD or implant insertion		
[If selected above] IUD or implant replacement		
[If selected above] IUD or implant removal		
[If selected above] Permanent methods of contraception (eg, tubal ligation, vasectomy)		
[If selected above] Other (write in)		

Appointments: Contraceptive counseling

59. Has your clinic made any scheduling changes for contraceptive counseling appointments in response to COVID-19?

- Yes
- No

60. [If Yes above] Have you rescheduled any contraceptive counseling appointments to an earlier date in response to COVID-19?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

61. [If yes above] At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

62. Have you postponed any contraceptive counseling appointments to a later date in response to COVID-19?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

63. [If yes above] At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

64. Have you rescheduled any contraceptive counseling appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
65. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
66. Have you changed any contraceptive counseling appointments from in-person to a different mode (eg, phone, video) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
67. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
68. Have you cancelled any contraceptive counseling appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
69. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
70. Have you implemented any other scheduling changes for contraceptive counseling appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Please describe
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - Please describe
 - No
71. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Appointments: Initiation, continuation, or removal of contraceptive method

72. Has your clinic made any scheduling changes for appointments related to the initiation, continuation, or removal of a contraceptive method (eg, new prescription for patch; DMPA injection; IUD removal, procedure for tubal ligation) in response to COVID-19?

- Yes
- No

73. *[If yes above]* Have you rescheduled any of these appointments to an earlier date in response to COVID-19? Select all that apply.

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
New prescription for pill, patch, or ring		
Refill for pill, patch, or ring		
DMPA injection		
IUD or implant insertion		
IUD or implant replacement		
IUD or implant removal		
Permanent methods of contraception (eg, tubal ligation, vasectomy)		
Other (write in)		

74. *[If any selected above]* At this time, are you still implementing this practice?

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
<i>[If selected above]</i> New prescription for pill, patch, or ring		
<i>[If selected above]</i> Refill for pill, patch, or ring		
<i>[If selected above]</i> DMPA injection		
<i>[If selected above]</i> IUD or implant insertion		
<i>[If selected above]</i> IUD or		

implant replacement		
<i>[If selected above]</i> IUD or implant removal		
<i>[If selected above]</i> Permanent methods of contraception (eg, tubal ligation, vasectomy)		
<i>[If selected above]</i> Other (write in)		

75. *[If yes above]* Have you postponed any of these appointments to a later date in response to COVID-19? Select all that apply.

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
New prescription for pill, patch, or ring		
Refill for pill, patch, or ring		
DMPA injection		
IUD or implant insertion		
IUD or implant replacement		
IUD or implant removal		
Permanent methods of contraception (eg, tubal ligation, vasectomy)		
Other (write in)		

76. *[If any selected above]* At this time, are you still implementing this practice?

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
<i>[If selected above]</i> New prescription for pill, patch, or ring		

<i>[If selected above]</i> Refill for pill, patch, or ring		
<i>[If selected above]</i> DMPA injection		
<i>[If selected above]</i> IUD or implant insertion		
<i>[If selected above]</i> IUD or implant replacement		
<i>[If selected above]</i> IUD or implant removal		
<i>[If selected above]</i> Permanent methods of contraception (eg, tubal ligation, vasectomy)		
<i>[If selected above]</i> Other (write in)		

77. *[If yes above]* Have you cancelled any of these appointments in response to COVID-19?
Select all that apply.

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
New prescription for pill, patch, or ring		
Refill for pill, patch, or ring		
DMPA injection		
IUD or implant insertion		
IUD or implant replacement		
IUD or implant removal		
Permanent methods of contraception (eg, tubal ligation, vasectomy)		
Other (write in)		

78. *[If any selected above]* At this time, are you still implementing this practice?

<i>Appointment type</i>	Yes, regardless of patient COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
<i>[If selected above]</i> New prescription for pill, patch, or ring		
<i>[If selected above]</i> Refill for pill, patch, or ring		
<i>[If selected above]</i> DMPA injection		
<i>[If selected above]</i> IUD or implant insertion		
<i>[If selected above]</i> IUD or implant replacement		
<i>[If selected above]</i> IUD or implant removal		
<i>[If selected above]</i> Permanent methods of contraception (eg, tubal ligation, vasectomy)		
<i>[If selected above]</i> Other (write in)		

79. Have you implemented any other scheduled changes for appointments related to the initiation, continuation, or removal of a contraceptive method (eg, new prescription for patch; DMPA injection; IUD removal, procedure for tubal ligation) in response to COVID-19?

- Yes (please describe)
- No

80. *[If yes above]* At this time, are you still implementing this/these practice(s)?

- Yes
- No

LARC usage and removal *[If clinic provides IUDs or implants]*

81. Has your clinic counseled patients on extended use of LARC methods in response to COVID-19?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

82. *[If yes above]* At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19

- No
83. *[If yes above]* Has your clinic counseled patients on self removal of IUDs in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
84. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Contraceptive delivery

85. Has your clinic made any changes to how contraceptive methods are delivered to patients (eg, longer duration prescriptions, prescriptions without clinic visits, self-administration of DMPA) in response to COVID-19?
- Yes
 - No
86. *[If yes above]* Have you provided patients with increased supplies of contraceptive methods/longer duration prescriptions in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
87. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
88. *[If yes above]* Have you sent contraceptive refills directly to pharmacies without patient consultation (eg, in-person, phone, video) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
89. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
90. *[If yes above]* Have you provided patients with supplies and/or guidance for self-administration of DMPA in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
91. *[If yes above]* At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
92. *[If yes above]* Have you made any other changes to how contraceptive methods are delivered to patients in response to COVID-19?
- Yes (please describe)
 - No
93. *[If yes above]* At this time, are you still implementing this practice?
- Yes
 - No

Referrals

94. Has your clinic made any changes to your referral patterns for contraceptive care in response to COVID-19?
- Yes
 - No
95. *[If Yes above]* Have you referred patients to another practice for contraceptive care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - No
96. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
97. *[If Yes above]* Have you referred patients to a hospital-based provider for contraceptive care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - No
98. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
99. *[If Yes above]* Have you made any other changes to referrals for contraceptive care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - (please describe)
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - (please describe)
 - No
100. *[If yes above]* At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

Other

101. Has your clinic made any other changes to contraceptive care in response to COVID-19 not previously described in this survey?
- Yes (please describe)
 - No

Abortion

The following section is intended to capture changes to your clinic’s abortion services and practices **in response to the COVID-19 pandemic**. Please answer these questions thinking about **all** the changes your clinic has made to date in response to COVID-19.

If your site has multiple clinics or multiple clinical locations, please answer the following survey questions with only your highest volume clinic in mind.

102. Has your clinic stopped providing any abortion services that you were previously able to provide in response to COVID-19?
- Yes
 - No

103. *[If Yes above]* Please indicate what types of abortion services your clinic has had to stop providing below:

<i>Service</i>	Unable to provide for all relevant patients regardless of COVID-19 status	Unable to provide, but only for patients with suspected and/or confirmed COVID-19
Options counseling		
Medication abortion		
First-trimester surgical or procedural abortion		
Second-trimester surgical or procedural abortion		
Induction abortion		
Other (write in)		

104. *[If yes above]* At this time, are you still unable to provide these services?

Service	Yes, unable to provide for all relevant patients regardless of COVID-19 status	Yes, unable to provide, but only for patients with suspected and/or confirmed COVID-19
[If selected above] Options counseling		
[If selected above] Medication abortion		
[If selected above] First-trimester surgical or procedural abortion		
[If selected above] Second-trimester surgical or procedural abortion		
[If selected above] Induction abortion		
[If selected above] Other (write in)		

Options counseling appointments *[skip section if do not provide service]*

105. Has your clinic made any scheduling changes for options counseling appointments in response to COVID-19?
- Yes
 - No
106. *[If Yes above]* Have you rescheduled any options counseling appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
107. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
108. *[If Yes above]* Have you postponed any options counseling appointments to a later date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
109. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19

- No
110. [If Yes above] Have you cancelled any options counseling appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
111. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
112. [If Yes above] Have you made any other types of scheduling changes to options counseling appointments in response to COVID-19?
- Yes (please describe)
 - No
113. [If yes above] At this time, are you still implementing this practice?
- Yes
 - No

Medication abortion *[skip section if do not provide medication abortion services]*

Appointments

114. Has your clinic made any scheduling changes for medication abortion appointments in response to COVID-19?
- Yes
 - No
115. [If Yes above] Have you rescheduled any medication abortion appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
116. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
117. [If Yes above] Have you postponed any medication abortion appointments to a later date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
118. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status

- Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
119. [If Yes above] Have you cancelled any medication abortion appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
120. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
121. [If Yes above] Have you reduced the number of patient encounters associated with medication abortion (eg, same day service delivery) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
122. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
123. [If Yes above] Have you made any other types of scheduling changes to medication abortion appointments in response to COVID-19?
- Yes (please describe)
 - No
124. [If yes above] At this time, are you still implementing this practice?
- Yes
 - No

Service delivery

125. Has your clinic made any changes to how medication abortion services are provided (eg, provision of abortion without laboratory tests or ultrasound) in response to COVID-19?
- Yes
 - No
126. [If yes above] Have you provided medication abortion without blood HcG testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
127. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status

- Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
128. [If yes above] Have you provided medication abortion without blood testing for Rh factor when Rh status is unknown in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
129. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
130. [If yes above] Have you provided medication abortion without blood testing for anemia in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
131. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
132. [If yes above] Have you provided medication abortion without STI testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
133. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
134. [If yes above] Have you provided medication abortion without RhoGAM in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
135. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
136. [If yes above] Have you provided medication abortion without ultrasound in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19

- No
137. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
138. [If yes above] Have you provided medication abortion without pelvic exam in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
139. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Follow-Up

140. Has your clinic made any changes to protocols for confirming termination of pregnancy after medication abortion in response to COVID-19?
- Yes
 - No
141. [If yes above] Please indicate what new methods your clinic has used. Select all that apply.

	For all patients regardless of COVID-19 status	Only for patients with suspected and/or confirmed COVID-19
At home high-sensitivity pregnancy test		
Observation of bleeding and passage of clots or tissue followed by resolution of pregnancy		
Other (write in)		

142. [If yes above] At this time, are you still using these methods of confirmation?

	Yes, for all patients regardless of COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
[If selected above] At home high-sensitivity pregnancy test		

<i>[If selected above]</i> Observation of bleeding and passage of clots or tissue followed by resolution of pregnancy		
<i>[If selected above]</i> Other (write in)		

143. Has your clinic made any changes to your protocols for patients who appear to have an ongoing pregnancy in response to COVID-19?

- Yes
- No

144. *[If yes above]* Please indicate what methods your clinic has used. Select all that apply.

	For all patients regardless of COVID-19 status	Only for patients with suspected and/or confirmed COVID-19
Scheduled in-person visit		
Prescribed additional misoprostol		
Asked to take home pregnancy test later		
Other (write in)		

145. *[If yes above]* At this time, are you still using these methods?

	Yes, for all patients regardless of COVID-19 status	Yes, but only for patients with suspected and/or confirmed COVID-19
<i>[If selected above]</i> Scheduled in-person visit		
<i>[If selected above]</i> Prescribed additional misoprostol		
<i>[If selected above]</i> Asked to take home pregnancy test later		
<i>[If selected above]</i> Other (write in)		

146. Has your clinic made any changes to when you follow up with patients after medication abortion in response to COVID-19?

- Yes, regardless of patient COVID-19 status

- Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
 - N/A - do not routinely follow up with patients after medication abortion
147. [If yes above] Please indicate how many days: _____
148. [If yes to changes in timing] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

First-trimester surgical or procedural abortion [skip section if do not provide service]

Appointments

149. Has your clinic made any scheduling changes for first-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes
 - No
150. [If Yes above] Have you rescheduled any first-trimester surgical or procedural abortion appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
151. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
152. [If Yes above] Have you postponed any first-trimester surgical or procedural abortion appointments to a later date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
153. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
154. [If Yes above] Have you cancelled any first-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
155. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status

- Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
156. [If Yes above] Have you reduced the number of patient encounters associated with first-trimester surgical or procedural abortion (eg, same day service delivery) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
157. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
158. [If Yes above] Have you made any other types of scheduling changes to first-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes (please describe)
 - No
159. [If yes above] At this time, are you still implementing this practice?
- Yes
 - No

Service delivery

160. Has your clinic made any changes to how first-trimester surgical or procedural abortion services are provided (eg, provision of abortion without laboratory tests or ultrasound) in response to COVID-19?
- Yes
 - No
161. [If yes above] Have you provided first-trimester surgical or procedural abortion without blood HcG testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
162. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
163. [If yes above] Have you provided first-trimester surgical or procedural abortion without blood testing for Rh factor when Rh status is unknown in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

164. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
165. [If yes above] Have you provided first-trimester surgical or procedural abortion without blood testing for anemia in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
166. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
167. [If yes above] Have you provided first-trimester surgical or procedural abortion without STI testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
168. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
169. [If yes above] Have you provided first-trimester surgical or procedural abortion without RhoGAM in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
170. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
171. [If yes above] Have you provided first-trimester surgical or procedural abortion without ultrasound in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
172. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
173. [If yes above] Have you provided first-trimester surgical or procedural abortion without pelvic exam in response to COVID-19?

- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
174. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Follow-Up

175. Has your clinic made any changes to when you follow up with patients after first-trimester surgical or procedural abortion in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
176. [If yes above] Please indicate how many days: _____
177. [If yes to changes in timing] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
 - N/A - do not routinely follow up with patients after first-trimester surgical or procedural abortion

Second-trimester surgical or procedural abortion [skip section if do not provide service]

Appointments

178. Has your clinic made any scheduling changes for second-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes
 - No
179. [If Yes above] Have you rescheduled any second-trimester surgical or procedural abortion appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
180. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
181. [If Yes above] Have you postponed any second-trimester surgical or procedural abortion appointments to a later date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19

- No
182. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
183. [If Yes above] Have you cancelled any second-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
184. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
185. [If Yes above] Have you reduced the number of patient encounters associated with second-trimester surgical or procedural abortion (eg, same day service delivery) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
186. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
187. [If Yes above] Have you made any other types of scheduling changes to second-trimester surgical or procedural abortion appointments in response to COVID-19?
- Yes (please describe)
 - No
188. [If yes above] At this time, are you still implementing this practice?
- Yes
 - No

Service delivery

189. Has your clinic made any changes to how second-trimester surgical or procedural abortion services are provided (eg, provision of abortion without laboratory tests or ultrasound) in response to COVID-19?
- Yes
 - No
190. [If yes above] Have you provided second-trimester surgical or procedural abortion without blood HcG testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status

- Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
191. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
192. [If yes above] Have you provided second-trimester surgical or procedural abortion without blood testing for Rh factor when Rh status is unknown in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
193. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
194. [If yes above] Have you provided second-trimester surgical or procedural abortion without blood testing for anemia in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
195. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
196. [If yes above] Have you provided second-trimester surgical or procedural abortion without STI testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
197. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
198. [If yes above] Have you provided second-trimester surgical or procedural abortion without RhoGAM in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
199. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19

- No
200. [If yes above] Have you provided second-trimester surgical or procedural abortion without ultrasound in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
201. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
202. [If yes above] Have you provided second-trimester surgical or procedural abortion without pelvic exam in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
203. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Follow-Up

204. Has your clinic made any changes to when you follow up with patients after second-trimester surgical or procedural abortion in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
205. [If yes above] Please indicate how many days: _____
206. [If yes to changes in timing] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
 - N/A - do not routinely follow up with patients after second-trimester surgical or procedural abortion

Induction abortion *[skip section if do not provide service]*

Appointments

207. Has your clinic made any scheduling changes for induction abortion appointments in response to COVID-19?
- Yes
 - No

208. [If Yes above] Have you rescheduled any induction abortion appointments to an earlier date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
209. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
210. [If Yes above] Have you postponed any induction abortion appointments to a later date in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
211. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
212. [If Yes above] Have you cancelled any induction abortion appointments in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
213. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
214. [If Yes above] Have you reduced the number of patient encounters associated with induction abortion (eg, same day service delivery) in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
215. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
216. [If Yes above] Have you made any other types of scheduling changes to induction abortion appointments in response to COVID-19?
- Yes (please describe)
 - No
217. [If yes above] At this time, are you still implementing this practice?
- Yes

- No

Service delivery

218. Has your clinic made any changes to how induction abortion services are provided (eg, provision of abortion without laboratory tests or ultrasound) in response to COVID-19?
- Yes
 - No
219. [*If yes above*] Have you provided induction abortion without blood HcG testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
220. [*If yes above*] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
221. [*If yes above*] Have you provided induction abortion without blood testing for Rh factor when Rh status is unknown in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
222. [*If yes above*] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
223. [*If yes above*] Have you provided induction abortion without blood testing for anemia in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
224. [*If yes above*] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
225. [*If yes above*] Have you provided induction abortion without STI testing in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
226. [*If yes above*] At this time, are you still implementing this practice?

- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
227. [If yes above] Have you provided induction abortion without RhoGAM in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
228. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
229. [If yes above] Have you provided induction abortion without ultrasound in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
230. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
231. [If yes above] Have you provided induction abortion without pelvic exam in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
232. [If yes above] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Follow-Up

233. Has your clinic made any changes to when you follow up with patients after induction abortion in response to COVID-19?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
234. [If yes above] Please indicate how many days: _____
235. [If yes to changes in timing] At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19

- No
- N/A - do not routinely follow up with patients after induction abortion

Referrals

236. Has your clinic made any changes to your referral patterns for abortion care in response to COVID-19?
- Yes
 - No
237. *[If Yes above]* Have you referred patients to another practice for abortion care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - No
238. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
239. *[If Yes above]* Have you referred patients to a hospital-based provider for abortion care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - No
240. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No
241. *[If Yes above]* Have you made any other changes to referrals for abortion care in response to COVID-19?
- Yes, all relevant patients regardless of COVID-19 status
 - (please describe)
 - Yes, but only patients with suspected and/or confirmed COVID-19
 - (please describe)
 - No
242. *[If yes above]* At this time, are you still implementing this practice?
- Yes, regardless of patient COVID-19 status
 - Yes, but only for patients with suspected and/or confirmed COVID-19
 - No

Providers

243. Has your clinic made or experienced any changes to the volume of your abortion providers (eg, reduced number of in-house providers, increased number of contract providers) in response to COVID-19?

- Yes
 - No
244. *[If yes above]* Please indicate the types of changes:
- Reduced number of in-house providers
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Increased number of in-house providers
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Reduced number of contract providers (eg, provider “moonlights” or works per diem)
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Increased number of contract providers (eg, provider “moonlights” or works per diem)
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Reduced number of providers who fly in from out of state
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Increased number of providers who fly in from out of state
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No
 - Other (please describe)
 - *[If selected]* At this time, are you still experiencing this change?
 - Yes
 - No

Other

245. Has your clinic made any other changes to abortion care in response to COVID-19 not previously described in this survey?
- Yes (please describe)
 - No