

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

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). This is the second survey of the study.

Study components

Each site will answer three online surveys and complete one in depth interview. This is the second of the three surveys. 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 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 investigators who have submitted proposals and been approved by the 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.

Please note that you can pause the survey and return to it later, however, you will not be able to return to prior pages in the survey. **Please do not skip questions with the intention to return to them later. If you would like to review the survey questions before beginning, please reference this PDF.** Note that we will be asking for volume of patient encounters for abortion and contraception services in the months of August, September, and October. **If you are ready to begin your survey, please advance to the next page. We expect that the survey will take no more than 45 minutes to complete.**

Clinic Characteristics

Please answer the following questions about your clinic.

1. Clinic/practice name:
2. Which category below best describes your clinical practice?
 - Independent abortion clinic
 - Planned Parenthood affiliate
 - Academically affiliated practice/hospital-based practice
 - Other
 - Please describe: _____
3. Since August 1, 2020, has the volume of patients traveling to your clinic/practice from out of state:
 - We rarely/never have patients from another state
 - Increased
 - Decreased
 - Stayed the same
4. *[only for those without T1]* Clinic location:
 - Dropdown with list of states
5. *[only for those without T1]* 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)

General Practice Changes on COVID-19

The following section is intended to capture changes to your clinic's services and practices.

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations.**

6. If your practice has updated their clinical protocols related to COVID-19 since **July 2020**, please upload all versions here. Please note that only one file may be uploaded. If you cannot combine all files into a single document prior to uploading, please email the documents to Elizabeth Ly at ELy@SocietyFP.org. (PPFA Affiliates, please do not submit. PPFA is providing summary updates.)
 - [upload box on *Qualtrics*]
 - Clinical protocols not available at this time, please email our clinic to request protocols
 - Email: _____

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

7. In response to COVID-19, at any point, did you initiate any of these policies: (Select one option for each row.)

Policy	Never initiated	Initiated before May	Initiated in May	Initiated in June	Initiated in July	Initiated in August	Initiated in September	Initiated in October
Phone screened patients for COVID-19 symptoms								
Phone screened patients for recent positive COVID-19 test								
Screened patients upon arrival to appointment for COVID-19 symptoms								
Screened patients upon arrival to appointment for recent positive COVID-19 test								
Required all patients to wear mask								
Checked patient's temperature upon arrival to appointment								
Did not allow companions for appointments (ie, restricted appointments to patients only)								
Cancelled/postponed appointments for patients with suspected COVID-19								
Cancelled/postponed appointments for patients with confirmed COVID-19								
Referred patients with suspected COVID-19 to another clinical location for care								
Referred patients with confirmed COVID-19 to another clinical location for care								

8. **As of October 31, 2020**, were these policies still in place? (Select one option for each row.)

	Yes	No
Phone screened patients for COVID-19 symptoms <i>[display if selected above]</i>		
Phone screened patients for recent positive COVID-19 test		

<i>[display if selected above]</i>		
Screened patients upon arrival to appointment for COVID-19 symptoms <i>[display if selected above]</i>		
Screened patients upon arrival to appointment for recent positive COVID-19 test <i>[display if selected above]</i>		
Required all patients to wear mask <i>[display if selected above]</i>		
Checked patient's temperature upon arrival to appointment <i>[display if selected above]</i>		
Did not allow companions for appointments (ie, restricted appointments to patients only) <i>[display if selected above]</i>		
Cancelled/postponed appointments for patients with suspected COVID-19 <i>[display if selected above]</i>		
Cancelled/postponed appointments for patients with confirmed COVID-19 <i>[display if selected above]</i>		
Referred patients with suspected COVID-19 to another clinical location for care <i>[display if selected above]</i>		
Referred patients with confirmed COVID-19 to another clinical location for care <i>[display if selected above]</i>		

General Practice Changes: Contraception

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

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations**.

9. Does your clinic provide contraceptive care?

- Yes
- No [*skip to #20*]

10. [*only for those without T1*] What types of contraceptive care does your clinic routinely provide? (Select all that apply.)

- 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
 - Please describe: _____

11. **Since the beginning of the COVID-19 pandemic**, at any point, did you initiate any new practices **in response to COVID-19** for contraceptive services? (Select all that apply):

- Started/expanded telehealth or phone visits for contraceptive counseling
- For established patients, extended existing contraceptive prescriptions without consultation/appointment
- Routinely counseled patients about extended LARC use
- Routinely counseled patients about self-removal of IUDs
- Routinely counseled patients about extended use of DMPA
- Offered patients prescription for DMPA-SC for self-administration
- Offered curbside pickup of contraceptives
- Mailed contraceptives to patients
- Accepted patient report of blood pressure before initiating estrogen-containing methods
- We have not implemented any new practices for contraceptive services **since the beginning of the COVID-19 pandemic** [*skip to #14*]
- Other changes
 - Please describe: _____

12. Did this change occur for: (Select one option for each row.)

	All patients, regardless of COVID-19 status	Only for patients with confirmed/suspected COVID-19
Started/expanded telehealth or phone visits for contraceptive counseling [<i>display if selected above</i>]		
Extended existing contraceptive prescriptions for established patients without consultation/appointment		

<i>[display if selected above]</i>		
Routinely counseled patients about extended LARC use <i>[display if selected above]</i>		
Routinely counseled patients about self-removal of IUDs <i>[display if selected above]</i>		
Routinely counseling patients about extended use of DMPA <i>[display if selected above]</i>		
Offered patients prescription for DMPA-SC for self-administration <i>[display if selected above]</i>		
Offered curbside pickup of contraceptives <i>[display if selected above]</i>		
Mailed contraceptives to patients <i>[display if selected above]</i>		
Accepted patient report of blood pressure before initiating estrogen-containing methods <i>[display if selected above]</i>		
Other changes <i>[display if selected above]</i>		

13. **As of October 31, 2020**, was this practice ongoing? (Select one option for each row.)

	Yes, ongoing for all patients, regardless of COVID-19 status	Yes, ongoing but only for patients with confirmed/suspected COVID-19	No, practice discontinued for all patients
Started/expanded telehealth or phone visits for contraceptive counseling <i>[display if selected above]</i>			
Extended existing contraceptive prescriptions for established patients without consultation/appointment			

[display if selected above]			
Routinely counseled patients about extended LARC use [display if selected above]			
Routinely counseled patients about self-removal of IUDs [display if selected above]			
Routinely counseling patients about extended use of DMPA [display if selected above]			
Offered patients prescription for DMPA-SC for self-administration [display if selected above]			
Offered curbside pickup of contraceptives [display if selected above]			
Mailed contraceptives to patients [display if selected above]			
Accepted patient report of blood pressure before initiating estrogen-containing methods [display if selected above]			
Other changes [display if selected above]			

14. **In response to the COVID-19 pandemic, at any point**, did you stop providing any contraceptive services that you had previously provided? (Select all that apply.)
- No, we did not stop providing any services in response to the COVID-19 pandemic
[skip to #17]
 - Yes, we stopped contraceptive counseling appointments in person
 - Yes, we stopped LARC insertions
 - Yes, we stopped LARC removals
 - Yes, we stopped permanent contraceptive services (e.g. sterilizations)
 - Yes, we stopped dispensing emergency contraception
 - Yes, we stopped dispensing hormonal pills, patches, or rings in person
 - Yes, we stopped providing DMPA injections
 - Other
 - Please describe: _____

15. **As of October 31, 2020**, have you reinstated any services that you had stopped due to the COVID-19 pandemic?
- No, we have not reinstated any services that were stopped due to COVID 19 [*skip to #17*]
 - Yes, we have reinstated some services
16. **As of October 31, 2020**, which services have you reinstated? (Select all that apply.)
- Contraceptive counseling appointments in person [*display if selected in #14*]
 - LARC insertions [*display if selected in #14*]
 - LARC removals [*display if selected in #14*]
 - Permanent contraceptive services (e.g. sterilizations) [*display if selected in #14*]
 - Dispensing emergency contraception [*display if selected in #14*]
 - Dispensing hormonal pills, patches, or rings in person [*display if selected in #14*]
 - Providing DMPA injections [*display if selected in #14*]
 - Other [*display if selected in #14*]
17. Between **August 1 and October 31, 2020**, has your clinic made any changes to your referral patterns for contraceptive care in response to the COVID-19 pandemic?
- Yes
 - Please describe: _____
 - No
18. 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
19. Overall, since the start of the COVID-19 pandemic, did availability of contraceptive service appointments at your clinic:
- Increase
 - Please share any additional details about increases: _____
 - Decrease
 - Please share any additional details about decreases: _____
 - Stay the same

General Practice Changes: Abortion

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

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations**.

20. Does your clinic provide abortion care?

- Yes
- No [*skip to #57*]

21. [*only for those without T1*] Minimum gestational age:

- Weeks: ____
- Days: ____

22. [*only for those without T1*] Maximum gestational age:

- Weeks: ____
- Days: ____

23. **Since the beginning of the COVID-19 pandemic**, at any point, did you make any of the following changes to abortion services? (Select all that apply.)

- Started/expanded telehealth or phone visits for **pre-abortion** counseling
- Started/expanded electronic/telehealth informed consent for abortion
- Started/expanded telehealth or phone visits for **follow-up visits** for medication abortion
- Started/expanded telehealth or phone visits for **follow-up visits** for surgical or procedural abortion
- We did not make any of these changes in response to the COVID-19 pandemic [*skip too #26*]

24. Did this change occur for: (Select one option for each row.)

	All patients, regardless of COVID-19 status	Only for patients with confirmed/suspected COVID-19
Started/expanded telehealth or phone visits for pre-abortion counseling <i>[display if selected above]</i>		
Started/expanded electronic/telehealth informed consent for abortion <i>[display if selected above]</i>		
Started/expanded telehealth or phone visits for follow-up visits for medication abortion <i>[display if selected above]</i>		
Started/expanded telehealth or phone visits for follow-up visits for surgical or procedural abortion <i>[display if selected above]</i>		

25. **As of October 31, 2020**, was this practice ongoing? (Select one option for each row.)

	Yes, ongoing for all patients, regardless of COVID-19 status	Yes, ongoing but only for patients with confirmed/suspected COVID-19	No, practice discontinued for all patients
Started/expanded telehealth or phone visits for pre-abortion counseling <i>[display if selected above]</i>			
Started/expanded electronic/telehealth informed consent for abortion <i>[display if selected above]</i>			
Started/expanded telehealth or phone visits for follow-up visits for medication abortion <i>[display if selected above]</i>			
Started/expanded telehealth or phone visits for follow-up visits for surgical or procedural abortion <i>[display if selected above]</i>			

26. **Since the beginning of the COVID-19 pandemic**, at any point, did you make any of the following changes to abortion services? (Select all that apply.)
- Increased gestational age limit for some abortion visits
 - Decreased gestational age limit for some abortion visits
 - Changed minimum gestational age requirement for abortion visits
 - Began offering same-day cervical prep and procedure for D&E
 - We did not make any of these changes in response to the COVID-19 pandemic *[skip too #34]*

27. *[Display if "Increased" is selected in #26]* Please describe increased gestational age limits: _____

28. *[Display if "Decreased" is selected in #26]* Please describe decreased gestational age limits: _____

29. [Display if “Changed minimum” is selected in #26] Please describe changes to minimum gestational age requirements: _____

30. [Display if “same-day D&E” is selected in #26] What is the gestational age limit for same-day D&E?

- Weeks: ____
- Days: ____

31. [Display if “same-day D&E” is selected in #26] Please describe what cervical priming methods you routinely use for same-day D&E.

32. Did this change occur for: (Select one option for each row.)

	All patients, regardless of COVID-19 status	Only for patients with confirmed/suspected COVID-19
Increased gestational age limit for some abortion visits [display if selected in #26]		
Decreased gestational age limit for some abortion visits [display if selected in #26]		
Changed minimum gestational age requirement for abortion visits [display if selected in #26]		
Began offering same-day D&E services [display if selected in #26]		

33. **As of October 31, 2020**, was this practice ongoing? (Select one option for each row.)

	Yes, ongoing for all patients, regardless of COVID-19 status	Yes, ongoing but only for patients with confirmed/suspected COVID-19	No, practice discontinued for all patients
Increased gestational age limit for some abortion visits [display if selected in #26]			
Decreased gestational age limit for some abortion visits [display if selected in #26]			
Changed minimum gestational age			

requirement for abortion visits <i>[display if selected in #26]</i>			
Began offering same-day D&E services <i>[display if selected in #26]</i>			

34. **Since the beginning of the COVID-19 pandemic**, at any point, did you make any of the following changes to abortion services? (Select all that apply.)

- Began offering curb-side pickup of medication abortion pills
- Began offering mail-delivery of medication abortion pills
- Offered post medication-abortion assessment without an in-person visit
- Referred patients to other sites for STI testing
- Other changes
 - Please describe: _____
- We did not make any of these changes in response to the COVID-19 pandemic *[skip too #37]*

35. Did this change occur for: (Select one option for each row.)

	All patients, regardless of COVID-19 status	Only for patients with confirmed/suspected COVID-19
Began offering curb-side pickup of medication abortion pills <i>[display if selected in #34]</i>		
Began offering mail-delivery of medication abortion pills <i>[display if selected #34]</i>		
Offered post medication-abortion assessment without an in-person visit <i>[display if selected #34]</i>		
Referred patients to other sites for STI testing <i>[display if selected #34]</i>		
Other changes <i>[display if selected #34]</i>		

36. **As of October 31, 2020**, was this practice ongoing? (Select one option for each row.)

	Yes, ongoing for all patients, regardless of COVID-19 status	Yes, ongoing but only for patients with confirmed/suspected COVID-19	No, practice discontinued for all patients

Began offering curbside pickup of medication abortion pills <i>[display if selected #34]</i>			
Began offering mail-delivery of medication abortion pills <i>[display if selected #34]</i>			
Offered post medication-abortion assessment without an in-person visit <i>[display if selected #34]</i>			
Referred patients to other sites for STI testing <i>[display if selected #34]</i>			
Other changes <i>[display if selected #34]</i>			

Service Delivery Changes: Abortion

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

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations**.

37. In response to the COVID-19 pandemic, at any point, did you stop providing any abortion services that you previously provided at any of the clinics affiliated with your practice?
- Yes
 - No *[skip to #41]*

38. *[if yes to #37]* Which services did you stopped providing? (Select all that apply.)
- Medication abortion
 - First trimester surgical or procedural abortion
 - D&E
 - Induction abortion

39. *[if any selected in #38]* **As of October 31, 2020**, have you reinstated any services that you had stopped at any point since the beginning of the pandemic? (Select one option for each row.)

	Yes	No
Medication abortion <i>[display if selected above]</i>		
First trimester surgical or procedural abortion		

[display if selected above]		
D&E [display if selected above]		
Induction abortion [display if selected above]		

40. If further detail is needed to explain service interruptions and reinstatement, please do so here: _____

41. **As of October 31, 2020**, which statements below reflect your policy for Rh-testing before abortion? (Select all that apply.)

- Patients requesting any type of abortion if gestational age is <8 weeks as determined by ultrasound or LMP may forgo Rh-testing
- Patients requesting medication abortion if gestational age is <10 weeks as determined by ultrasound or LMP may forgo Rh-testing
- Patients who do not want children in the future may forgo Rh-testing
- Patients who report that they are **Rh-negative (with documentation)** may forgo Rh-testing
- Patients who report that they are **Rh-negative (without documentation)** may forgo Rh-testing
- Patients who report that they are **Rh-positive (with documentation)** may forgo Rh-testing
- Patients who report that they are **Rh-positive (without documentation)** may forgo Rh-testing
- Patients who have suspected or confirmed COVID-19 infection may forgo Rh-testing
- Patients may choose to forgo Rh typing, regardless of other characteristics or reason
- Other
 - Please describe: _____
- All patients must have Rh-testing prior to any type of abortion

42. Did your Rh-testing policy change **in response to** the COVID-19 pandemic?

- Yes
- No, we have not changed our policy for Rh-testing in response to the COVID-19 pandemic

43. [if yes to #42] Please describe how your Rh-testing policy has changed in response to the COVID-19 pandemic: _____

44. **As of October 31, 2020**, which statements below reflect your policy for ultrasound testing before medication abortion?

- Every patient must have an ultrasound before medication abortion
- Patients who meet specified criteria may have medication abortion without a pre-abortion ultrasound
 - Please describe: _____

- Other
 - Please describe: _____
45. Did your ultrasound policy before medication abortion change **in response to** the COVID-19 pandemic?
- Yes
 - No, we have not changed our policy for ultrasound in response to the COVID-19 pandemic
46. *[if yes to #45]* Please describe how your ultrasound policy changed in response to the COVID-19 pandemic: _____
47. In response to the COVID-19 pandemic, has your clinic adopted a no- or low-test medication abortion protocol?
- We do not offer medication abortion *[skip to #51]*
 - Yes
 - No *[skip to #50]*
 - We adopted a no- or low-test protocol before the COVID-19 pandemic
48. *[if yes or before in #47]* Does your no-test medication abortion protocol reflect protocol guidance from an organization below? (Select all that apply.)
- NAF
 - PPFA
 - RHEDI
 - RHAP
 - Other organization/publication
 - Please describe: _____
49. Since the start of the COVID-19 pandemic, approximately how many patients have completed the no- or low-test medication abortion protocol?
- 0
 - 1-10
 - 11-20
 - 21-50
 - 51-75
 - 76-100
 - 101+
50. In response to the COVID-19 pandemic, has your clinic made any changes to protocols for management of medication abortion patients who appear to have an ongoing pregnancy?
- Yes
 - Please describe: _____
 - No
51. Have you reduced the number of in-person visits each patient is required to have for a **first-trimester surgical or procedural abortion** in response to COVID-19?
- We do not offer first-trimester surgical or procedural abortion
 - Yes, regardless of patient's COVID-19 status

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

52. Have you reduced the number of in-person visits each patient is required to have for a **D&E** in response to the COVID-19 pandemic?

- We do not offer D&E
- Yes, regardless of patient COVID-19 status
- Yes, but only for patients with suspected and/or confirmed COVID-19
- No

53. Overall, since the start of the COVID-19 pandemic, did availability of abortion service appointments:

- Increase
 - Please share any additional details about increases:

- Decrease
 - Please share any additional details about decreases:

- Stay the same

Abortion Referrals

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

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations.**

54. *[If a non-hospital provider in #2]* In response to the COVID-19 pandemic, have you referred patients to a hospital-based provider for abortion care?

- Yes
 - Please describe: _____
- No

55. Between **August 1 and October 31, 2020**, have you made any other changes to referrals for abortion care in response to COVID-19?

- Yes
 - Please describe: _____
- No

Other Abortion Changes

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

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations.**

56. Has your clinic made any other changes to abortion care in response to the COVID-19 pandemic not previously described in this survey?
- Yes
 - Please describe: _____
 - No

Staffing

The following section is intended to capture other changes in staffing at your clinics in response to the COVID-19 pandemic.

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations.**

57. In response to the COVID-19 pandemic, has your clinic made or experienced any changes to your staffing?
- Yes
 - No [skip to #61]

58. [If yes in #57] Please indicate the types of changes:

- Eliminated staff positions
- Eliminated clinician positions
- Furloughed staff
- Furloughed clinicians
- Reduced the number of clinicians who travel from out of state
- Reduced the number of contract clinicians
- Hired additional staff positions
- Hired additional clinician positions
- Increased the number of clinicians who travel from out of state
- Increased the number of contract clinicians
- Staff have quit
- Clinicians have quit
- Staff have taken extended (paid or unpaid) leave
- Clinicians have taken extended (paid or unpaid) leave
- Other
 - Please describe: _____

59. [Options 1-6 selected in #58] As of October 31, 2020, have the positions been reinstated?

	Yes	No, reduction in position continues
Eliminated staff positions [display if selected in #58]		
Eliminated clinician positions [display if selected in #58]		

Furloughed staff [display if selected in #58]		
Furloughed clinicians [display if selected in #58]		
Reduced the number of clinicians who travel from out of state [display if selected in #58]		
Reduced the number of contract clinicians [display if selected in #58]		

60. [Options 7-10 selected in #58] **As of October 31, 2020** has this increase in staff been maintained?

	Yes	No
Hired additional staff positions [display if selected in #58]		
Hired additional clinician positions [display if selected in #58]		
Increased the number of clinicians who travel from out of state [display if selected in #58]		
Increased the number of contract clinicians [display if selected in #58]		

Financial Questions

[Skip section if clinic does not provide abortions.]

The following section is intended to capture information and changes about financial topics at your clinics **in response to the COVID-19 pandemic.**

If your practice has multiple clinics with varied protocols, **please consider if the following applies to any of your clinical locations.**

61. Has insurance (private or Medicaid) reimbursement been affected by the changes you have made in clinical protocols in response to COVID-19?

- Yes
- No [skip to #68]

62. Check all reimbursement changes that apply.

- The reimbursement amount has gone down for some or all insurances [skip to #67]
- The reimbursement amount has gone up for some or all insurances [skip to # 68]
- We have been unable to get reimbursed at all by some or all insurances

63. *[Display if #65, option 3 is selected]* For which aspects of the clinical changes that you made have you been unable to get reimbursed from some or all insurance plans? Please check all that apply.
- Telemedicine
 - Offering medication abortion to later gestations
 - Medication abortions where one or more aspects (such as pre-abortion ultrasound, Rh testing or Rh immune globulin, hemoglobin/anemia tests, in person follow-up visits) have been omitted
 - Other
 - Please describe: _____
64. *[Display if #65, option 1 is selected]* For which aspects of the clinical changes that you made has the reimbursement amount gone down? Please check all that apply.
- Telemedicine
 - Offering medication abortion to later gestations
 - Medication abortions where one or more aspects (such as pre-abortion ultrasound, Rh testing or Rh immune globulin, hemoglobin/anemia tests, in person follow-up visits) have been omitted
 - Other
 - Please describe: _____
65. *[Display if #65, option 2 is selected]* For which aspects of the clinical changes that you made has the reimbursement amount gone up? Please check all that apply.
- Telemedicine
 - Offering medication abortion to later gestations
 - Medication abortions where one or more aspects (such as pre-abortion ultrasound, Rh testing or Rh immune globulin, hemoglobin/anemia tests, in person follow-up visits) have been omitted
 - Other
 - Please describe: _____
66. Have you experienced these challenges with reimbursement from Medicaid, private insurance, or both?
- Medicaid
 - Private insurance
 - Both
67. Is there anything else about your experiences with reimbursement that you would like to share? _____

This next questions ask about financial impacts of the COVID-19 pandemic on your clinic.

68. **Between August 1 and October 31**, has your clinic incurred additional costs due to the following in relation to the COVID-19 pandemic? Select all that apply.
- Overtime pay for staff
 - Increased staff hours
 - Hazard pay for staff
 - Increased paid leave for staff
 - Hiring new staff roles
 - Please describe: _____
 - Purchasing increased quantities of PPE

- Purchasing PPE at higher prices
- Increased use of cleaning services or cleaning supplies in clinic
- New equipment needed to support telemedicine implementation
- Other
 - Please describe: _____
- My clinic has not incurred additional costs

69. **Between August 1 and October 31**, has your clinic had a decrease in revenue due to the following in relation to the COVID-19 pandemic? (Consider all clinical locations across your practice.) Select all that apply.

- Clinic temporarily closed/unable to see patients temporarily
- Postponement or cancellation of abortion services
- Postponement or cancellation of services other than abortion
 - Please describe: _____
- Challenges getting insurance to reimburse for service delivery changes due to COVID-19
- Change in payor mix, such as increase in abortions paid for by Medicaid
- Other
 - Please describe: _____
- My clinic has not had a decrease in revenue

70. [Display if #66, option 1 selected] How long was the clinic closed?

Weeks _____

Days _____

Contraception Volume

[Skip section if clinic does not provide contraception.]

If your practice has more than one clinical location, please answer the following questions with your **highest volume clinic** in mind.

71. [Display for T1 non-respondents only] Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of FEBRUARY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

72. [Display for T1 non-respondents only] Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of APRIL**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	

New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

73. *[Display for T2 non-respondents only]* Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of MAY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

May volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

74. *[Display for T2 non-respondents only]* Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of JUNE**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

June volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

75. *[Display for T2 non-respondents only]* Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of JULY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

76. Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of AUGUST**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	

Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

77. Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of SEPTEMBER**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

78. Please provide the following information about the number of contraception-related patient encounters (in-person, phone, video, etc.) **during the month of OCTOBER**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Contraceptive counseling	
New contraceptive methods	
Contraceptive refills or replacements	
Evaluation and/or treatment of contraceptive problems	
Total number of contraceptive encounters (sum of all visits totaled above)	

Abortion Volume

[Skip section if clinic does not provide abortions.]

If your practice has more than one clinical location, please answer the following questions with your **highest volume clinic** in mind.

79. *[Display for T1 non-respondents only]* Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of FEBRUARY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

May volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

80. *[Display for T1 non-respondents only]* Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of APRIL**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

May volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

81. *[Display for T2 non-respondents only]* Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of MAY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

May volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

82. *[Display for T2 non-respondents only]* Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of JUNE**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

June volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

83. *[Display for T2 non-respondents only]* Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of JULY**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999**.

July volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	

Total number of abortion encounters (sum of all visits totaled above)	
---	--

84. Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of AUGUST**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999.**

July volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

85. Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of SEPTEMBER**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999.**

July volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	

86. Please provide the following information about the number of abortion-related patient visits (in-person, phone, video, etc.) **during the month of OCTOBER**. If you do not track these encounters, please indicate an estimate or, **if an estimate is not available, write 9999.**

July volume	Number of encounters:
Medication abortion	
First-trimester surgical or procedural abortion	
Second-trimester surgical or procedural abortion	
Induction abortion	
Evaluation and/or treatment of abortion complications	
Total number of abortion encounters (sum of all visits totaled above)	