

Appendix 2: Canadian Abortion Provider Survey (CAPS) 2019 - Survey Instrument

DEMOGRAPHICS					
CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comments
		<p>DEMOGRAPHICS</p> <p>Please answer this section of the survey in regards to your demographics.</p> <p>This section will take you approximately 5 minutes to complete.</p> <p>Thank you very much for participating in this survey.</p>			Next set of questions heading text
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code</p>			

		<p>and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download "<i>Save & Return Later</i>" instructions</p>			
1.	ALL; Mandatory	Have you completed this 2019 Canadian Abortion Provider Survey before?	<p>a. Yes [end survey]</p> <p>b. No</p>	New	If someone chooses answer option a, then they will get a message: Thank you very much for your interest in participating in this survey. Based on your answer you no longer qualify for this survey.
		<p>This survey explores abortion services provided throughout all of 2019 and therefore, prior to COVID-19 restrictions. Since it can be tough to recall experiences, we kindly suggest that before beginning this survey, you take thirty seconds to picture yourself in 2019 (Where did you work? What did your clinical practice look like?).</p>			

2.	ALL; Mandatory	Did you provide any of the following abortion care in 2019 for a live embryo/fetus/pregnancy (rather than management of a miscarriage/intrauterine fetal demise (IUFD))? (Check all that apply)	<ul style="list-style-type: none"> a. Provide first and/or second and/or third trimester medical abortion b. Perform first and/or second trimester surgical abortion c. Administrative support for medical or surgical abortion care d. None of the above [end survey] 	New	If someone chooses answer option d they will get a message: Thank you very much for your interest in participating in this survey. Based on your answer you no longer qualify for this survey.
	ALL	Please answer the remainder of this survey in regards to your practice of abortion care (first and/or second and/or third trimester) excluding management of miscarriage/IUFD			Next set of questions heading text
3.	ALL; Mandatory Answer c should be action tag	What describes your role(s) in abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Clinician (physician, nurse practitioner) who has completed their professional training (school, residency, fellowship) b. Administrator c. None of the above [end survey] 	New	If someone chooses answer option c they will get a message: Thank you very much for your interest in participating in this survey. Based on your answer you no longer qualify for this survey.
4.	Clinician; Mandatory	What is your profession/license to practice? (Check one)	<ul style="list-style-type: none"> a. Physician b. Nurse practitioner (NP) c. None of the above [end survey] 	Adapted from 2012 CAPS	If someone chooses answer option e they will get a message: Thank you very much for your interest in participating in this survey. Based on your

					answer you no longer qualify for this survey.
5.	Clinician; Mandatory	Are you in training (i.e. as a medical student, resident, fellow or nurse practitioner)?	<ul style="list-style-type: none"> a. Yes [end survey] b. No 	New	If someone choses answer option a they will get a message: Thank you very much for your interest in participating in this survey. Based on your answer you no longer qualify for this survey.
6.	Physician	What is your primary specialty? (Check one)	<ul style="list-style-type: none"> a. General OB/GYN b. OB/GYN with Maternal-fetal medicine subspecialization / Perinatology c. Emergency Medicine d. Family Medicine/Family Practice/General Practice e. Pediatrics f. Other; please specify: ____ 	Adapted from CAPS 2012	
7.	Physician	Are you currently a certificant of the following organizations? (Check all that apply)	<ul style="list-style-type: none"> a. Certificant of the College of Family Physicians of Canada (CCFP) b. Fellowship in the College of Family Physicians (FCFP) c. Fellow of the Royal College of Physicians and Surgeons of Canada (FRCSC, FRCPC) d. None of the above, please explain: 	2012 CAPS	

8.	NP	Are you currently a member of the following organizations? (Check all that apply)	<ul style="list-style-type: none"> a. Canadian Nurses Association b. Nurse Practitioner Association of Canada c. I don't know d. Other, please specify: _____ 	New	
9.	Nurse practitioner Mandatory	Do you independently prescribe or dispense a medication for FIRST trimester medical abortion as the most responsible provider (MRP)?	<ul style="list-style-type: none"> a. Yes b. No [end survey] 	New	
10.	Physician; Mandatory	What type(s) of abortion have you provided (as either the <u>prescriber, surgeon, or physician providing labour induction</u>) in 2019? (Check all that apply)	<ul style="list-style-type: none"> a. FIRST trimester medical abortion ($\leq 10+0$ weeks or 70 days of gestation) b. FIRST trimester surgical abortion ($\leq 13+6$ weeks of gestation) c. SECOND trimester surgical abortion ($\geq 14+0$ weeks of gestation) d. SECOND trimester medical abortion ($\geq 14+0 - \leq 23+6$ weeks of gestation) e. THIRD trimester medical abortion ($\geq 24+0$ weeks of gestation) f. None of the above [end survey] 	2012 CAPS	If someone chooses answer option f they will get a message: Thank you very much for your interest in participating in this survey. Based on your answer you no longer qualify for this survey.
11.	Physician & FTMA; Mandatory	What best describes your role in the care team for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Independently prescribe or dispense a medication for FIRST trimester medical abortion as the most responsible provider (MRP) b. Support FIRST trimester medical abortion provision by MIDWIVES under a 	New	

			<p>WRITTEN or VERBAL collaboration/inter-professional care agreement</p> <p>c. Support FIRST trimester medical abortion provision by REGISTERED NURSES under a WRITTEN or VERBAL collaboration/inter-professional care agreement</p> <p>d. Support FIRST trimester medical abortion provision by NURSE PRACTITIONERS under a WRITTEN or VERBAL collaboration/inter-professional care agreement</p> <p>e. Other; please specify:</p>		
12.	Clinician	How old are you?	_____ years	2012 CAPS	
13.	Clinician	How would you describe your gender? (Check one)	<p>a. Woman</p> <p>b. Man</p> <p>c. Transgender</p> <p>d. Prefer not to say</p> <p>e. Other; please specify:</p>	Adapted from CIHR with UBC gender expert consultation	
14.	ALL; mandatory	Please specify the province or territory of your PRIMARY practice (practice where you perform most of your clinical activities). (Check one)	<p>a. Alberta</p> <p>b. British Columbia</p> <p>c. Manitoba</p> <p>d. New Brunswick</p> <p>e. Newfoundland and Labrador</p> <p>f. Nova Scotia</p> <p>g. Northwest Territories</p>	Modified from Mifepristone baseline survey	If someone chooses answer option o they will get a message: Thank you very much for your interest in participating in this survey. Based on your

			<ul style="list-style-type: none"> h. Nunavut i. Ontario j. Prince Edward Island k. Quebec l. Quebec: Nunavik or Cree First Nations of James Bay m. Saskatchewan n. Yukon o. I do not work in Canada [end survey] 		answer you no longer qualify for this survey.
15.	ALL	What are the first three digits of the postal code of your PRIMARY practice (e.g. G3N)?		Modified from Mifepristone baseline survey	
16.	ALL	Do you provide abortion services in any ADDITIONAL clinical location(s) in the same province?	<ul style="list-style-type: none"> a. Yes b. No 		
17.	If yes to other clinical location	What are the first three digits of the postal code of your ADDITIONAL practice(s) in the same province (e.g. G3N, G2A)?	_____		
18.	ALL	Do you provide abortion services in any other province or territory?	<ul style="list-style-type: none"> a. Yes b. No 		
19.	If yes to other province	In which ADDITIONAL province(s) or territory/territories do you provide abortion services? (Check all that apply)	<ul style="list-style-type: none"> a. Alberta b. British Columbia c. Manitoba d. New Brunswick e. Newfoundland and Labrador f. Nova Scotia g. Northwest Territories h. Nunavut 		

			<ul style="list-style-type: none"> i. Ontario j. Prince Edward Island k. Quebec l. Quebec: Nunavik or Cree First Nations of James Bay m. Saskatchewan n. Yukon 		
20.	If yes to any province above	What are the first three digits of the postal code of your ADDITIONAL practice(s) in the other province(s)/territory (territories) (e.g. G3N, G2A)?	_____		
21.	Clinician	About what percentage of your clinical work focuses on contraception and abortion?	____%	2012 CAPS	
22.	Clinician	<p>How many clinicians (physicians or nurse practitioners) that you know of provide the following services in the city/town where you have your PRIMARY practice? (Please estimate number of clinicians for each option, including yourself. If you cannot provide an estimate, please specify below)</p> <ul style="list-style-type: none"> a. FIRST trimester medical abortion ($\leq 10+0$ weeks or 70 days of gestation) b. FIRST trimester surgical abortion 	<ul style="list-style-type: none"> a. ____ clinicians b. ____ clinicians c. ____ clinicians d. ____ clinicians e. ____ clinicians 	<p>modified from Mife implementation survey;</p> <p>Norman, W.V., Soon, J.A., Maughn, N., & Dressler, J. (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the CAPS,</p>	

		<p>($\leq 13+6$ weeks of gestation)</p> <p>c. SECOND trimester surgical abortion ($\geq 14+0$ weeks of gestation)</p> <p>d. SECOND trimester medical abortion ($\geq 14+0 - \leq 23+6$ weeks of gestation)</p> <p>e. THIRD trimester medical abortion ($\geq 24+0$ weeks of gestation)</p>		<p>PLoS One, 8(6), 1-7. DOI: 10.1371/journal.pone.0067023</p>	
23.	Clinician & any above blank	Please explain why you could not provide an estimate for how many physicians and/or nurse practitioners provide the above services in your city/town.	_____		
24.	ALL	Please specify which guidelines you follow to provide abortion care? (Check all that apply)	<p>a. Society of Obstetricians & Gynaecologists of Canada (SOGC)</p> <p>b. National Abortion Federation (NAF, Clinical Policy Guideline 2018)</p> <p>c. I don't know</p> <p>d. Other, please specify: _____</p>		

FIRST TRIMESTER MEDICAL ABORTION (FTMA)					
CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comments
	If yes to, FTMA in Demographics section	FIRST TRIMESTER MEDICAL ABORTION Please answer this section of the survey in regards to your practice of induced FIRST trimester medical abortion care EXCLUDING management of miscarriage. This section will take you approximately 15 minutes to complete. Thank you very much for participating in this survey.			Next set of questions heading text
		You are able to stop the survey at any time by clicking " Save & Return Later " at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link.			

		<p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	<p>If yes to, FTMA & physician in Demographics section. For Q options only show if indicated that they provide/support in demographics, show all options if said “other” in demo Q11</p>	<p>What is the total number of FIRST trimester medical abortions in the calendar year 2019? (Please estimate for each option)</p> <p>a. You signed the prescription or dispensed independently as the most responsible provider (MRP)</p> <p>b. For which you supported nurse practitioners or registered nurses in providing</p> <p>c. For which you supported midwives in providing</p>	<p>a. _____ FIRST trimester medical abortions in 2019</p> <p>b. _____ FIRST trimester medical abortions in 2019</p> <p>c. _____ FIRST trimester medical abortions in 2019</p>	Adapted from 2012 CAPS	
2.	<p>If yes to, FTMA & nurse practitioner in Demographics section, branching logic based on demographics role</p>	<p>What is the total number of FIRST trimester medical abortions in the calendar year 2019 you signed a prescription or dispensed independently as the most responsible provider (MRP)?</p>	<p>_____ FIRST trimester medical abortions in 2019</p>	New	

3.	If yes to FTMA mandatory	In how many clinical locations do you provide FIRST trimester medical abortion care (e.g. 1 hospital and 2 clinics = 3 locations)?	_ number of clinical locations	Adapted from Norman, W.V. et al (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the CAPS, PLoS One, 8(6), 1-7.	
4.	If yes to FTMA mandatory	Please specify the clinical location of your PRIMARY practice providing FIRST trimester medical abortion care. (Check one)	<ul style="list-style-type: none"> a. Outside of hospital b. Community hospital c. Academic hospital d. Other, please specify: ____ 	Adapted from Dodge, L.E. et al (2015). Attitudes Towards Abortion among Providers of Reproductive Health Care. <i>Women's Health Issue</i> , 26(5), 511-516.	
5.	If FTMA & Outside hospital & primary practice	Does this PRIMARY clinical location outside of the hospital provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Yes, other reproductive health care b. Yes, general health care other than reproductive health care c. No, only abortion services 		No is action tag

6.	If FTMA & hospital service & primary practice	What best describes how your PRIMARY hospital-based clinical location provides abortion care? (Check one)	<ul style="list-style-type: none"> a. Provides organized abortion only service / dedicated abortion clinic b. Provides abortion care mixed in with other medical care 		
7.	If FTMA & OTHER & primary practice	Does this PRIMARY clinical location provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Yes, other reproductive health care b. Yes, general health care other than reproductive health care c. No, only abortion services 		No is action tag
8.	If FTMA & If more than one clinical location	Please specify the clinical location(s) of your ADDITIONAL practice(s) providing FIRST trimester medical abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Outside of hospital b. Community hospital c. Academic hospital d. Other, please specify: _____ 		
9.	If FTMA & Outside hospital & more than one clinical location	Does this (do these) ADDITIONAL clinical location(s) outside of the hospital provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Yes, other reproductive health care b. Yes, general health care other than reproductive health care c. No, only abortion services 	New	No is action tag

10.	If FTMA & hospital service & more than one clinical location	What best describes how your ADDITIONAL hospital-based clinical location(s) provides abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Provides organized abortion only service / dedicated abortion clinic b. Provides abortion care mixed in with other medical care 	New	
11.	If FTMA & OTHER & additional	Does this (do these) ADDITIONAL other clinical location(s) provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> a. Yes, other reproductive health care b. Yes, general health care other than reproductive health care c. No, only abortion services 		No is action tag
12.	If yes to FTMA	How many years of experience do you have providing FIRST trimester medical abortions (with a METHOTREXATE/MISOPROSTOL and/or MIFEPRISTONE/MISOPROSTOL and/or MISOPROSTOL-ONLY regimen) after completion of training (e.g. number of years after residency or fellowship or after nurse practitioner education)? (Check one)	<ul style="list-style-type: none"> a. < 5 years b. 5 to 10 years c. 11 to 15 years d. 16 to 20 years e. > 20 years 	Adapted from 2012 CAPS	
	If yes to FTMA	If you provide services in more than one clinical location, please answer the subsequent questions in regards to the clinical			Next set of questions heading text

		location you provide <u>most</u> of your abortion care at.			
13.	If yes to FTMA	Under which of the following circumstances do you usually provide FIRST trimester medical abortion (in the absence of a risk factor for OR a clinical symptom of an ectopic pregnancy)? (Check all that apply)	<ul style="list-style-type: none"> a. Patient less than 18 years of age b. Patient who lives > 2 hours away from access to an emergency D&C (dilation & aspiration) c. Patient who lives > 2 hours from an emergency unit d. Patient self-referred e. Patient referred to you from outside of your office/clinic f. Patient referred to you by a colleague inside your clinic g. Patient living in another town/city than the one where you provide abortion services h. Patient travelling from far away (more than 50 km) i. None of the above j. Other, please specify: 	Adapted from 2012 CAPS	

14.	If yes to FTMA	Which do you consider to be a risk factor(s) for OR a clinical symptom(s) of an ectopic pregnancy? (Check all that apply)	<ul style="list-style-type: none"> a. Previous ectopic pregnancy b. Previous tubal surgery c. Pregnancy conceived with assisted reproductive techniques d. Prior tubal ligation e. IUD (intrauterine device) in place f. Prior history of salpingitis or pelvic inflammatory disease (PID) g. Abdominal pain during first trimester h. Vaginal bleeding during first trimester i. All of the above j. None of the above 	Adapted from SOGC guideline	
15.	If yes to FTMA	For which indication(s) do you usually provide FIRST trimester medical abortion in a live embryo/fetus? (Check all that apply)	<ul style="list-style-type: none"> a. Patient request without other factors b. Genetic anomaly not compatible with life c. Any genetic anomaly d. Congenital anomaly/malformat 		

			<p>ion not compatible with life</p> <p>e. Any congenital anomaly/malformation</p> <p>f. Maternal medical indication</p> <p>g. All of the above</p> <p>k. Other, please specify: _____</p>		
16.	<p>If yes to FTMA Mandatory. Add action tag to answer option a, e</p>	<p>In which case(s) do you usually require a pre-procedure ultrasound before FIRST trimester medical abortion? (Check all that apply)</p>	<p>a. In all patients</p> <p>b. In case of unsure last menstrual period (LMP)</p> <p>c. In case of discrepancy between physical exam and LMP</p> <p>d. In case of a risk factor for OR a clinical symptom of an ectopic pregnancy</p> <p>e. Never</p> <p>f. Other, please specify: _____</p>	<p>Adapted from 2012 CAPS & SOGC guideline</p>	
17.	<p>If yes to FTMA and any US</p>	<p>Where do you usually access ultrasound for your FIRST trimester medical abortion patients? (Check all that apply)</p>	<p>a. Through an ultrasound in my clinic</p> <p>b. Through diagnostic imaging in my health region or hospital / radiology</p> <p>c. Through maternal-fetal medicine /</p>	<p>Adapted from 2012 CAPS</p>	

			perinatology in my health region or hospital d. Other, please specify: ____		
18.	If yes to FTMA and any US	Do you experience barriers to obtain an ultrasound for your FIRST trimester medical abortion patients?	a. No b. Yes, please specify: ____	Adapted from 2012 CAPS	
19.	If yes to FTMA and any US	Who usually performs ultrasound for your FIRST trimester medical abortion patients? (Check all that apply)	a. Trained non-licensed staff b. Licensed sonogram technician/radiology technician c. Licensed practical nurse (LPN) d. Registered nurse (RN) e. Nurse practitioner (NP) f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (non Radiologist) i. Physician (Radiologist) j. Me k. I don't know	Adapted from 2012 CAPS	

			l. Other, please specify: __		
20.	If yes to FTMA mandatory	Which of the following regimens do you provide for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Mifepristone/misoprostol b. Methotrexate/misoprostol c. Misoprostol-only for medical abortion (excluding miscarriages) d. Other, please specify: __ 	Adapted from Admin survey, 2012 CAPS	
21.	IF yes to FTMA & multiple regimens Either only see regimens indicated above	In approximately what percentages of your FIRST trimester medical abortions do you use the following regimens? (Please estimate percentage for each option. Please be sure that the percentages sum up to 100%)	<ul style="list-style-type: none"> a. Mifepristone/misoprostol __ (%) b. Methotrexate/misoprostol (%) c. Misoprostol-only for medical abortion (excluding miscarriages) (%) d. Other regimen (as indicated in the previous question) (%) 	New	

22.	If yes to FTMA & mifepristone/miso prostol	How did you receive training for FIRST trimester medical abortion with a MIFEPRISTONE/MISOPROSTOL regimen? (Check all that apply)	<ul style="list-style-type: none"> a. Online training with Society of Obstetricians and Gynaecologists of Canada (SOGC) b. Online training with National Abortion Federation (NAF) c. Preceptorship or clinical traineeship d. Live Workshop e. None f. Other, please specify: _____ 	New	
23.	If yes to FTMA & mifepristone/miso prostol unless none	Were your training needs met? (Check one)	<ul style="list-style-type: none"> a. Yes b. No, please specify: _____ c. Prefer not to answer 	New	
24.	If yes to FTMA & using mifepristone/miso prostol; mandatory	What is the minimum gestational age/criteria at which you provide FIRST trimester medical abortion with a MIFEPRISTONE/MISOPROSTOL regimen (in the absence of uncertainty about gestational age AND in the absence of a risk factor for or a clinical symptom of an ectopic pregnancy)? (Check one)	<ul style="list-style-type: none"> a. As soon as the pregnancy test is positive, regardless of gestational age b. Starting at _____ days of gestation c. If ultrasound is performed, only after an intrauterine yolk sac or fetal pole are seen on ultrasound d. Other, please specify: _____ 	Adapted from 2012 CAPS	

25.	If yes to FTMA & using mifepristone/miso prostol; mandatory	What is/are the criteria for which you provide FIRST trimester medical abortion with a MIFEPRISTONE/MISOPROSTOL regimen in the setting of a pregnancy of unknown location (absence of yolk sac or embryo within an intrauterine gestational sac on ultrasound) AND in the absence of a risk factor for or a clinical symptom of an ectopic pregnancy? (Check all that apply)	<ul style="list-style-type: none"> a. No intrauterine gestational sac is seen on ultrasound and the serum βhCG level is > 2000 IU/L b. No intrauterine gestational sac is seen on ultrasound and the serum βhCG level is \leq 2000 IU/L c. A likely intrauterine gestational sac is seen on ultrasound without a yolk sac or fetal pole d. I do not provide first trimester medical abortion in the case of pregnancy of unknown location e. Other, please specify: 	Adapted from SOGC guideline	
26.	If yes to FTMA & using mifepristone/miso prostol; mandatory	Up to what maximum gestational age do you provide FIRST trimester medical abortion with a MIFEPRISTONE/MISOPROSTOL regimen?	___ days of gestation	Adapted from SOGC guideline	

27.	If yes to FTMA & using mifepristone/miso prostol	Which factor(s) determines your upper gestational age limit for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Evidence-based guidelines b. Personal preference c. Clinic/Facility regulations d. Provincial/territorial regulations e. Other, please specify: _____ 	New, adapted from administrator section	
28.	If yes to FTMA & evidence based guideline above	Please specify which guideline(s) you follow to determine the upper gestational age limit for abortion. (Check all that apply)	<ul style="list-style-type: none"> a. Society of Obstetricians and Gynaecologists of Canada (SOGC) b. National Abortion Federation (NAF) Clinical Policy Guidelines 2018 c. Other, please specify other guideline 		
29.	If yes to FTMA & using mifepristone/miso prostol	Prior to prescribing a MIFEPRISTONE/MISOPROSTOL regimen for a FIRST trimester medical abortion, I assess the patient for the following relative and absolute contraindications: (Check all that apply)	<ul style="list-style-type: none"> a. Ectopic pregnancy b. Chronic renal failure c. Inherited porphyria d. Uncontrolled asthma e. Known hypersensitivity to product ingredients f. Patient ambivalence 	Adapted from Tan, Y., et al Singh, (2018). Acceptability and Feasibility of Outpatient Medical Abortion with mifepristone and Misoprostol up to 70 Days Gestation in Singapore. European Journal of Obstetrics and Gynaecology, 229, 144-147. Adapted from SOGC	

			<ul style="list-style-type: none"> g. Uncertain gestational age h. Intrauterine device in place i. Concurrent long-term systemic corticosteroid therapy j. Haemorrhagic disorder or using concurrent anticoagulant therapy k. All of the above l. None of the above 	Adapted from National Abortion Federation. (2018). Clinical Policy Guidelines for Abortion Care.	
30.	If yes to FTMA & using mifepristone/misoprostol	What route of misoprostol administration do you usually recommend when using a MIFEPRISTONE/MISOPROSTOL regimen for FIRST trimester medical abortion? (Check one)	<ul style="list-style-type: none"> a. Vaginal b. Oral (swallowed) c. Sublingual (under tongue) d. Buccal (between the teeth and the cheek) e. Other, please specify: 	Adapted from 2012 CAPS	
31.	If yes to FTMA & methotrexate mandatory	Under which of the following circumstances do you provide a METHOTREXATE/MISOPROSTOL regimen for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. For all cases of medical abortion b. In case of pregnancy of unknown location (PUL) without a risk factor for or a clinical symptom of an ectopic pregnancy (no intrauterine yolk 	Adapted from 2012 CAPS Adapted from SOGC guideline	

			<p>sac visible on ultrasound)</p> <p>c. In case of PUL with a risk factor for or a clinical symptom of an ectopic pregnancy</p> <p>d. In case of suspected ectopic pregnancy</p> <p>e. In case of patient not being able to afford MIFEPRISTONE/ MISOPROSTOL combination</p> <p>f. Other, please specify:</p>		
32.	If yes to FTMA & using methotrexate/misoprostol	What route of misoprostol administration do you usually recommend when using a METHOTREXATE/MISOPROSTOL regimen for FIRST trimester medical abortion? (Check one)	<p>a. Vaginal</p> <p>b. Oral (swallowed)</p> <p>c. Sublingual (under tongue)</p> <p>d. Buccal (between the teeth and the cheek)</p> <p>e. Other, please specify:</p>	2012 CAPS	
33.	If yes to FTMA & miso alone mandatory	Under which of the following circumstances do you provide a MISOPROSTOL-ONLY regimen for FIRST trimester medical abortion? (Check all that apply)	<p>a. For all cases of medical abortion</p> <p>b. In case of pregnancy of unknown location (PUL) without a risk factor for or a clinical symptom of an ectopic</p>		

			<p>pregnancy (no intrauterine yolk sac visible on ultrasound)</p> <p>c. In case of PUL with a risk factor for or a clinical symptom of an ectopic pregnancy</p> <p>d. In case of suspected ectopic pregnancy</p> <p>e. In case of patient not being able to afford MIFEPRISTONE/ MISOPROSTOL combination</p> <p>f. Other, please specify:</p>		
34.	If yes to FTMA and misoprostol-ONLY regimen	What misoprostol dose do you use in a MISOPROSTOL-ONLY regimen for FIRST trimester medical abortion? (Check one)	<p>a. 400 mcg</p> <p>b. 600 mcg</p> <p>c. 800 mcg</p> <p>d. 1000 mcg</p>	Adapted from CAPS	
35.	If yes to FTMA and misoprostol-ONLY regimen	What misoprostol route do you usually recommend in a MISOPROSTOL-ONLY regimen for FIRST trimester medical abortion? (Check one)	<p>a. Vaginal</p> <p>b. Oral (swallowed)</p> <p>c. Sublingual (under tongue)</p> <p>d. Buccal (between the teeth and the cheek)</p> <p>e. Other, please specify:</p>	Adapted from CAPS	

36.	If yes to FTMA NOT mandatory, but skip next question if left blank	Do you provide FIRST trimester medical abortion to patients with a twin gestation?	a. Yes b. No	Adapted from SOGC guideline Adapted from Creinin, M.D. et al (2014). Medical Management of First-Trimester Abortion. <i>Contraception</i> , 89(3), 148-161.	
37.	If yes to FTMA & to twin gestation	Up to what maximum gestational age do you provide FIRST trimester medical abortion to patients with a twin gestation?	___ days of gestation	Adapted from SOGC guideline	
38.	If yes to FTMA	Who usually provides pre-abortion patient education/counselling for FIRST trimester medical abortion? (Check all that apply)	a. Unlicensed trained counsellor/educator /health care worker b. Licensed counsellor/social worker or similarly credentialed person c. Licensed practical nurse (LPN) d. Registered nurse (RN) e. Nurse practitioner (NP)	2012 CAPS	

			<ul style="list-style-type: none"> f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (attending, resident or fellow) i. Me j. Educational video k. Other, please specify: 		
39.	If yes to FTMA	Who primarily discusses pre-abortion informed consent for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Unlicensed trained counsellor/educator /healthcare worker b. Licensed counsellor/social worker or similarly credentialed person c. Licensed practical nurse (LPN) d. Registered nurse (RN) e. Nurse practitioners (NP) f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (attending, resident or fellow) i. Me j. Other, please specify: 	2012 CAPS	

40.	If yes to FTMA	For which percentage of FIRST trimester medical abortion patients do you perform or request each of the following tests? (Please estimate percentages)	<ul style="list-style-type: none"> a. Ultrasound ____% b. Urine hCG ____% c. Quantitative serum βhCG ____% d. General physical exam ____% e. Vaginal and pelvic/bimanual exam ____% f. Past medical history ____% g. Rh status ____% h. Hemoglobin or hematocrit ____% i. STI testing ____% j. Other, please specify: ____% 	Adapted from Fletcher, H. et al, (2011). A Survey of Providers' Knowledge, Opinions, and Practices Regarding Induced Abortion in Jamaica. <i>International Journal of Gynecology and Obstetrics</i> , 113(3), 183-186.	
41.	If yes to FTMA	Do you assess Rh status in the following patients? (Check one)	<ul style="list-style-type: none"> a. In all patients b. Only if gestational age is $\geq 7+0$ weeks c. Only if gestational age is $\geq 8+0$ weeks d. Never e. Other, please specify: _____ 	Adapted from 2012 CAPS	
42.	If yes to FTMA	If a patient is Rh (-), do you offer Rh immune globulin administration? (Check one)	<ul style="list-style-type: none"> a. To all patients b. Only if gestational age is $\geq 7+0$ weeks c. Only if gestational age is $\geq 8+0$ weeks d. Never e. Other, please specify: _____ 	Adapted from SOGC guideline	

43.	If yes to FTMA & using mifepristone/miso prostol NOT mandatory	Where does MIFEPRISTONE/MISOPROSTOL get dispensed to the patient? (Please estimate percentage for each option. Please be sure that the percentages sum to 100%)	<ul style="list-style-type: none"> a. At the hospital pharmacy __% b. At the community pharmacy __% c. In the office/clinic __% d. Other, please specify: ___ % 	New	
44.	If yes to FTMA & mifepristone	Where does the patient take the mifepristone dose? (Please estimate percentage for each option. Please be sure that the percentages sum to 100%).	<ul style="list-style-type: none"> a. Mandated to be taken in the office/clinic __% b. Home/outside of clinic as not available in the office/clinic __% c. Per patient's preference in office/clinic __% d. Per patient's preference at home/outside of clinic __% e. Other, please specify __% 	Adapted from Tomnay, J.E. et al (2018). Providing Accessible Medical Abortion Services in a Victorian Rural Community: A Description and Audit of Service Delivery and Contraception Follow-Up. <i>Sexual and Reproductive Healthcare</i> , 16, 175-180.	

45.	If yes to FTMA mandatory	Which analgesic(s) or adjunct medication(s) do you usually recommend, prescribe or dispense to FIRST trimester medical abortion patients for management of side effects? (Check all that apply)	<ul style="list-style-type: none"> a. Acetaminophen b. Nonsteroidal anti-inflammatory drug (NSAID; e.g. Ibuprofen®) c. Opioid d. Anti-emetic e. None f. Other, please specify: 	Adapted from 2012 CAPS	
46.	FTMA & opioid	What percentage of your patients receives an opioid for FIRST trimester medical abortion?	____%		
47.	FTMA & opioid	Which opioid do you usually prescribe or dispense (either by itself or combined with acetaminophen)? (Check one)	<ul style="list-style-type: none"> a. Codeine b. Tramadol c. Hydromorphone d. Oxycodone e. Morphine f. Other, please specify: __ 		
48.	FTMA & above question	Please specify, regarding the medication chosen above, what is the usual number of pills and refills you prescribe or dispense.	_____ number of pills AND _____ number of refills		
49.	If yes to FTMA	Do you provide an antibiotic prophylaxis in FIRST trimester medical abortion? (Check one)	<ul style="list-style-type: none"> a. Always b. Based on risk factors c. Never d. Other, please specify: 	2012 CAPS	

50.	If yes to FTMA. Show answer a for situation b only	<p>When do you usually recommend a follow-up contact/assessment or visit after a FIRST trimester medical abortion? (Check one for each situation)</p> <p>a. For a confirmed intrauterine pregnancy</p> <p>b. For a pregnancy of unknown location (absence of yolk sac or embryo within an intrauterine gestational sac on ultrasound)</p> <p>AND</p> <p>in the absence of a risk factor for or a clinical symptom of an ectopic pregnancy</p>	<p>a. I do not provide first trimester medical abortion in the case of pregnancy of unknown location</p> <p>b. 1-6 days after misoprostol is taken</p> <p>c. 7-14 days after misoprostol is taken</p> <p>d. 15 days or more after misoprostol is taken</p> <p>e. Other, please specify: ____</p>	Adapted from SOGC guideline	
51.	If yes to FTMA	<p>How do you usually follow-up to assess if the FIRST trimester medical abortion is complete? (Check all that apply)</p>	<p>a. Ultrasonography</p> <p>b. Serial serum quantitative βhCG testing</p> <p>c. Low sensitivity / Semi-quantitative urine hCG testing</p> <p>d. Physical exam</p> <p>e. Standardized evaluation by telephone</p> <p>f. Standardized evaluation by electronic communication</p> <p>g. Other, please specify:</p>	Adapted from 2012 CAPS	

52.	If yes to FTMA & mifepristone/misoprostol	When do you advise a repeat dose of misoprostol for FIRST trimester medical abortion patients using a MIFEPRISTONE/MISOPROSTOL regimen? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol c. For heavy bleeding d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Routinely offered j. Other, please specify: 	Adapted from 2012 CAPS	
53.	If yes to FTMA & methotrexate	When do you advise a repeat dose of misoprostol for FIRST trimester medical abortion patients using a	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 	Adapted from 2012 CAPS	

		METHOTREXATE/MISOPROSTOL regimen? (Check all that apply)	<p>hours after the first dose of misoprostol</p> <ul style="list-style-type: none"> c. For heavy bleeding d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Routinely offered j. Other, please specify: 		
54.	If yes to FTMA & miso ONLY	When do you advise a repeat dose of misoprostol for FIRST trimester medical abortion patients using a MISOPROSTOL-ONLY regimen? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol c. For heavy bleeding 	Adapted from SOGC guideline	

			<ul style="list-style-type: none"> d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Routinely offered j. Other, please specify: 		
55.	If yes to FTMA & mife/miso & unless never repeat miso	What proportion of your FIRST trimester medical abortion patients have received a repeat dose of misoprostol (e.g. for retained products of conception) after using a MIFEPRISTONE/MISOPRO	____%	Adapted from 2012 CAPS Results were reported in US 2012 paper	

		STOL regimen? (Please estimate percentage)			
56.	If yes to FTMA & miso ONLY & unless never repeat miso	What proportion of your FIRST trimester medical abortion patients have received a repeat dose of misoprostol (e.g. for retained products of conception) after using a METHOTREXATE/MISOPROSTOL regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS Results were reported in US 2012 paper	
57.	If yes to FTMA & methotrexate & unless never repeat miso	What proportion of your FIRST trimester medical abortion patients have received a repeat dose of misoprostol (e.g. for retained products of conception) after using a MISOPROSTOL-ONLY regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS	
58.	If yes to FTMA & mife/miso	When do you provide a repeat course of a MIFEPRISTONE/MISOPROSTOL regimen for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 – 48 hours after the first dose of misoprostol c. For heavy bleeding 	Adapted from 2012 CAPS	

			<ul style="list-style-type: none"> d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Routinely offered j. Other, please specify: 		
59.	If yes to FTMA & methotrexate/misoprostol	When do you provide a repeat course of a METHOTREXATE/MISOPROSTOL regimen for FIRST trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol c. For heavy bleeding d. For prolonged bleeding up to 30 days 	Adapted from 2012 CAPS	

			<ul style="list-style-type: none"> e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Routinely offered j. Other, please specify: 		
60.	If yes to FTMA & mife/miso & except for never repeat	What proportion of your FIRST trimester medical abortion patients have received a repeat course of a MIFEPRISTON/MISOPROSTOL regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS	
61.	If yes to FTMA & methotrexate/miso & except for never repeat	What proportion of your FIRST trimester medical abortion patients have received a repeat course of a METHOTREXATE/MISOP	____%	Adapted from 2012 CAPS	

		ROSTOL regimen? (Please estimate percentage)			
62.	If yes to FTMA & mife/miso	When do you provide/refer for a SURGICAL PROCEDURE after a FIRST trimester abortion with a MIFEPRISTONE/MISOPROSTOL regimen? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol c. For heavy bleeding d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Other, please specify: 	Adapted from 2012 CAPS	

63.	If yes to FTMA & mtx/miso	When do you provide/refer for a SURGICAL PROCEDURE after a FIRST trimester abortion with a METHOTREXATE/MISOPROSTOL regimen? (Check all that apply)	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol c. For heavy bleeding d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Other, please specify: 	Adapted from 2012 CAPS	
64.	If yes to FTMA & miso ONLY	When do you provide/refer for a SURGICAL PROCEDURE after a FIRST trimester abortion with a MISOPROSTOL-ONLY	<ul style="list-style-type: none"> a. Never b. If no bleeding occurs in 24 - 48 hours after the first dose of misoprostol 	Adapted from 2012 CAPS	

		regimen? (Check all that apply)	<ul style="list-style-type: none"> c. For heavy bleeding d. For prolonged bleeding up to 30 days e. For SYMPTOMATIC retained nonviable sac, decidua or blood on ultrasound f. For ASYMPTOMATIC prolonged retention of a non-viable gestational sac on ultrasound g. For ASYMPTOMATIC thickened endometrial lining without gestational sac h. For ongoing viable pregnancy i. Other, please specify: 		
65.	If yes to FTMA & mife/miso & unless never surgery	What proportion of your FIRST trimester medical abortion patients had a subsequent SURGICAL PROCEDURE for the same pregnancy after using a MIFEPRISTONE/MISOPROSTOL regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS	

66.	If yes to FTMA & methotrexate/miso & unless never surgery	What proportion of your FIRST trimester medical abortion patients had a subsequent SURGICAL PROCEDURE for the same pregnancy after using a METHOTREXATE/MISOPROSTOL regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS	
67.	If yes to FTMA & miso ONLY & unless never surgery	What proportion of your FIRST trimester medical abortion patients had a subsequent SURGICAL PROCEDURE for the same pregnancy after using a MISOPROSTOL-ONLY regimen? (Please estimate percentage)	____%	Adapted from 2012 CAPS	
68.	If yes to FTMA	In what percentage of patients do you assess for preferred post-abortion contraception method after FIRST trimester medical abortion?	_____ %	Based on feedback from Sept 14 Research and Planning Day for Nurse Providers of FTMA	
69.	If yes to FTMA	What percentage of your patients initiates a long acting reversible contraceptive (LARC) / leaves with a prescription for a short acting reversible contraceptive (SARC) / plans to use another	a. ____% b. ____% c. ____% d. ____%	Adapted from Roe, A.H. et al 2017. Contraception after Surgical and Medical Abortion.	

		<p>method after a FIRST trimester medical abortion? (Please estimate percentage for each option. Please be sure that the percentages sum to 100%)</p> <p>a) Long acting reversible contraceptive (LARC): intrauterine system (IUS)/intrauterine device (IUD)</p> <p>b) Short acting reversible contraceptive (SARC): oral contraceptive pill, ring, patch, injectable contraception (e.g. depo-medroxyprogesterone acetate (DMPA))</p> <p>c) Barrier methods only or other methods</p> <p>d) None</p>		<p><i>Obstetrical and Gynecological Survey, 72(8), 487-493.</i></p>	
70.	If yes to FTMA	<p>How early do you recommend to initiate the following contraceptive options after FIRST trimester medical abortion? (Check one for each option):</p> <p>a. Injectable contraception (e.g. DMPA)</p> <p>b. Oral contraceptive pill (OCP)</p> <p>c. Patch</p> <p>d. Ring</p> <p>e. Hormonal IUS</p> <p>f. Copper IUD</p>	<p>a. Same day as mifepristone</p> <p>b. The day after misoprostol</p> <p>c. Once complete abortion has been confirmed</p> <p>d. Other, please specify: __</p> <p>e. Do not offer this method</p>	Adapted from 2012 CAPS	

71.	If yes to FTMA	<p>How often do you or someone else in the care team assess for the following history in patients presenting for FIRST trimester medical abortion? (Check one for each option)</p> <p>a. Intimate partner violence b. Familial abuse c. Mental health concerns</p>	<p>a. We / I always provide this type of assessment b. We / I sometimes provide this type of assessment, based on the individual patient c. We / I rarely provide this type of assessment d. We / I never provide this type of assessment e. Prefer not to answer</p>	Based on feedback from Sept 14 Research and Planning Day for Nurse Providers of FTMA	
72.	If yes to FTMA	<p>What is your average wait time between the patient's first contact (phone call or referral) with your clinical location and them receiving a prescription or the medication for a FIRST trimester medical abortion? (Please estimate)</p>	_____ number of days	New	
73.	If yes to FTMA	<p>Please specify the purpose of the individual visits / phone calls (for telemedicine services) a patient experiences in order to complete a FIRST trimester medical abortion. (Check all that apply for each visit/call)</p>	<p>a. Counselling / consenting b. Ultrasound c. Blood work d. Physical exam e. Prescribing medication f. Follow-up visit/call</p>	New	

		<ul style="list-style-type: none"> a. 1st visit/call ___ b. 2nd visit/call ___ c. 3rd visit/call ___ d. 4th visit/call e. 5th visit/call f. 6th visit/call g. 7th visit/call h. Other visits/calls: ___ 	<ul style="list-style-type: none"> g. Not applicable h. Other purpose, please explain: ___ 		
74.	If yes to FTMA	<p>How do you usually provide after-hours coverage for patients undergoing FIRST trimester medical abortion? (Check all that apply)</p>	<ul style="list-style-type: none"> a. I hand out my personal phone number b. I am part of an abortion specific call group c. I am part of a general call group and ask my patients to call our on-call person d. I ask my patients to present to our emergency department e. My patients can call a central or provincial toll-free number to speak with a nurse advisor f. Other, please specify: ___ 	Adapted from SOGC guideline	

75.	If yes to FTMA	For which indication(s) do you use a MIFEPRISTONE/MISOPROSTOL regimen in FIRST trimester MISCARRIAGE management? (Check all that apply)	<ul style="list-style-type: none"> a. Incomplete abortion b. Missed abortion (empty gestational sac or embryonic/fetal demise on ultrasound) c. Never d. Other, please specify: 	New	
76.	If yes to FTMA & missed abortion or other	In approximately what percentage of medically managed FIRST trimester MISSED ABORTIONS, do you use the following regimens? (Please estimate percentage for each option Please be sure that the percentages sum up to 100%)	<ul style="list-style-type: none"> a. Misoprostol-only ___% b. Mifepristone/misoprostol ___% c. Other, please specify: ____ 	New	
77.	If yes to FTMA	Do you provide any other reproductive health care or general health care during abortion related visits?	<ul style="list-style-type: none"> a. Yes, please specify: _____ b. No, please specify: _____ 	New	
78.	If yes to FTMA Not mandatory, but skip next 3 questions if left blank	Do you provide FIRST trimester medical abortion by telemedicine?	<ul style="list-style-type: none"> a. Yes b. No 	Adapted from 2012 CAPS	

79.	IF yes to FTMA & yes to telemedicine	Which component(s) of FIRST trimester medical abortion do you provide via telemedicine? (Check all that apply)	<ul style="list-style-type: none"> a. An initial consultation to decide which tests are needed b. Consultation to review results and to decide to prescribe mifepristone c. Follow-up consultation days or weeks after prescribing mifepristone d. Other, please specify: 	New	
80.	IF yes to FTMA & yes to telemedicine	When providing FIRST trimester medical abortion via telemedicine, how often do you obtain or request the following tests on initial assessment? (Please estimate percentages)	<ul style="list-style-type: none"> a. Ultrasound ____% b. Urine hCG ____% c. Quantitative serum βhCG __% d. Medical history ____% e. Rh status ____% f. Hemoglobin or hematocrit ____% g. Sexually transmitted infection (STI) testing ____% h. Other, please specify: __% 	Fletcher, H., et al (2011). A Survey of Providers' Knowledge, Opinions, and Practices Regarding Induced Abortion in Jamaica. <i>International Journal of Gynecology and Obstetrics</i> , 113(3), 183-186.	

81.	IF yes to FTMA & yes to telemedicine	When providing FIRST trimester medical abortion via telemedicine, how do you usually follow-up to assess if it is complete? (Check all that apply)	<ul style="list-style-type: none"> a. Ultrasonography b. Serial serum quantitative βhCG testing c. Low sensitivity / Semi-quantitative urine hCG testing d. Standardized evaluation by telephone e. Standardized evaluation by electronic communication f. Other, please specify: 		
82.	If yes to FTMA	Which barrier(s) do you perceive to providing telemedicine for FIRST trimester medical abortion in your clinical location? (Check all that apply)	<ul style="list-style-type: none"> a. Lack of equipment to provide telemedicine b. Lack of provincial fee code for medication abortion using telemedicine c. Lack of ability to provide mifepristone/misoprostol d. Lack of ability to confirm gestational age via ultrasound where patient is located 	New	

			<ul style="list-style-type: none"> e. Lack of ability to order serial quantitative serum βhCG f. Lack of access to urgent D&C and/or blood products close to patient's location g. Clinic/Facility regulations h. Provincial/territorial regulations i. None j. Other, please specify ____ 		
83.	If yes to FTMA & physicians	Have you ever in the past provided surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. First trimester surgical abortion (\leq 13+6 weeks of gestation) b. Second trimester surgical abortion (\geq 14+0 weeks of gestation) c. No 	Modified from 2012 CAPS	
84.	If yes to FTMA	Are you a registered member of Canadian Abortion Provider Support / Communauté de pratique canadienne sur l'avortement (CAPS-CPCA)? (Check one)	<ul style="list-style-type: none"> a. Yes b. No c. I don't know 	Mifepristone implementation survey	

85.	If yes to FTMA	Do you plan to participate in the CAPS-CPCA forum (online platform: https://www.caps-cpca.ubc.ca)? (Check one)	a. Yes b. No c. Undecided	Mifepristone implementation survey	
86.	If yes to FTMA	How many times in the past 6 months have you accessed the CAPS-CPCA website?	____ (number of times)	Mifepristone implementation survey	
87.	If yes to FTMA and not 0 times above	The CAPS-CPCA website is helpful. (Check one)	a. Strongly disagree, please specify: ____ b. Disagree, please specify: ____ c. Neutral, please specify: ____ d. Agree, please specify: ____ e. Strongly agree, please specify: ____	Mifepristone implementation survey	
88.	If yes to FTMA & nurse practitioner	Is there anything else you would like to share with us in regards to your FIRST trimester medical abortion care, specifically as a nurse practitioner?	_____	New	
89.	If yes to FTMA & physician	Is there anything else you would like to share with us in regards to your FIRST trimester medical abortion care?	_____	2012 CAPS	

FIRST TRIMESTER SURGICAL ABORTION

FIRST TRIMESTER SURGICAL ABORTION					
CAPS 2019					
Question #	"ask if" pattern	Question	Answers/Options	Source	Comments
	If yes to FTSA in Demographics Section	<p>FIRST TRIMESTER SURGICAL ABORTION</p> <p>Please answer this section of the survey in regards to your practice of induced FIRST trimester surgical abortion care EXCLUDING management of miscarriage.</p> <p>This section will take you approximately 15 minutes to complete.</p> <p>Thank you very much for participating in this survey.</p>			Next set of questions heading text
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both</p>			

		<p>the return code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	If yes to FTSA	<p>What is the total number of FIRST trimester surgical abortions (defined as surgical abortions $\leq 13+6$ weeks of gestational age) you performed in the year 2019? (Please estimate)</p>	_____ FIRST trimester surgical abortions in 2019	Adapted from 2012 CAPS	
2.	If yes to FTSA mandatory	<p>In how many clinical locations do you provide FIRST trimester surgical abortion care (e.g. 1 hospital and 2 clinics = 3 locations)?</p>	_____ number of clinical locations	<p>Taken from FTMA</p> <p>Adapted from Norman, W.V. et al (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the CAPS, PLoS One, 8(6), 1-7.</p>	
3.	If yes to FTSA	<p>Please specify the clinical location of your PRIMARY</p>	<p>e. Outside of hospital</p> <p>f. Community hospital</p> <p>g. Academic hospital</p>	Taken from FTMA	

	mandatory	practice providing FIRST trimester surgical abortion care? (Check one)	h. Other, please specify: ____	Adapted from Dodge, L.E. et al (2015). Attitudes Towards Abortion among Providers of Reproductive Health Care. <i>Women's Health Issue, 26(5), 511-516.</i>	
4.	If yes to FTSA & outside of hospital & primary practice	Does this PRIMARY clinical location outside of the hospital provide any services other than abortion care? (Check all that apply)	d. Yes, other reproductive health care e. Yes, general health care other than reproductive health care f. No, only abortion services	Taken from FTMA	No is action tag
5.	If FTSA & hospital service	What best describes how your PRIMARY hospital-based clinical location provides abortion care? (Check one)	c. Provides organized abortion only services / dedicated abortion clinic d. Provides abortion care mixed in with other medical care	Taken from FTMA	
6.	If yes to FTSA & OTHER	Does this PRIMARY clinical location provide any services other than abortion care? (Check all that apply)	d. Yes, other reproductive health care e. Yes, general health care other than reproductive health care e. No, only abortion services		No is action tag

7.	If FTSA & If more than one clinical location	Please specify the clinical location(s) of your ADDITIONAL practice(s) providing FIRST trimester surgical abortion care? (Check all that apply)	e. Outside of hospital f. Community hospital g. Academic hospital h. Other, please specify: _____		
8.	If FTSA & Outside hospital & more than one clinical location	Does this (do these) ADDITIONAL clinical location(s) outside of the hospital provide any services other than abortion care? (Check all that apply)	d. Yes, other reproductive health care e. Yes, general health care other than reproductive health care f. No, only abortion services		No is action tag
9.	If FTSA & hospital service & more than one clinical location	What best describes how your ADDITIONAL hospital-based clinical location(s) provides abortion care? (Check all that apply)	c. Provides organized abortion only service / dedicated abortion clinic d. Provides abortion care mixed in with other medical care	New	
10.	If FTSA & OTHER & additional	Does this (do these) ADDITIONAL other clinical location(s) provide any services other than abortion care? (Check all that apply)	a. Yes, other reproductive health care b. Yes, general health care other than reproductive health care e. No, only abortion services		No is action tag

11.	If yes to FTSA	How many years of experience do you have providing FIRST trimester surgical abortion care after final post-graduate training (e.g. number of years after residency or fellowship)? (Check one)	<ul style="list-style-type: none"> a. < 5 years b. 5 to 10 years c. 11 to 15 years d. 16 to 20 years e. > 20 years 	Taken from FTMA, Adapted from 2012 CAPS	
	If yes to FTSA	If you provide services in more than one clinical location, please answer the subsequent questions in regards to the clinical location you provide <u>most</u> of your abortion care at. Please answer in regards to the clinical care you provide rather than your clinical location's care unless specified otherwise in the question.			Next set of questions heading text
12.	If yes to FTSA	For which indication(s) do you usually provide FIRST trimester surgical abortion in a live embryo/fetus? (Check all that apply)	<ul style="list-style-type: none"> h. Patient request without other factors i. Genetic anomaly not compatible with life j. Any genetic anomaly k. Congenital anomaly/malformation not compatible with life l. Any congenital anomaly m. Maternal medical indication 	New	

			<ul style="list-style-type: none"> n. All of the above o. Other, please specify: __ 		
13.	If yes to FTSA Mandatory. Action tag for in all patients and never	In which case(s) do you usually require a pre-procedure ultrasound before FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> g. In all patients h. In case of unsure last menstrual period (LMP) i. In case of discrepancy between physical exam and LMP j. In case of a risk factor for OR a clinical symptom of an ectopic pregnancy k. In case the pregnancy by LMP or exam is believed to be $\leq 7+0$ weeks of gestation l. In case the pregnancy by LMP or exam is believed to be $\geq 12+0$ weeks of gestation m. Never n. Other, please specify: __ 	Taken from FTMA Adapted from 2012 CAPS & SOGC guideline	
14.	If yes to FTSA & ultrasound	Where do you usually access ultrasound for your FIRST trimester surgical abortion patients? (Check all that apply)	<ul style="list-style-type: none"> a. Through an ultrasound in my clinic b. Through diagnostic imaging in my 	Taken from FTMA Adapted from 2012 CAPS	

			<p>health region or hospital / radiology</p> <p>c. Through maternal-fetal medicine / perinatology in my health region or hospital</p> <p>d. Other, please specify: _____</p>		
15.	If yes to FTSA & ultrasound Make sure yes specify box appears	Do you experience barriers to obtain an ultrasound for your FIRST trimester surgical abortion patients?	<p>c. No</p> <p>d. Yes, please specify: _____</p>	<p>Taken from FTMA</p> <p>Adapted from 2012 CAPS</p>	
16.	If yes to FTSA & ultrasound	Who usually performs your pre-procedure ultrasound for FIRST trimester surgical abortion? (Check all that apply)	<p>a. Trained non-licensed staff</p> <p>b. Licensed sonogram technician/radiology technician</p> <p>c. Licensed practical nurse (LPN)</p> <p>d. Registered nurse (RN)</p> <p>e. Nurse practitioner (NP)</p> <p>f. Physician assistant (PA) [not applicable to Quebec]</p> <p>g. Midwife</p> <p>h. Physician (non Radiologist)</p> <p>i. Physician (Radiologist)</p>	<p>Taken from FTMA</p> <p>Adapted from 2012 CAPS</p>	

			<ul style="list-style-type: none"> j. Me k. I don't know l. Other, please specify: __ 		
17.	If yes to FTSA; mandatory	What is the minimum gestational age/criteria at which you provide FIRST trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> e. As soon as the pregnancy test is positive f. Starting at _____ weeks and ____ days of gestational age g. If ultrasound is performed, as soon as the intrauterine gestational sac and yolk sac are seen h. Other, please specify: 	Taken from FTMA, Adapted from 2012 CAPS	
18.	If yes to FTSA; mandatory	What is/are the criteria for which you provide FIRST trimester surgical abortion in the setting of a pregnancy of unknown location (absence of yolk sac or	<ul style="list-style-type: none"> a. No intrauterine gestational sac is seen on ultrasound and the serum βhCG level is > 2000IU/L b. No intrauterine gestational sac is 	Taken from FTMA, Adapted from 2012 CAPS	

		embryo within an intrauterine gestational sac on ultrasound) AND in the absence of a risk factor for or a clinical symptom of an ectopic pregnancy? (Check all that apply)	seen on ultrasound and the serum β hCG level is ≤ 2000 IU/L c. A likely intrauterine gestational sac is seen on ultrasound without a yolk sac or fetal pole d. I do not provide FIRST trimester surgical abortion in the case of pregnancy of unknown location e. Other, please specify:		
19.	If yes to FTSA; mandatory	Up to what maximum gestational age do you provide FIRST trimester surgical abortion (defined as surgical abortions $\leq 13+6$ weeks of gestational age)?	____ weeks and ____ days of gestation	Adapted from FTMA, Adapted from 2012 CAPS	
20.	If yes to FTSA	Which factor(s) determines your upper gestational age limit for FIRST trimester surgical abortion? (Check all that apply)	f. Definition of the end of the first trimester ($\leq 13+6$ weeks of gestation) g. Personal preference h. Personal competency i. Clinic/Facility regulations j. Provincial/territorial regulations	New, adapted from administrator section, same as FTMA	

			k. Other, please specify: ____		
21.	If yes to FTSA	Who usually provides pre-abortion patient education/counselling for FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Unlicensed trained counsellor/educator/healthcare worker b. Licensed counsellor/social worker or similarly credentialed person c. Licensed practical nurse (LPN) d. Registered nurse (RN) e. Nurse practitioner (NP) f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (attending, resident or fellow) i. Me j. Educational video k. Other, please specify: __ 	Taken from FTMA, Adapted from 2012 CAPS	
22.	If yes to FTSA	Who primarily discusses pre-abortion informed consent for FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Unlicensed trained counsellor/educator/healthcare worker b. Licensed counsellor/social worker or similarly credentialed person c. Licensed practical nurse (LPN) 	Taken from FTMA, Adapted from 2012 CAPS	

			<ul style="list-style-type: none"> d. Registered nurse (RN) e. Nurse practitioner (NP) f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (attending, resident or fellow) i. Me j. Other, please specify: _____ 		
23.	If yes to FTSA	Do you assess Rh status in the following patients? (Check one)	<ul style="list-style-type: none"> a. In all patients b. Only if gestational age is $\geq 7+0$ weeks c. Only if gestational age is $\geq 8+0$ weeks d. Never e. Other, please specify: _____ 	Taken from FTMA, 2012 CAPS	
24.	If yes to FTSA	If a patient is Rh (-), do you offer Rh immune globulin administration? (Check one)	<ul style="list-style-type: none"> a. To all patients b. Only if gestational age is $\geq 7+0$ weeks c. Only if gestational age is $\geq 8+0$ weeks d. Never e. Other, please specify: _____ 	Taken from FTMA, 2012 CAPS	

25.	If yes to FTSA MANDATORY	Which factor(s) do you consider when deciding if and how to prepare the cervix prior to FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Gestational age b. Parity c. Prior caesarean section d. Prior vaginal delivery e. Patient age f. Prior cervical procedure g. Fibroid uterus h. All of the above i. I do not prepare the cervix j. Other, please specify: ____ 		
26.	If yes to FTSA & anything but parity OR or do not prepare OR all of the above MANDATORY	At which gestational age do you start cervical preparation in patients for FIRST trimester surgical abortion?	____ weeks and ____ days of gestation		

27.	If yes to FTSA & anything but parity & yes to cervical prep MANDATORY and make sure to get miso & dilator coded below.	How do you usually prepare the cervix at the following gestational ages? (Check all that apply for each gestational age) a. $\leq 7+6$ weeks b. $\geq 8+0 - \leq 9+6$ weeks c. $\geq 10+0 - \leq 11+6$ weeks d. $\geq 12+0 - \leq 13+6$ weeks	a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide FIRST trimester surgical abortion at this gestational age		
28.	If yes to FTSA & Parity OR all of the above in Q 25. Mandatory	At which gestational age do you usually start cervical preparation in NULLIPAROUS patients for FIRST trimester surgical abortion?	a. I do not prepare the cervix b. Starting at ____ weeks and ____ days of gestational age	New	
29.	If yes to FTSA & parity OR all of the above in Q 25 & cervical preparation Mandatory	How do you usually prepare the cervix in NULLIPAROUS patients at the following gestational ages? (Check all that apply for each gestational age) a. $\leq 7+6$ weeks b. $\geq 8+0 - \leq 9+6$ weeks c. $\geq 10+0 - \leq 11+6$ weeks d. $\geq 12+0 - \leq 13+6$ weeks	a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide FIRST trimester	Adapted from 2012 CAPS	

			surgical abortion at this gestational age		
30.	If yes to FTSA & parity OR all of the above in Q25, Mandatory	At which gestational age, do you usually start cervical preparation in MULTIPAROUS patients for FIRST trimester surgical abortion?	a. I do not prepare the cervix b. Starting at ____ weeks and ____ days of gestational age	New	
31.	If yes to FTSA & parity OR all of the above in Q25 & cervical preparation Mandatory	How do you usually prepare the cervix in MULTIPAROUS patients at the following gestational ages? (Check all that apply for each gestational age) a. $\leq 7+6$ weeks b. $\geq 8+0 - \leq 9+6$ weeks c. $\geq 10+0 - \leq 11+6$ weeks d. $\geq 12+0 - \leq 13+6$ weeks	a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide FIRST trimester surgical abortion at this gestational age	Adapted from 2012 CAPS	
32.	If yes to FTSA & osmotic dilators	Which osmotic dilators do you usually use in your practice for FIRST trimester surgical abortion? (Check one)	a. Laminaria® only b. Dilapan® only c. Both types of osmotic dilators	New	
33.	If yes to FTSA	Do you think it is safe to use misoprostol for cervical ripening in patients with a prior uterine scar undergoing a FIRST	a. Yes b. No c. Other, please specify: ____	Adapted from 2012 CAPS	

		trimester surgical abortion? (Check one)			
34.	If yes to FTSA & and misoprostol	What initial dose of misoprostol do you usually use for cervical ripening before FIRST trimester surgical abortion? (Check one)	a. 200 mcg b. 400 mcg c. Other, please specify: ____	Adapted from 2012 CAPS	
35.	If yes to FTSA & misoprostol	What time interval do you usually recommend between the administration of misoprostol for cervical ripening and FIRST trimester surgical abortion?	____ hours	Adapted from SOGC Guidelines (400 mcg vaginally 3 hours vs 400 mcg SL 2-3 hours)	
	If yes to FTSA	PROCEDURAL ANALGESIA			Next set of questions heading text
36.	If yes to FTSA & osmotic dilators mandatory	Do you use analgesia before or during placement of osmotic dilators for FIRST trimester surgical abortion? (Check one)	a. Yes b. No c. Sometimes, please specify: ____	Adapted from 2012 CAPS and SOGC	
37.	If yes to FTSA & osmotic dilators & analgesia for placement of osmotic dilators, Must not get this	Which of the following analgesic methods do you usually use before or during placement of <u>osmotic dilators</u> before FIRST trimester surgical abortion? (Check all that apply)	a. Non-pharmacological methods (visualization technique, focused breathing, playing music etc.) b. Local cervical anaesthesia (intracervical block, paracervical block,	Adapted from 2012 CAPS and SOGC	

	question if no above		<p>topical local anaesthesia)</p> <p>c. Oral nonsteroidal anti-inflammatory drugs (NSAIDs; e.g. Ibuprofen®)</p> <p>d. Oral opioids</p> <p>e. Intramuscular analgesia</p> <p>f. Light sedation (oral anxiolytics)</p> <p>g. Intravenous moderate (conscious) sedation</p> <p>h. Deep sedation (purposeful response following repeated or painful stimulation, and protective airway reflexes intact)</p> <p>i. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes)</p> <p>j. Other method(s), please specify:</p>		
38.	If yes to FTSA mandatory	Which of the following analgesic methods do you usually use for FIRST trimester	a. Non-pharmacological methods (visualization	Adapted from 2012 CAPS and SOGC	

		<p>surgical abortion? (Check all that apply)</p>	<p>technique, focused breathing, playing music etc.)</p> <ul style="list-style-type: none"> b. Local cervical anaesthesia (intracervical block, paracervical block, topical local anaesthesia) c. Oral nonsteroidal anti-inflammatory drugs (NSAIDs; e.g. Ibuprofen®) d. Oral opioids e. Intramuscular analgesia f. Light sedation (Oral anxiolytics) g. Intravenous moderate (conscious,) sedation h. Deep sedation (purposeful response following repeated or painful stimulation, and protective airway reflexes intact) i. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) 		
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			j. None k. Other method(s), please specify: _____		
39.	If yes to FTSA & any analgesia	Approximately what percentage of your FIRST trimester surgical abortions is done using the following methods of pain management? (Please estimate percentage for each option. Please be sure that the percentages sum up to 100%).	a. Local cervical anaesthesia only _____ (%) b. Local cervical anaesthesia plus any oral meds (including NSAIDs) _____ (%) c. Local cervical anaesthesia plus any intramuscular meds (± oral meds) _____ (%) d. Intravenous moderate (conscious) sedation ± local cervical anaesthesia _____ (%) e. Deep sedation (purposeful response following repeated or painful stimulation and protective airway reflexes intact) _____ (%) f. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of	Adapted from 2012 CAPS	

			protective airway reflexes) ___ (%)		
40.	If yes to FTSA & local cervical anaesthesia	Which medication do you usually use for the local cervical anaesthesia? (Check one)	<ul style="list-style-type: none"> a. Lidocaine/Xylocaine® (\pm epinephrine) b. Mepivacaine/Carbocaine® c. Chloroprocaine d. Bupivacaine/Marcaine® e. Bacteriostatic saline f. Other, please specify: _____ 	Adapted from 2012 CAPS	
41.	If yes to FTSA & local cervical anaesthetic above	Please specify, regarding the medication chosen above, what is the usual dose you give for cervical anaesthesia (indicate concentration and amount)	_____ concentration in % AND _____ amount in ml	Adapted from Renner RM, 2009 Cochrane	
42.	If yes to FTSA & local cervical anaesthesia	Where do you inject the majority of the cervical anaesthetic? (Check one)	<ul style="list-style-type: none"> a. Intracervical b. Paracervical c. Other, please specify: _____ 	Adapted from Renner RM, 2009 Cochrane	
43.	If yes to FTSA & local cervical anaesthesia	How long do you wait between cervical anaesthesia and cervical dilation? (Check one)	<ul style="list-style-type: none"> a. I do not wait b. 1 minute c. 3 minutes d. Other, please specify: ___(minutes) 	Adapted from 2012 CAPS and Renner RM, 2016 Contraception (RCT)	
44.	If yes to FTSA & local cervical anaesthesia	Do you add a buffer (e.g. bicarbonate) to the cervical anaesthetic solution?	<ul style="list-style-type: none"> a. Yes b. No 	2012 CAPS	

45.	If yes to FTSA & local cervical anaesthesia	Do you usually add vasopressin to the cervical anaesthetic solution for a FIRST-trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Yes b. Not vasopressin, but I add another medication, please specify: _____ c. No 	Adapted from 2012 CAPS	
46.	If yes to FTSA & moderate sedation	Who usually administers the medications for intravenous moderate (conscious) sedation in FIRST trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Registered nurse (RN) b. Nurse practitioner (NP) c. Physician assistant (PA) [not applicable to Quebec] d. Anaesthesiologist (MD) e. Other non-Anaesthesiologist MD (physician not performing procedure) f. Physician performing procedure g. Other, please specify: _____ 	2012 CAPS	
47.	If yes to FTSA & moderate sedation	What are the medications usually given in your intravenous moderate (conscious) sedation regimen in FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Fentanyl b. Midazolam/Versed® c. Ketamine d. Diazepam/Valium® e. Meperidine/Demerol® f. Propofol/Diprivan® g. Nitrous oxide h. Anti-emetic i. I don't know 	2012 CAPS	

			j. Other, please specify: ____		
48.	If yes to FTSA & moderate sedation	What is your clinic's / facility's nothing by mouth (i.e. NPO) policy for patients receiving intravenous MODERATE (CONSCIOUS) SEDATION in FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. We do not require patients to be NPO b. No clear liquids for about 2 hours before the procedure c. No solid food for about 6 to 8 hours before the procedure d. Nothing to eat or drink after midnight (except sips of water with essential medications) e. Varies according to clinician preference or other factors f. I don't know g. Other, please specify: 	2012 CAPS	
49.	If yes to FTSA & NO deep sedation or GA	Do you refer patients who prefer or require either DEEP SEDATION (purposeful response following repeated or painful stimulation, and protective airway reflexes intact) or GENERAL ANAESTHESIA (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) for FIRST trimester surgical	<ul style="list-style-type: none"> a. Yes b. No c. I don't know d. Other, please specify: ____ 	Adapted from CAPS 2012	

		abortion to another site? (Check one)			
50.	If yes to FTSA & deep sedation OR general	What is your clinic's / facility's nothing by mouth (i.e. NPO) policy for patients receiving DEEP SEDATION or GENERAL ANAESTHESIA in FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. We do not require patients to be NPO b. No clear liquids for about 2 hours before the procedure c. No solid food for about 6 to 8 hours before the procedure d. Nothing to eat or drink after midnight (except sips of water with essential medications) e. Varies according to clinician preference or other factors f. I don't know g. Other, please specify: 	2012 CAPS	
51.	If yes to FTSA & general	How are patients receiving GENERAL ANAESTHESIA usually ventilated in FIRST trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Bag mask b. Laryngeal mask c. Endotracheal intubation d. I don't know e. Other, please specify: 	Adapted from 2012 CAPS	
52.	If yes to FTSA & non pharmacological	Do you or your staff usually use any of the following non-pharmacological pain-relieving techniques during a FIRST trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. None b. Visualization technique c. Focused breathing d. Massage e. Biofeedback f. Self-hypnosis 	2012 CAPS Tschann, M., et al (2016). Nonpharmaceutical Pain Control	

			<ul style="list-style-type: none"> g. Playing music h. Aromatherapy i. Guided imagery j. Other, please specify: _____ 	<p>Adjuncts during FIRST-Trimester Aspiration Abortion: A Review. Journal of Midwifery & Women's Health. Journal of Midwifery and Women's Health, 61(3), 331-338.</p> <p>Wells, N. (1989). Management of Pain during Abortion. Journal of Advanced Nursing, 14(1), 56-62.</p>	
	If yes to FTSA	PROCEDURAL PRACTICES			Next set of questions heading text
53.	If yes to FTSA	Do you ever use a manual vacuum aspirator (e.g. Karman®, Ipas®)?	<ul style="list-style-type: none"> a. Yes; please specify up to which gestational age (weeks and days of gestation): _____ b. No 	2012 CAPS	
54.	If yes to FTSA	Do you use a sharp curette (in addition to suction) in your technique of FIRST trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Never b. Rarely c. Sometimes d. Often e. Always 	SOGC guidelines 2018	

55.	If yes to FTSA	When performing FIRST trimester surgical abortion do you use ultrasound? (Check one for each option) a) Intraoperatively b) Postoperatively	a. Routinely b. As clinically indicated c. Never	2012 CAPS	
56.	If yes to FTSA	When do you perform an immediate postoperative tissue exam for FIRST trimester surgical abortion? (Check one)	a. Routinely b. As clinically indicated c. Never	Adapted from 2012 CAPS	
57.	If yes to FTSA	When do you refer a tissue specimen to a pathology lab for FIRST trimester surgical abortion? (Check all that apply)	a. Routinely as is my preference b. Routinely as mandated in all surgical abortion cases (by facility policy or by local/regional/provincial regulation) c. As clinically indicated d. Other, please specify:	New	
58.	If yes to FTSA	What is (are) your usual FIRST step(s) to assess if a FIRST trimester surgical abortion is complete? (Check all that apply for each option): a) pregnancy of unknown location b) confirmed intrauterine pregnancy $\leq 7+0$ weeks of gestation	a. Postoperative ultrasound b. Immediate tissue exam c. Routinely sending products of conception to pathology d. Serial serum quantitative β hCG testing	SOGC guideline 2018	

		c) confirmed intrauterine pregnancy >7+0 weeks of gestation	e. Other, please specify: _____ f. I do not provide FIRST trimester surgical abortion in this situation		
59.	If yes to FTSA mandatory	When do you provide an antibiotic prophylaxis in FIRST trimester surgical abortion? (Check one)	a. Always b. Only based on risk factors c. Never d. Other, please specify: _____	Adapted from 2012 CAPS	
60.	If yes to FTSA & NOT never	When do you begin the antibiotic prophylaxis in FIRST trimester surgical abortion? (Check one for each option) a. When osmotic dilators are used b. When no osmotic dilators are used	a. I do not use osmotic dilators b. At the time of cervical osmotic dilator placement c. Immediately preoperatively (in clinic or hospital on the day of the abortion) d. Immediately postoperatively (in clinic or hospital on the day of the abortion) e. The evening before the procedure f. I always use osmotic dilators g. Other, please specify: _____	Adapted from 2012 CAPS	Remove answer f from question a and remove answer a and b from question b.

61.	If yes to FTSA & NOT never	Which antibiotic regimen do you usually give for prophylaxis in FIRST trimester surgical abortion? (Check all that apply for each option) a. When osmotic dilators are used b. When no osmotic dilators are used	a. I do not use osmotic dilators b. Doxycycline single dose c. Doxycycline multiple doses d. Azithromycin e. Metronidazole single dose f. Metronidazole multiple doses g. I always use osmotic dilators h. Other, please specify:	Adapted from 2012 CAPS	Remove answer g from question a and remove answer a from question b. If present they are action tags
62.	If yes to FTSA	Which of the following bleeding PROPHYLAXES do you usually provide for FIRST trimester surgical abortion? (Check all that apply)	a. Carboprost (Hemabate®) b. Methylergonovine c. Foley bulb d. Misoprostol e. Oxytocin f. Tranexamic acid g. Vasopressin h. None i. Other, please specify:	Adapted from 2018 SOGC guidelines	
63.	If yes to FTSA mandatory	Which of the following treatments do you usually provide for excessive bleeding in FIRST trimester surgical abortion? (Check all that apply)	a. Carboprost (Hemabate®) b. Methylergonovine c. Foley bulb d. Misoprostol e. Oxytocin f. Tranexamic acid g. Vasopressin h. All of the above	Adapted from 2012 CAPS	

			i. Other, please specify: _____		
64.	If yes to FTSA & misoprostol above OR All of the above	What route of misoprostol do you usually use for treatment of excessive bleeding in FIRST trimester surgical abortion? (Check one)	a. Oral (swallowed) b. Buccal (between teeth and cheek) c. Vaginal d. Sublingual (under the tongue) e. Rectal	2012 CAPS	
65.	If yes to FTSA & misoprostol above OR All of the above	What total initial dose of misoprostol do you usually use for treatment of excessive bleeding in FIRST trimester surgical abortion (may include multiple initial routes of administration, e.g. oral ± rectal)? (Check one)	a. 200 mcg b. 400 mcg c. 600 mcg d. 800 mcg e. 1000 mcg f. Other, please specify: _____	2012 CAPS	
	If yes to FTSA	POST PROCEDURE PRACTICES			Next set of questions heading text
66.	If yes to FTSA	Do you usually offer scheduling a routine post-abortion visit following FIRST trimester surgical abortion? (Check all that apply)	a. No b. Yes, for all patients (at our facility or with their preferred care provider) c. Yes, for all patients having an early FIRST trimester	Adapted 2012 CAPS, SOGC guideline	

			<p>surgical abortion ($\leq 7+0$ weeks of gestation)</p> <p>d. Yes, for all patients having a FIRST trimester surgical abortion in the setting of a pregnancy of unknown location</p> <p>e. Yes, for all patients having a late FIRST trimester surgical abortion ($\geq 12+0$ weeks of gestation)</p> <p>f. Yes, for all patients who had an intrauterine system (IUS)/ intrauterine device (IUD) inserted at the time of their procedure (at our facility or with their preferred care provider)</p> <p>g. Yes, telephone follow-up through our facility</p> <p>h. Other, please specify:</p>		
67.	If yes to FTSA	What percentage of your patients initiates a long acting reversible contraceptive (LARC) / leaves with a prescription for a short acting reversible contraceptive (SARC) / plans to use another	<p>a. ____%</p> <p>b. ____%</p> <p>c. ____%</p> <p>d. ____%</p>	Adapted from Roe, A.H. et al, 2017. Contraception after surgical and medical abortion.	

		<p>method after a FIRST trimester surgical abortion (Please estimate percentage for each option. Please be sure that the percentages sum to 100%)</p> <p>e) LARC: intrauterine system (IUS)/intrauterine device (IUD)</p> <p>f) SARC: oral contraceptive pill, ring, patch, injectable contraception (e.g. depo-medroxyprogesterone acetate (DMPA))</p> <p>g) Barrier methods only or other methods</p> <p>h) None</p>		<p><i>Obstetrical and Gynecological Survey, 72(8):487-2493.</i></p>	
68.	If yes to FTSA	<p>Do you offer immediate (at the end of the surgical procedure) placement of an IUS/IUD? (Check one)</p>	<p>a. Yes b. No c. Other, please specify: _____</p>	<p>Adapted from 2018 SOGC guidelines</p>	
69.	If yes to FTSA	<p>What is the average wait time between the patient's first contact (phone call or referral) with your clinical location and them having a FIRST trimester surgical abortion? (Please estimate)</p>	<p>_____ (number of days)</p>	<p>Taken from FTMA Adapted from 2012 CAPS</p>	
70.	If yes to FTSA NOT mandatory, skip next question if left blank	<p>Do you travel to provide FIRST trimester surgical abortion (i.e. outside the community where you primarily practice)?</p>	<p>a. Yes b. No</p>	<p>Mifepristone implementation survey (adjusted for SA, instead of MA)</p>	

71.	If yes to FTSA & travel	How far is the furthest community where you provide FIRST trimester surgical abortion from your home (one way trip)?	___ (km)	Mifepristone implementation survey (adjusted for SA, instead of MA)	
72.	If yes to FTSA	When did you receive training for FIRST trimester surgical abortion? (Check one)	g. Residency: ___ (specify specialty and name/location of residency program) h. Post-residency: ___ (specify name of hospital or university)	Adapted from Mifepristone implementation	
73.	If yes to FTSA	Is there anything else you would like to share with us in regards to your FIRST trimester surgical abortion care?	_____	Taken from FTMA 2012 CAPS	

SECOND TRIMESTER SURGICAL ABORTION

CAPS 2019

Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comments
	If yes to STSA in Demographics Section	SECOND TRIMESTER SURIGCAL ABORTION Please answer this section of the survey on SECOND TRIMESTER surgical abortion in regards to your practice of induced abortion			Next set of questions heading text

		<p>care EXCLUDING management of intrauterine fetal demise (IUFD). This section will take you approximately 15 minutes to complete. Thank you very much for participating in this survey.</p>			
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link. We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion. Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	If yes to STSA	What is the total number of SECOND trimester surgical abortions (defined as surgical	_____ SECOND trimester surgical abortions in 2019	Adapted from 2012 CAPS	

		abortions \geq 14+0 weeks of gestational age) you performed in the year 2019? (Please estimate)			
2.	If yes to STSA mandatory	In how many clinical locations do you provide SECOND trimester surgical abortion care (e.g. 1 hospital and 2 clinics = 3 locations)?	_____ number of clinical locations	Taken from FTMA & STMA Adapted from Norman, W.V. et al (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the CAPS, PLoS One, 8(6), 1-7.	
3.	If yes to STSA; mandatory	Please specify the clinical location of your PRIMARY practice providing SECOND trimester surgical abortion care? (Check one)	i. Outside of hospital j. Community hospital k. Academic hospital l. Other, please specify: _____	Taken from FTSA Adapted from Dodge, L.E., et al (2015). Attitudes Towards Abortion among Providers of Reproductive Health Care. <i>Women's Health Issue</i> , 26(5), 511-516.	
4.	If yes to STSA & outside of hospital	Does this PRIMARY clinical location outside of the hospital provide any services other than abortion care? (Check all that apply)	g. Yes, other reproductive health care h. Yes, general health care other than reproductive health care i. No, only abortion services	Taken from FMTA, FTSA	No is action tag

5.	If STSA & hospital service	What best describes how your PRIMARY hospital-based clinical location provides abortion care? (Check one)	f. Provides organized abortion only service / dedicated abortion clinic g. Provides abortion care mixed in with other medical care	Taken from FMTA, FTSA	
6.	If STSA & OTHER	Does this PRIMARY clinical location provide any services other than abortion care? (Check all that apply)	f. Yes, other reproductive health care g. Yes, general health care other than reproductive health care h. No, only abortion services		No is action tag
7.	If STSA & If more than one clinical location	Please specify the clinical location(s) of you ADDITIONAL practice(s) providing SECOND trimester surgical abortion care? (Check all that apply)	i. Outside of hospital j. Community hospital k. Academic hospital l. Other, please specify: ____		
8.	If STSA & Outside hospital & more than one clinical location	Does this (do these) ADDITIONAL clinical location(s) outside of the hospital provide any services other than abortion care? (Check all that apply)	g. Yes, other reproductive health care h. Yes, general health care other than reproductive health care i. No, only abortion services		No is action tag
9.	If STSA & hospital service & more than one clinical location	What best describes how your ADDITIONAL hospital-based clinical location(s) provides abortion care? (Check all that apply)	f. Provides organized abortion only service / dedicated abortion clinic g. Provides abortion care mixed in with other medical care	New	
10.	If STSA & OTHER & additional	Does this / do these ADDITIONAL other clinical location(s) provide any services other than abortion care? (Check all that apply)	c. Yes, other reproductive health care d. Yes, general health care other than reproductive health care h. No, only abortion services		No is action tag

11.	If yes to STSA	How many years of experience do you have providing SECOND trimester surgical abortion care after final post-graduate training (e.g. number of years after residency or fellowship)? (Check one)	f. < 5 years g. 5 to 10 years h. 11 to 15 years i. 16 to 20 years j. >20 years	Taken from FTSA, Adapted from 2012 CAPS	
12.	If yes to STSA;	Up to what maximum gestational age do you provide surgical abortion at your PRIMARY clinical location? (Please indicate for each option) a) for patient request without other factors b) for maternal medical indications c) for fetal indications	a. ____ weeks and ____ days b. ____ weeks and ____ days c. ____ weeks and ____ days	Adapted from FTSA, Adapted from 2012 CAPS	
13.	If yes to STSA & additional location;	Up to what maximum gestational age do you provide surgical abortion at your ADDITIONAL clinical location with the highest gestational age limit? (Please indicate for each option) a) for patient request without other factors b) for maternal medical indications c) for fetal indications	a. ____ weeks and ____ days b. ____ weeks and ____ days c. ____ weeks and ____ days		

14.	If yes to STSA Show b only if indicated additional location above.	Which factor(s) determines your upper gestational age limit for SECOND trimester surgical abortion? (Check all that apply for each option) a. at your PRIMARY clinical location b. at your ADDITIONAL clinical location with the highest gestational age limit	l. Personal preference m. Personal competency n. Clinic/facility regulations o. Provincial/territorial regulations p. Other, please specify: _____	New, adapted from administrator section,	
15.	IF yes to STSA	For which indication(s) do you or your PRIMARY clinic/facility usually provide SECOND trimester surgical abortion in a live fetus? (Check all that apply)	p. Patient request without other factors q. Genetic anomaly not compatible with life r. Any genetic anomaly s. Congenital anomaly/malformation not compatible with life t. Any congenital anomaly/malformation u. Preterm premature rupture of membranes v. Maternal medical indication w. All of the above x. Other, please specify: _____	New	
16.	IF yes to STSA Show only if indicated additional location above	For which indication(s) do you or your ADDITIONAL clinic/facility usually provide SECOND trimester surgical abortion in a live fetus? (If you provide at multiple additional clinical locations	a. Patient request without other factors b. Genetic anomaly not compatible with life c. Any genetic anomaly		

		answer for the one with the highest gestational age limit) (Check all that apply)	<ul style="list-style-type: none"> d. Congenital anomaly/malformation not compatible with life e. Any congenital anomaly/malformation f. Preterm premature rupture of membranes g. Maternal medical indication h. All of the above i. Other, please specify: __ 		
	If yes to STSA	If you provide services in more than one clinical location, please answer the subsequent questions in regards to the clinical location you provide <u>most</u> of your abortion care at. Please answer in regards to the clinical care you provide rather than your clinical location's care unless specified otherwise in the question.			Next set of questions heading text
17.	If yes STSA; mandatory	In which case(s) do you usually require a pre-procedure ultrasound before SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. In all patients b. In case of unsure last menstrual period (LMP) c. In case of discrepancy between physical exam and LMP d. Never e. Other, please specify: _____ 	Taken from FTMA & FTSA	Adapted from 2012 CAPS & SOGC guideline
18.	If yes to STSA	In which case(s) do you assess placental location with ultrasound before SECOND	<ul style="list-style-type: none"> a. In all patients b. Starting at _____ weeks and _____ days of gestational age 	Adapted from SOGC guideline	

		trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> c. Placenta praevia is suspected d. History of uterine scar e. Never f. Other, please specify: ____ 		
19.	If yes to STSA	When are you concerned about invasive placentation (e.g. placenta accreta) before SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Ultrasound showing placenta praevia and history of uterine scar b. Ultrasound showing low lying anterior placenta and history of uterine scar c. Never d. Other, please specify: ____ 	Adapted from SOGC guideline	
20.	If yes to STSA	Who do you usually consult if invasive placentation (e.g. placenta accreta) is suspected before SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. No one b. Radiologist c. Maternal fetal medicine subspecialist / Perinatologist d. Other, please specify: __ 	Adapted from SOGC guideline	
21.	If yes to STSA & ultrasound	Where do you usually access ultrasound for your SECOND trimester surgical abortion patients? (Check all that apply)	<ul style="list-style-type: none"> a. Through an ultrasound in my clinic b. Through diagnostic imaging in my health region or hospital / radiology c. Through maternal-fetal medicine / perinatology in my health region or hospital d. Other, please specify: ____ 	<p>Taken from FTMA & FTSA</p> <p>Adapted from 2012 CAPS</p>	
22.	If yes to STSA & ultrasound	Do you experience barriers to obtain an ultrasound for your SECOND trimester surgical abortion patients?	<ul style="list-style-type: none"> e. No f. Yes, please specify: ____ 	<p>Taken from FTMA & FTSA</p> <p>Adapted from 2012 CAPS</p>	

23.	If yes to STSA & ultrasound	Who usually performs your pre-procedure ultrasound for SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> m. Trained non-licensed staff n. Licensed sonogram technician/radiology technician o. Licensed practical nurse (LPN) p. Registered nurse (RN) q. Nurse practitioner (NP) r. Physician assistant (PA) [not applicable to Quebec] s. Midwife t. Physician (non Radiologist) u. Physician (Radiologist) v. Me w. I don't know x. Other, please specify: __ 	<p>Taken from FTSA</p> <p>Adapted from 2012 CAPS</p>	
24.	If yes to STSA	Who usually provides pre-abortion patient education/counselling for SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> l. Unlicensed trained counsellor/educator/healthcare worker m. Licensed counsellor/social worker or similarly credentialed person n. Licensed practical nurse (LPN) o. Registered nurse (RN) p. Nurse practitioners (NP) q. Physician assistant (PA) [not applicable to Quebec] r. Midwife s. Physician (attending, resident or fellow) t. Genetic counsellor u. Me v. Educational video w. Other, please specify: __ 	<p>Taken from FTSA,</p> <p>Adapted from 2012 CAPS</p>	

25.	If yes to STSA	Who primarily discusses pre-abortion informed consent for SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> k. Unlicensed trained counsellor/educator/healthcare worker l. Licensed counsellor/social worker or similarly credentialed person m. Licensed practical nurse (LPN) n. Registered nurse (RN) o. Nurse practitioners (NP) p. Physician assistant (PA) [not applicable to Quebec] q. Midwife r. Physician (attending, resident or fellow) s. Me t. Other, please specify: __ 	Taken from FTSA, Adapted from 2012 CAPS	
26.	If yes to STSA; mandatory	Starting at which gestational age do you or your clinic/facility usually perform a pre-abortion injection to induce fetal demise (e.g. digoxin or KCl) prior to SECOND trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Never performed b. Starting at _____ weeks and _____ days of gestational age 	Adapted from 2012 CAPS	
27.	If yes to STSA & feticide	What is your or your clinic's/facility's recommendation to the patient regarding performing a pre-abortion injection to induce fetal demise prior to SECOND trimester surgical abortion? (Check one for each option)	<ul style="list-style-type: none"> a. Always recommended b. Optional per patient preference c. Never recommended 	New	

		<p>a. below the gestational age you indicated in previous question</p> <p>b. at or beyond the gestational age you indicated in previous question</p>			
28.	If yes to STSA & feticide considered	Who usually performs the pre-abortion injection to induce fetal demise prior to SECOND trimester surgical abortion? (Check all that apply)	<p>a. Maternal-fetal medicine subspecialist/Perinatologist</p> <p>b. Generalist OB/GYN</p> <p>c. Family physician/General practitioner</p> <p>d. Other, please specify: ____</p>	New	
29.	If yes to STSA & feticide considered	<p>What is the drug most commonly used at your clinic/facility to induce fetal demise before SECOND trimester surgical abortion? (Check one for each option)</p> <p>a. Maternal-fetal medicine subspecialist/Perinatologist</p> <p>b. Generalist OB/GYN</p> <p>c. Family physician/General practitioner</p> <p>d. Other, as specified in previous question</p>	<p>a. Not applicable</p> <p>b. Digoxin</p> <p>c. Potassium chloride (KCl)</p> <p>d. Lidocaine</p> <p>e. I don't know</p> <p>f. Other, please specify: ____</p>	Adapted from 2012 CPAS	
30.	If yes to STSA MANDATORY	Which factor(s) do you consider when deciding if and how to prepare the cervix before SECOND trimester surgical abortion? (Check all that apply)	<p>k. Gestational age</p> <p>l. Parity</p> <p>m. Prior caesarean section</p> <p>n. Prior vaginal delivery</p> <p>o. Patient age</p> <p>p. Prior cervical procedure</p> <p>q. Fibroid uterus</p> <p>r. All of the above</p>		

			<ul style="list-style-type: none"> s. I do not prepare the cervix t. Other, please specify: _____ 		
31.	If yes to STSA & anything but Parity OR do not prepare the cervix OR all of the above; mandatory	<p>How do you usually prepare the cervix at the following gestational ages? (Check all that apply for each gestational age)</p> <ul style="list-style-type: none"> a. $\geq 14+0 - \leq 15+6$ weeks b. $\geq 16+0 - \leq 17+6$ weeks c. $\geq 18+0 - \leq 19+6$ weeks d. $\geq 20+0$ weeks 	<ul style="list-style-type: none"> a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide SECOND trimester surgical abortion at this gestational age 		
32.	If yes to STSA & Parity OR all of the above; mandatory	<p>How do you usually prepare the cervix in NULLIPAROUS patients at the following gestational ages? (Check all that apply for each gestational age)</p> <ul style="list-style-type: none"> a. $\geq 14+0 - \leq 15+6$ weeks b. $\geq 16+0 - \leq 17+6$ weeks c. $\geq 18+0 - \leq 19+6$ weeks d. $\geq 20+0$ weeks 	<ul style="list-style-type: none"> a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide SECOND trimester surgical abortion at this gestational age 	Adapted from 2012 CAPS & FTSA	
33.	If yes to STSA & Parity OR all of the above ; mandatory	<p>How do you usually prepare the cervix in MULTIPAROUS patients at the following gestational ages? (Check all that apply for each gestational age)</p> <ul style="list-style-type: none"> a. $\geq 14+0 - \leq 15+6$ weeks b. $\geq 16+0 - \leq 17+6$ weeks c. $\geq 18+0 - \leq 19+6$ weeks 	<ul style="list-style-type: none"> a. I do not prepare the cervix b. Misoprostol alone c. Osmotic dilators alone d. Both osmotic dilators and misoprostol (together) e. Mifepristone f. I do not provide SECOND trimester surgical abortion at this gestational age 	Adapted from 2012 CAPS & FTSA	

		d. $\geq 20+0$ weeks			
34.	If yes to FTSA & osmotic dilators	Which osmotic dilators do you usually use in your practice for SECOND trimester surgical abortion? (Check one)	d. Laminaria® only e. Dilapan® only f. Both types of osmotic dilators	New	
35.	If yes to STSA	Do you think it is safe to use misoprostol for cervical ripening in patients with a prior uterine scar undergoing a SECOND trimester surgical abortion? (Check one)	a. Yes b. No c. Other, please specify: ____	Adapted from 2012 CAPS	
36.	If yes to STSA & and misoprostol	What initial dose of misoprostol do you usually use for cervical ripening before SECOND trimester surgical abortion? (Check one)	d. 200 mcg e. 400 mcg f. Other, please specify: ____	Adapted from FTSA Adapted from 2012 CAPS,	
37.	If yes to STSA & misoprostol	What time interval do you usually recommend between the administration of misoprostol for cervical ripening and SECOND trimester surgical abortion?	____ hours	Taken from FTSA Adapted from SOGC Guidelines (400 mcg vaginally 3 hours vs 400 mcg SL 2-3 hours)	
	If yes to STSA NEED TO CHECK BRANCHING LOGIC	PROCEDURAL ANALGESIA			Next set of questions heading text

38.	If yes to STSA & osmotic dilators; mandatory	Do you use analgesia before or during placement of osmotic dilators for SECOND trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> d. Yes e. No f. Sometimes, please specify: ____ 	Adapted from 2012 CAPS and SOGC	
39.	If yes to STSA & osmotic dilators & analgesia for placement of osmotic dilators. Do NOT show if no above	Which of the following analgesic methods do you usually use before or during placement of <u>osmotic dilators</u> before SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Non-pharmacological methods (visualization technique, focused breathing, playing music etc.) b. Local cervical anaesthesia (intracervical block, paracervical block, topical local anaesthesia) c. Oral nonsteroidal anti-inflammatory drugs (NSAIDs; e.g. Ibuprofen®) d. Oral opioids e. Intramuscular analgesia f. Light sedation (oral anxiolytics) g. Intravenous moderate (conscious) sedation h. Deep sedation (purposeful response following repeated or painful stimulation, and protective airway reflexes intact) i. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) j. Other method(s), please specify: 	Adapted from 2012 CAPS and SOGC	

40.	If yes to STSA; mandatory	Which of the following analgesic methods do you usually use for SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Non-pharmacological methods (visualization technique, focused breathing, playing music etc.) b. Local cervical anaesthesia (intracervical block, paracervical block, topical local anaesthesia) c. Oral nonsteroidal anti-inflammatory drugs (NSAIDs; e.g. Ibuprofen®) d. Oral opioids e. Intramuscular analgesia f. Light sedation (Oral anxiolytics) g. Intravenous moderate (conscious) sedation h. Deep sedation (purposeful response following repeated or painful stimulation, and protective airway reflexes intact) i. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) j. None k. Other method(s), please specify: 	Adapted from 2012 CAPS and SOGC	
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41.	If yes to STSA & any analgesia	<p>Approximately what percentage of your SECOND trimester surgical abortions is done using the following methods of pain management? (Please estimate percentage for each gestational age range. Please be sure that the percentages sum up to 100%)</p> <p>a. $\geq 14+0 - \leq 15+6$ weeks b. $\geq 16+0 - \leq 17+6$ weeks c. $\geq 18+0 - \leq 19+6$ weeks d. $\geq 20+0$ weeks</p>	<p>a. I do not provide surgical abortion at this gestational age (N/A) b. Local cervical anaesthesia only ____ (%) c. Local cervical anaesthesia plus any oral meds (including NSAIDs) ____ (%) d. Local cervical anaesthesia plus any intramuscular meds (\pm oral meds) ____ (%) e. Intravenous moderate (conscious) sedation \pm local cervical anaesthesia ____ (%) f. Deep sedation (purposeful response following repeated or painful stimulation and protective airway reflexes intact) ____ (%) g. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) ____ (%)</p>	<p>Taken from FTSA Adapted from 2012 CAPS</p>	
42.	If yes FTSA cervical analgesia & STSA & local cervical anaesthesia	Does your cervical anaesthesia technique differ between FIRST and SECOND trimester surgical abortion?	<p>a. Yes b. No</p>	New	If no, do not repeat questions in STSA. If yes repeat questions about cervical anaesthesia in STSA

43.	If yes to STSA & local cervical anaesthesia & (yes above OR no FTSA)	Which medication do you usually use for the local cervical anaesthesia? (Check one)	g. Lidocaine/Xylocaine® (± epinephrine) h. Mepivacaine/Carbocaine® i. Chlorprocaine j. Bupivacaine/Marcaine® k. Bacteriostatic saline l. Other, please specify	Adapted from 2012 CAPS	
44.	If yes to STSA & local cervical anaesthesia above	Please specify, regarding the medication chosen above, what is the usual dose you give for cervical anaesthesia? (indicate concentration and amount)	____ concentration in % AND ____ amount in ml	Adapted from Renner RM, 2009 Cochrane	
45.	If yes to STSA & any local cervical anaesthesia meds	Where do you inject the majority of cervical anaesthetic? (Check one)	d. Intracervical e. Paracervical f. Other, please specify: ____	Adapted from Renner RM, 2009 Cochrane	
46.	If yes to STSA & any local cervical anaesthesia meds	How long do you wait between cervical anaesthesia and cervical dilation? (Check one)	a. I do not wait b. 1 minute c. 3 minutes d. Other, please specify: ____ (minutes)	Adapted from 2012 CAPS and from Renner RM, 2016 Contraception (RCT)	
47.	If yes to FTSA or STSA & any local cervical anaesthesia meds	Do you add a buffer (e.g. bicarbonate) to the cervical anaesthetic solution?	a. Yes b. No	2012 CAPS	
48.	If yes to STSA & local cervical anaesthesia; REPEAT even if stated same technique for FTSA and STSA	Do you usually add vasopressin to the cervical anaesthetic solution in SECOND trimester surgical abortion? (Check one)	a. Yes b. No c. Not vasopressin, but I add another medication, please specify: _____	Adapted from 2012 CAPS	

49.	If yes to STSA & moderate sedation	Who usually administers the medications for intravenous moderate (conscious) sedation in SECOND trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> a. Registered nurse (RN) b. Nurse practitioner (NP) c. Physician assistant (PA) [not applicable to Quebec] d. Anaesthesiologist (MD) e. Other non-Anaesthesiologist MD (not physician performing procedure) f. Physician performing procedure g. Other, please specify: 	Adapted from 2012 CAPS	
50.	If yes to STSA & moderate sedation	What are the medications usually given in your intravenous moderate (conscious) sedation regimen in SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> k. Fentanyl l. Midazolam/Versed® m. Ketamine n. Diazepam/Valium® o. Meperidine/Demerol® p. Propofol/Diprivan® q. Nitrous oxide r. Anti-emetic s. I don't know t. Other, please specify: _____ 	2012 CAPS	
51.	If yes to STSA & moderate sedation	What is your clinic's / facility's nothing by mouth (i.e. NPO) policy for patients receiving intravenous MODERATE (CONSCIOUS) SEDATION in SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> h. We do not require patients to be NPO i. No clear liquids for about 2 hours before the procedure j. No solid food for about 6 to 8 hours before the procedure k. Nothing to eat or drink after midnight (except sips of water with essential medications) l. Varies according to clinician preference or other factors m. I don't know n. Other, please specify: 	2012 CAPS	

52.	If yes to STSA & NO deep sedation or GA	Do you refer patients who prefer or require either DEEP SEDATION (purposeful response following repeated or painful stimulation and protective airway reflexes intact) or GENERAL ANAESTHESIA (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) for SECOND trimester surgical abortion to another site? (Check one)	<ul style="list-style-type: none"> e. Yes f. No g. I don't know h. Other, please specify _____ 	Adapted from 2012 CAPS	
53.	If yes to STSA & deep sedation OR general	What is your clinic's / facility's nothing by mouth (i.e. NPO) policy for patients receiving DEEP SEDATION or GENERAL ANAESTHESIA in SECOND trimester surgical abortion? (Check all that apply):	<ul style="list-style-type: none"> h. We do not require patients to be NPO i. No clear liquids for about 2 hours before the procedure j. No solid food for about 6 to 8 hours before the procedure k. Nothing to eat or drink after midnight (except sips of water with essential medications) l. Varies according to clinician preference or other factors m. I don't know n. Other, please specify: _____ 	2012 CAPS	

54.	If yes to STSA & general	How are patients receiving GENERAL ANEAESTHESIA usually ventilated in SECOND trimester surgical abortion? (Check one)	<ul style="list-style-type: none"> f. Bag mask g. Laryngeal mask h. Endotracheal intubation i. I don't know j. Other, please specify: _____ 	Adapted from 2012 CAPS	
55.	If yes to STSA & non pharmacological	Do you or your staff usually use any of the following non-pharmacological pain-relieving techniques during SECOND trimester surgical abortion? (Check all that apply)	<ul style="list-style-type: none"> k. None l. Visualization technique m. Focused breathing n. Massage o. Biofeedback p. Self-hypnosis q. Playing music r. Aromatherapy s. Guided imagery t. Other, please specify: _____ 	<p>Updated 2012 CAPS</p> <p>Tschann 2018, Tschann, M., et al (2016). Nonpharmaceutical Pain Control Adjuncts during First-Trimester Aspiration Abortion: A Review. Journal of Midwifery & Women's Health. Journal of Midwifery and Women's Health, 61(3), 331-338.</p> <p>Wells, N. (1989). Management of Pain during Abortion. Journal of Advanced</p>	

				Nursing, 14(1), 56-62.	
	If yes to STSA	PROCEDURAL PRACTICES			Next set of questions heading text
56.	If yes to STSA	Do you use a sharp curette (in addition to suction) in your technique of SECOND trimester surgical abortion? (Check one)	f. Never g. Rarely h. Sometimes i. Often j. Always	Adapted from SOGC guidelines 2018	
57.	If yes to STSA	When performing SECOND trimester surgical abortion do you use ultrasound? (Check one for each option) a) Intraoperatively b) Postoperatively	d. Routinely e. As clinically indicated f. Never	Taken from FTSA 2012 CAPS	
58.	If yes to STSA	When do you perform an immediate postoperative tissue exam for SECOND trimester surgical abortion? (Check one)	d. Routinely e. As clinically indicated f. Never	2012 CAPS	
59.	If yes to STSA; mandatory	When do you provide an antibiotic prophylaxis in SECOND trimester surgical abortion? (Check one)	e. Always f. Only based on risk factors g. Never h. Other, please specify: ____	Adapted from 2012 CAPS	
60.	If yes to STSA & antibiotic prophylaxis & NOT never	When do you begin the antibiotic prophylaxis in SECOND trimester surgical abortion? (Check one for each option) a. When osmotic dilators are used	a. I do not use osmotic dilators b. With cervical osmotic dilator placement c. Immediately preoperatively (in clinic or hospital on the day of the abortion) d. Immediately postoperatively (in clinic or hospital on the day of the abortion)	Adapted from 2012 CAPS	Remove answer f from question a and remove answer a and b from question b

		b. When no osmotic dilators are used	e. The evening before the procedure f. I always use osmotic dilators g. Other, please specify: _____		
61.	If yes to STSA & antibiotic use & NOT never	Which antibiotic regimen do you usually give for prophylaxis in SECOND trimester surgical abortion? (Check all that apply for each option) a. When osmotic dilators are used b. When no osmotic dilators are used	a. I do not use osmotic dilators b. Doxycycline single dose c. Doxycycline multiple doses d. Azithromycin e. Metronidazole single dose f. Metronidazole multiple doses g. I always use osmotic dilators h. Other, please specify: _____	Adapted from 2012 CAPS	Remove answer g from question a and remove answer a from question b
62.	If yes to STSA	Which of the following bleeding PROPHYLAXES do you usually provide for SECOND trimester surgical abortions? (Check all that apply)	j. Carboprost (Hemabate®) k. Methylergonovine l. Foley bulb m. Misoprostol n. Oxytocin o. Tranexamic acid p. Vasopressin q. None r. Other, please specify: _____	Adapted from 2018 SOGC guideline	
63.	If yes to STSA; mandatory	Which of the following treatments do you usually provide for excessive bleeding in SECOND trimester surgical abortions? (Check all that apply)	a. Carboprost (Hemabate®) b. Methylergonovine c. Foley bulb d. Misoprostol e. Oxytocin f. Tranexamic acid g. Vasopressin h. All of the above i. Other, please specify: _____	Adapted from 2012 CAPS	
64.	If yes to STSA & misoprostol	What route of misoprostol do you usually use for treatment	a. Oral (swallowed) b. Buccal (between teeth and cheek)	2012 CAPS	

	above OR All of the above	of excessive bleeding in SECOND trimester surgical abortion? (Check one)	c. Vaginal d. Sublingual (under the tongue) e. Rectal		
65.	If yes to STSA & misoprostol above OR All of the above	What total initial dose of misoprostol do you usually use for treatment of excessive bleeding in SECOND trimester surgical abortion (may include multiple initial routes of administration, e.g. oral ± rectal)? (Check best response for each gestational age range) a. ≥ 14+0 – ≤ 15+6 weeks b. ≥ 16+0 – ≤ 17+6 weeks c. ≥ 18+0 – ≤ 19+6 weeks d. ≥ 20+0 weeks	a. I do not provide SECOND trimester surgical abortion at this gestational age b. 200 mcg c. 400 mcg d. 600 mcg e. 800 mcg f. 1000 mcg g. Other, please specify: _____	Adapted from FTSA 2012 CAPS	
	If yes to STSA	POST PROCEDURE PRACTICES			Next set of questions heading text
66.	If yes to STSA	Do you usually offer scheduling a routine post-abortion visit following SECOND trimester surgical abortion? (Check all that apply)	i. No j. Yes, in person for all patients (at our facility or with their preferred care provider) k. Yes, in person for all patients who had an intrauterine system (IUS)/ intrauterine device (IUD) inserted at the time of their procedure (at our facility or with their preferred care provider) l. Yes, telephone follow-up through our facility m. Other, please specify: _____	Adapted from FTSA 2012 CAPS	

67.	If yes to STSA	<p>What percentage of your patients initiates a long acting reversible contraceptive (LARC) / leaves with a prescription for a short acting reversible contraceptive (SARC) / plans to use another method after a SECOND trimester surgical abortion? (Please estimate percentage for each option. Please be sure that the percentages sum to 100%)</p> <p>a) LARC: intrauterine system (IUS)/ intrauterine device (IUD)</p> <p>b) SARC: oral contraceptive pill, ring, patch, injectable contraception (e.g. depo-medroxyprogesterone acetate (DMPA)</p> <p>c) Barrier methods only or other methods</p> <p>d) None</p>	<p>e. ____%</p> <p>f. ____%</p> <p>g. ____%</p> <p>h. ____%</p>	<p>Adapted from Roe, A.H. et al, 2017.</p> <p>Contraception after surgical and medical abortion. <i>Obstetrical and Gynecological Survey</i>, 72(8):487-2493.</p>	
68.	If yes to STSA	<p>Do you offer immediate (at the end of the SECOND trimester surgical procedure) placement of an IUS/IUD? (Check one)</p>	<p>a. Yes</p> <p>b. No</p> <p>c. Other, please specify: ____</p>	<p>Same as FTSA</p> <p>Adapted from 2018 SOGC guidelines</p>	

69.	If yes to STSA	What is the average wait time between the patient's first contact (phone call or referral) with your clinic/facility and them having a SECOND trimester surgical abortion? (Please estimate)	_____ (number of days)	Taken from FTSA Adapted from 2012 CAPS	
70.	If yes to STSA; NOT mandatory,	Do you travel to provide SECOND trimester surgical abortion (i.e. outside the community where you primarily practice)?	c. Yes d. No	Mifepristone implementation survey (adjusted for SA, instead of MA)	
71.	If yes to STSA & and yes above	How far is the furthest community where you provide SECOND trimester surgical abortion from your home (one way trip)?	___ (km)	Mifepristone implementation survey (adjusted for SA, instead of MA)	
72.	If yes to STSA	When did you receive training for SECOND trimester surgical abortion? (Answer one)	i. Residency: __ (specify specialty and name/location of residency program) j. Post-residency: __ (specify name of hospital or university)	Adapted from Mifepristone implementation	
73.	If yes to STSA	Does your site provide SECOND/THIRD trimester medical abortion? (Check one)	a. Yes b. No, we refer patients to another site c. Not provided and patient not referred to another site d. Other, please specify: _____	Adopted from FTMA	
74.	If yes to STSA	Is there anything else you would like to share with us in regards to your SECOND trimester surgical abortion care?	_____	Taken from FTMA 2012 CAPS	

SECOND/THIRD TRIMESTER MEDICAL ABORTION (LABOUR INDUCTION)					
CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comments
	If yes to STMA in Demographics Section	<p>SECOND / THIRD TRIMESTER MEDICAL ABORTION (LABOUR INDUCTION)</p> <p>Please answer the remainder of this survey in regards to your practice of induced SECOND/THIRD trimester medical abortion (i.e. labour induction) care excluding management of intrauterine fetal death.</p> <p>This section will take you approximately 10 minutes to complete.</p> <p>Thank you very much for participating in this survey.</p>			Next set of questions heading text
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return</p>			

		<p>code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	IF YES TO STMA	<p>What is the total number of SECOND ($\geq 14+0 - \leq 23+6$ weeks of gestation) trimester medical abortions (i.e. labour induction) you provided the following components for in the calendar year 2019? (Please estimate for each option)</p> <p>a. Performed a pre-abortion injection to induce fetal demise (e.g. digoxin or KCl)</p> <p>b. Managed labour, but did not deliver the fetus</p> <p>c. Delivered the fetus</p>	<p>a. ___</p> <p>b. ___</p> <p>c. ___</p>	Adapted from 2012 CAPS	
2.	IF YES TO STMA	<p>What is the total number of THIRD ($\geq 24+0$ weeks of gestation) trimester medical abortions (i.e. labour induction) you provided the following components for in the calendar year 2019? (Please estimate for each option)</p> <p>a. Performed a pre-abortion injection to induce fetal demise (e.g. digoxin or KCl)</p> <p>b. Managed labour, but did not deliver the fetus</p> <p>c. Delivered the fetus</p>	<p>a. ___</p> <p>b. ___</p> <p>c. ___</p>		

3.	IF YES TO STMA mandatory	In how many clinical locations do you provide SECOND/THIRD trimester medical abortion care (e.g. 2 hospitals)	_ number of clinical locations	Adapted from Norman, W.V. et al (2013). Barriers to Rural Induced Abortion Services in Canada: Findings of the CAPS, PLoS One, 8(6), 1-7.	
4.	IF YES TO STMA; mandatory	Please specify the clinical location of your PRIMARY practice providing SECOND/THIRD trimester medical abortion care? (Check one)	m. Community hospital n. Academic hospital o. Ambulatory site on hospital campus p. Other, please specify: ____	Adapted from Dodge, L.E. et al (2015). Attitudes Towards Abortion among Providers of Reproductive Health Care. <i>Women's Health Issue</i> , 26(5), 511-516.	
5.	If STMA & If more than one clinical location	Please specify the clinical location(s) of your ADDITIONAL practice(s) providing SECOND/THIRD trimester medical abortion care? (Check all that apply)	a. Community hospital b. Academic hospital c. Ambulatory site on hospital campus d. Other, please specify: ____		
6.	IF YES TO STMA	How many years of experience do you have providing SECOND/THIRD trimester medical abortion care after final post-graduate training (e.g. number of years after residency or fellowship)? (Check one)	a. < 5 years b. 5 to 10 years c. 11 to 15 years d. 16 to 20 years e. >20 years	Adapted from 2012 CAPS	

	IF YES TO STMA	If you provide services in more than one clinical location, please answer the subsequent questions in regards to the clinical location you provide <u>most</u> of your care at. Please answer in regards to the clinical care you provide rather than your clinical location's care unless specified otherwise in the question.			Next set of questions heading text
7.	IF YES TO STMA	For which indication(s) do you or your clinic/facility usually provide SECOND trimester ($\geq 14+0 - \leq 23+6$ weeks of gestation) medical abortion in a live fetus? (Check all that apply)	<ul style="list-style-type: none"> a. Patient request without other factors b. Genetic anomaly not compatible with life c. Any genetic anomaly d. Congenital anomaly/malformation not compatible with life e. Any congenital anomaly/malformation f. Preterm premature rupture of membranes g. Maternal medical indication h. All of the above i. Other, please specify: __ 	New	
8.	IF YES TO STMA	For which indication(s) do you or your clinic/facility usually provide THIRD trimester ($\geq 24+0$ weeks of gestation) medical abortion in a live fetus? (Check all that apply)	<ul style="list-style-type: none"> a. Patient request without other factors b. Genetic anomaly not compatible with life c. Any genetic anomaly d. Congenital anomaly/malformation not compatible with life 	New	

			<ul style="list-style-type: none"> e. Any congenital anomaly/malformation f. Preterm premature rupture of membranes g. Maternal medical indication h. All of the above i. I do not provide abortion $\geq 24+0$ weeks of gestation j. Other, please specify: 		
9.	IF YES TO STMA	Do you provide SECOND trimester ($\geq 14+0 - \leq 23+6$ weeks of gestation) medical abortion in case of a placenta praevia?	<ul style="list-style-type: none"> a. Yes b. No 		
10.	IF YES TO STMA	Do you provide THIRD trimester ($\geq 24+0$ weeks of gestation) medical abortion in case of a placenta praevia? (Check one)	<ul style="list-style-type: none"> a. Yes b. No c. I do not provide third trimester medical abortion 		
11.	IF YES TO STMA & PREVIA	Up to what maximum gestational age do you provide SECOND and/or THIRD trimester medical abortion in case of placenta praevia?	___ weeks and ___ days of gestation		
12.	IF YES TO STMA	Which additional service(s) do you usually include in the decision making for a SECOND/THIRD trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> a. Ethics consult, please specify: ___ b. Social work, please specify: ___ c. Specialists involved in the specific care potentially required for the newborn, please specify: ___ d. Genetic counsellor, please specify: ___ 	New	

			<p>e. Psychiatry, please specify: ___</p> <p>f. Psychology, please specify: ___</p> <p>g. Other, please specify: ___</p> <p>h. None</p>		
13.	IF YES TO STMA; NOT mandatory, but do NOT skip next question if left blank	<p>Up to what maximum gestational age do you provide SECOND/THIRD trimester medical abortion? (Please check one for each option)</p> <p>a) For patient request without other factors</p> <p>b) For maternal medical indications</p> <p>c) For fetal indications</p>	<p>a. No gestational age limit</p> <p>b. Up to ___ weeks and ___ days of gestational age</p> <p>c. I do not provide abortion for this indication</p>	FTMA, FTSA, STSA	
14.	IF YES TO STMA & max gestational age OR blank above	<p>Which factor(s) determines your upper gestational age limit for SECOND/THIRD trimester medical abortion? (Check all that apply for each option)</p> <p>a) For patient request without other factors</p> <p>b) For maternal medical indications</p> <p>c) For fetal indications</p>	<p>q. Personal preference</p> <p>r. Hospital/facility regulations</p> <p>s. Provincial/territorial regulations</p> <p>t. Other, please specify: ___</p>	New, adapted from administrator section, same as FTMA, FTSA, STSA	
15.	IF YES TO STMA	Who usually delivers patients undergoing a SECOND/THIRD trimester medical abortion in your facility? (Check all that apply)	<p>a. Maternal-fetal medicine subspecialist/Perinatologist</p> <p>b. Generalist OB/GYN</p> <p>c. Family physician/General practitioner</p> <p>d. Other, Please specify: ___</p>	2012 CAPS	

16.	IF YES TO STMA	Who usually provides pre-abortion patient education / counselling for SECOND/THIRD trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> l. Unlicensed trained counsellor/educator/health care worker m. Licensed counsellor/social worker or similarly credentialed person n. Licensed practical nurse (LPN) o. Registered nurse (RN) p. Nurse practitioner (NP) q. Physician assistant (PA) [not applicable to Quebec] r. Midwife s. Physician (attending, resident or fellow) t. Genetic counsellor u. Me v. Educational video w. Other, please specify: 	Modified FTMA	
17.	IF YES TO STMA	Where do you usually access ultrasound for your SECOND/THIRD trimester medical abortion patients? (Check all that apply)	<ul style="list-style-type: none"> e. Through an ultrasound in my clinic f. Through diagnostic imaging in my health region or hospital / radiology g. Through maternal-fetal medicine / perinatology in my health region or hospital h. Other, please specify: 	FTMA	
18.	IF YES TO STMA	Who usually performs ultrasound for your SECOND/THIRD trimester medical abortion patients? (Check all that apply)	<ul style="list-style-type: none"> a. Trained non-licensed staff b. Licensed sonogram technician/radiology technician c. Licensed practical nurse (LPN) 	Adapted from 2012 CAPS	

			<ul style="list-style-type: none"> d. Registered nurse (RN) e. Nurse practitioner (NP) f. Physician assistant (PA) [not applicable to Quebec] g. Midwife h. Physician (non Radiologist) i. Physician (Radiologist) j. Me k. I don't know l. Other, please specify: 		
19.	IF YES TO STMA; mandatory	Starting at which gestational age do you or your clinic/facility usually perform a pre-abortion injection to induce fetal demise (e.g. digoxin or KCl) prior to SECOND/THIRD trimester medical abortion? (Check one)	<ul style="list-style-type: none"> c. Never performed d. Starting at _____ weeks and ___ days of gestational age 	New	
20.	IF YES TO STMA & feticide considered	What is your or your clinic's/facility's recommendation to the patient regarding performing a pre-abortion injection to induce fetal demise prior to SECOND/THIRD trimester medical abortion? (Check one for each option) a. Below the gestational age you indicated in previous question b. At or beyond the gestational age you indicated in previous question	<ul style="list-style-type: none"> d. Always recommended e. Optional per patient preference f. Never recommended 	New	
21.	IF YES TO STMA & feticide considered	Who usually performs the pre-abortion injection to induce fetal demise prior to SECOND/THIRD trimester medical abortion? (Check all that apply)	<ul style="list-style-type: none"> e. Maternal-fetal medicine subspecialist / Perinatologist f. Generalist OB/GYN g. Family physician/General practitioner 	New	

			h. Other, Please specify: ____		
22.	IF YES TO STMA & feticide considere d	<p>What is the drug most commonly used at your clinic/facility to induce fetal demise before SECOND/THIRD trimester medical abortion? (Check one for each option)</p> <p>a. Maternal-fetal medicine subspecialist / Perinatologist b. Generalist OB/GYN c. Family physician/General practitioner d. Other, as specified in previous question</p>	<p>g. Not applicable h. Digoxin i. Potassium chloride (KCl) j. Lidocaine k. I don't know l. Other, please specify: _</p>	Adapted from 2012 CPAS	
23.	IF YES TO STMA; mandatory	<p>Which of the following methods do you usually provide for SECOND ($\geq 14+0$ – $\leq 23+6$ weeks of gestation) trimester medical abortion in order to achieve delivery in an unscarred uterus? (Check all that apply)</p>	<p>e. Mifepristone/misoprostol f. Misoprostol g. Prostaglandin E-2 (e.g. Cervidil®, Prepidil®) h. Intravenous oxytocin drip i. Osmotic dilators j. Intracervical catheter k. Intra-amniotic saline or urea l. Artificial rupture of membranes m. Other, please specify: _____</p>	Adapted from Admin survey, 2012 CAPS; adapted from SOGC guideline	
24.	IF YES TO STMA	<p>How often do you use any of the following methods for labour induction in SECOND / THIRD trimester medical abortion in a patient with an unscarred uterus at the following gestational age ranges? (Please estimate percentage for each gestational age range, The sum will</p>	<p>a. Mifepristone/misoprostol ____ % b. Misoprostol ____ % c. Prostaglandin E-2 (e.g. Cervidil®, Prepidil®) ____ % d. Intravenous oxytocin drip ____ % e. Osmotic dilators ____ %</p>	Adapted from Admin survey, 2012 CAPS; adapted from SOGC guideline	

		likely exceed 100% as you combine options) a. $\geq 14+0 - \leq 23+6$ weeks b. $\geq 24+0 - \leq 27+6$ weeks c. $\geq 28+0 - \leq 31+6$ weeks d. $\geq 32+0$ weeks	f. Intracervical catheter ___% g. Intra-amniotic saline or urea ___% h. Artificial rupture of membranes ___% i. Other, please specify: ___		
25.	If yes to STMA & mifepristone	In which case(s) do you usually provide a MIFEPRISTONE/MISOPROSTOL regimen for SECOND/THIRD trimester abortion in an unscarred uterus? (Check all that apply)	a. Any SECOND trimester medical abortion $\leq 27+6$ weeks of gestation b. Any THIRD trimester medical abortion $\geq 28+0$ weeks of gestation c. In a SECOND trimester intrauterine fetal demise d. In a THIRD trimester intrauterine fetal demise e. Other, please specify: _____	Adapted from SOGC guideline	
26.	If yes to STMA	Do you experience barriers in providing a MIFEPRISTONE/MISOPROSTOL regimen for SECOND/THIRD trimester medical abortion?	g. Yes, please specify: _____ h. No	New	
27.	If yes to STMA & mifepristone	How long do you usually wait between mifepristone and misoprostol administration? (Check one)	a. 24 hours b. 48 hours c. Unknown d. Other, please specify: _____	Adapted from SOGC guideline	
28.	If yes to STMA & mifepristone	If misoprostol is required <u>immediately</u> to start labour induction for SECOND/THIRD trimester medical abortion in an unscarred uterus, do you give mifepristone at the same time as the first misoprostol dose?	a. No, I do not give mifepristone in this case b. Yes	Adapted from SOGC guideline	
29.	IF YES TO STMA &	What route of misoprostol administration do you usually	f. Oral (swallowed) g. Buccal (between teeth and cheek) h. Vaginal	Adapted from 2012 CAPS	

	miso OR mife/miso	recommend for SECOND/THIRD trimester medical abortion? (Check one)	i. Sublingual (under the tongue) j. Rectal		
30.	IF YES TO STMA & miso OR mife/msio	Do you usually use a misoprostol loading dose for SECOND/THIRD trimester medical abortion in an unscarred uterus? (Check one for each option) a. In a MIFEPRISTONE/MISOPROSTOL regimen b. In a MISOPROSTOL-ONLY regimen	a. Yes, 400 mcg b. Yes, 800 mcg c. Yes, other dose (in mcg) d. <u> </u> No	Adapted from SOGC guideline	Branching logic separate for each option
31.	IF YES TO STMA & miso OR mife/miso	Which misoprostol dose (individual dose) do you usually use for SECOND/THIRD trimester medical abortion? (Check one for each gestational age range) a. Unscarred uterus $\leq 24+6$ weeks b. Unscarred uterus $\geq 25+0 - \leq 27+6$ weeks c. Unscarred uterus $\geq 28+0$ weeks d. Scarred uterus (one previous low transverse caesarean section) $\leq 24+6$ weeks e. Scarred uterus (one previous low transverse caesarean section) $\geq 25+0 - \leq 27+6$ weeks f. Scarred uterus (one previous low transverse caesarean section) $\geq 28+0$ weeks	a. 400 mcg b. 200 mcg c. 100 mcg d. Other, please specify: <u> </u> e. I do not use misoprostol in this case	Adapted from 2012 CAPS and SOGC guideline	
32.	IF YES TO STMA & miso OR mife/miso	Do you differentiate misoprostol use in patients with one low transverse caesarean section versus patients with more than one caesarean section or with another type of uterine scar?	a. Yes, please specify: <u> </u> b. No	Adapted from SOGC guideline	

33.	IF YES TO STMA & miso OR mife/miso	Which misoprostol frequency do you usually use for SECOND/THIRD trimester medical abortion? (Check one for each gestational age range) a. Unscarred uterus $\leq 24+6$ weeks b. Unscarred uterus $\geq 25+0 - \leq 27+6$ weeks c. Unscarred uterus $\geq 28+0$ weeks d. Scarred uterus (one previous low transverse caesarean section) $\leq 24+6$ weeks e. Scarred uterus (one previous low transverse caesarean section) $\geq 25+0$ t- $\leq 27+6$ weeks f. Scarred uterus (one previous low transverse caesarean section) $\geq 28+0$ weeks	a. Every 3 hours b. Every 4 hours c. Every 6 hours d. Other, please specify: ____ e. I do not use misoprostol in this case	Adapted from 2012 CAPS and SOGC guideline	
34.	If YES TO STMA	What method(s) of analgesia or anaesthesia do you usually use during SECOND/THIRD trimester medical abortion? (Check all that apply)	a. Acetaminophen b. Nonsteroidal anti-inflammatory drugs (NSAIDs; e.g. Ibuprofen®) c. Oral opioids d. Intramuscular opioids e. Intravenous opioids f. Patient controlled analgesia (PCA) with opioid g. Regional anaesthesia (Epidural or Spinal) h. None i. Other method(s), please specify: ____	Adapted from 2012 CAPS	

35.	IF YES TO STMA	Which uterotonic agent(s) do you usually prophylactically use for THIRD stage of labour management in SECOND/THIRD trimester medical abortion? (Check all that apply for each gestational age range) a. $\geq 14+0 - \leq 23+6$ weeks b. $\geq 24+0 - \leq 27+6$ weeks c. $\geq 28+0$ weeks	a. Oxytocin b. Misoprostol c. I do not give a prophylactic uterotonic agent d. Other, please specify: ___	New	
36.	IF YES TO STMA	If your patient has a retained placenta (defined as failure of the placenta to expel spontaneously or be extractable by cord traction) but remains <u>asymptomatic</u> , after how many minutes do you usually perform a manual removal and/or curettage? (Check one)	a. 15 minutes b. 30 minutes c. 60 minutes d. 90 minutes e. 120 minutes f. 150 minutes g. 180 minutes h. No limit	2012 CAPS	
37.	IF YES TO STMA	Do you offer the placement of an intrauterine system (IUS) / intrauterine device (IUD) immediately after placental expulsion in the absence of complications? (Check one)	a. Yes b. No c. Other, please specify: ___	Adapted from SOGC guideline	
38.	If yes to STMA	Have you ever in the past provided surgical abortion? (Check all that apply)	d. FIRST trimester surgical abortion ($\leq 13+6$ weeks of gestation) e. SECOND trimester surgical abortion ($\geq 14+0$ weeks of gestation) d. No		
39.	IF YES TO STMA; not mandatory	Does your site provide surgical abortion? (Check one for each option) a. FIRST trimester surgical abortion ($\leq 13+6$ weeks of gestational age)	e. Yes f. No, but we refer patients to another site g. Not provided and patient not referred to another site	New	

	but to NOT skip next question if left blank	b. SECOND trimester surgical abortion ($\geq 14+0$ weeks of gestational age)	h. Other, please specify: ____		
40.	IF YES TO STMA & unless no surgical abortion on site	Up to what maximum gestational age does your site provide surgical abortion?	____ weeks and ____ days gestation	Adapted from FTSA, Adapted from 2012 CAPS	
41.	IF YES TO STMA	Does your clinic/facility have a protocol for SECOND/THIRD trimester medical abortion care? (Check one)	a. Yes, please specify b. No c. I don't know		
42.	IF YES TO STMA & No protocol OR I don't know	Would you like to have a protocol for SECOND/THIRD trimester medical abortion care?	a. Yes b. No		
43.	IF YES TO STMA	Is there anything else you would like to share with us in regards to your SECOND/THIRD trimester medical abortion care?	_____		

DIVERSE PATIENT POPULATIONS

CAPS 2019					
Question #	"ask if" pattern	Question	Answers/Options	Source	Comments
	ALL	<p>The following questions assess if you adjust your abortion care (e.g. to specific environment, specific personnel or specific training) to diverse patient populations (e.g. cultural/ethnic origins, gender/identity, etc.).</p> <p>This section will take you approximately 5 minutes to complete. Thank you very much for participating in this survey.</p>			Next set of questions heading text
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p>			

		Click here to download “ <i>Save & Return Later</i> ” instructions			
1.	ALL; NOT mandatory, but still show next questions if left blank	Do you provide abortion care to diverse patient populations (e.g. cultural/ethnic origins, gender/identity, etc.)? (Check one)	a. Yes b. No c. Prefer not to answer	New	
2.	ALL & diverse patient populations; NOT mandatory. Show if yes or left blank. Show next question unless this question stated never or prefer not to answer. Show next question if this questions left blank	Do you adjust your abortion care to diverse patient populations (e.g. cultural/ethnic origins, gender/identity, etc.)? (Check one)	a. All of the time b. Most of the time c. Some of the time d. Never e. Prefer not to answer	New	
3.	ALL & at least some of the time	Please explain how you adjust your abortion care (e.g. to specific environment, specific personnel or specific training):	_____	New	

4.	ALL	Have you ever had specific training for providing abortion care to diverse populations during your education/professional training?	a. Yes b. No	New	
5.	ALL	What aspects of your training (abortion specific or general education/professional training) have helped or would help you to provide abortion care to diverse populations?	_____	New	
6.	ALL	In the context of abortion provision, which of the following continuing medical education opportunities would be relevant in supporting your care to diverse populations? (Check all that apply)	a. In-person training b. Web-based training c. I don't know d. Other, please explain: _____	New	

STIGMA AND RESILIENCE (EXPERIENCES AS A PROVIDER OR ADMINISTRATOR)

CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comment
	ALL	STIGMA AND RESILIENCE (EXPERIENCES AS A PROVIDER OR ADMINISTRATOR) The next set of questions is exploring your experience with stigma and resilience.			Next set of questions heading text

		<p>This section will take you approximately 5 minutes to complete. Thank you very much for participating in this survey.</p>			
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	ALL Clinicians	<p>Who is aware of your work as a health care provider providing abortion care? (Check one for each option)</p> <ul style="list-style-type: none"> a. My spouse or partner b. At least one of my children c. At least one parent d. At least one sibling e. At least one close friend f. At least one neighbour g. At least one medical co-worker h. Other, please specify: __ 	<ul style="list-style-type: none"> a. Yes b. No c. Not applicable d. I don’t know e. Prefer not to answer 	2012 CAPS	

2.	ALL Clinicians	<p>Please read the following statements and check the response that most closely represents your experience.</p> <p><i>Disclosure Management:</i></p> <ul style="list-style-type: none"> a. People's reactions to my being an abortion worker make me keep to myself. b. I feel like if I tell people about my work they will only see me as an abortion worker. c. I worry about telling people that I work in abortion care. d. It bothers me if people in my neighborhood know that I work in abortion care. e. I avoid telling people what I do for a living. f. I am afraid that if I tell people I work in abortion care I could put myself or my loved ones at risk for violence. g. I feel that disclosing my abortion work is not worth the potential hassle that could result. h. I am afraid of how people will react if they find out about my work in abortion care. i. I feel the need to hide my work in abortion care from my friends. j. I find it hard to tell people I work in abortion care. <p><i>Internalized states:</i></p>	<ul style="list-style-type: none"> a. All of the time b. Often c. Sometimes d. Rarely e. Never 	Adapted from 2012 CAPS; Martin 2018	REMOVE ALL * in REDCap
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		<p>k. I am proud that I work in abortion care.</p> <p>l. I feel connected to others who do this work.</p> <p>m. I feel ashamed of the work that I do.</p> <p>n. By providing abortions I am making a positive contribution to society.</p> <p>o. I question whether or not providing abortion care is a good thing to do.</p> <p>p. I find it important to share with people that I work in abortion care.</p> <p>q. I feel guilty about the work that I do.</p> <p>r. I feel that my work in abortion care is targeted by restrictive legislation more than other types of health care.</p> <p>s. I feel that when I disclose my abortion work to strangers, they are supportive of me.</p> <p>t. I feel good about my work in abortion care.</p> <p><i>Judgement:</i></p> <p>u. I feel that other health workers look down on me because of my decision to work in abortion care.</p> <p>v. I feel that society (the general public) does not value me as an abortion worker.</p> <p>w. When I see or read something about abortion in the papers or television, it makes me feel bad about myself.</p> <p>x. I feel other health care workers question my professional skills</p>			
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		<p>when they learn that I work in abortion care.</p> <p>y. I feel that people question my morals when they learn I work in abortion care.</p> <p>z. I feel that friends and family who do not work in abortion care don't understand my work.</p> <p>aa. I worry that my friends and family will think less of me if I talk about the upsetting or difficult parts of my work in abortion care.</p> <p><i>Social isolation:</i></p> <p>bb. I feel that when I disclose my abortion work to family and friends they are supportive of me.</p> <p>cc. I talk openly with my friends about my work in abortion care.</p> <p>dd. I talk openly with my family about my work in abortion care.</p> <p>ee. I can talk to close friends or family about a hard day at work.</p> <p><i>Discrimination:</i></p> <p>ff. I have been <u>verbally</u> threatened or attacked as a result of working in abortion care.</p> <p>gg. I have been <u>physically</u> threatened or attacked as a result of working in abortion care.</p> <p>hh. My family has been harassed or discriminated against by others who find out about my work in abortion care.</p>			
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		ii. People treat my family members differently if they know about my work in abortion care.			
3.	ALL Clinicians	As a health care provider providing abortion care, did you personally experience any of the following acts of harassment or violence in 2019? (Check all that apply)	<ul style="list-style-type: none"> a. Vandalism or unlawful trespass onto your personal property (home, car, etc.) b. Stalking or videotaping of you or your family member c. Failed or successful attempts at hacking into your personal computer d. Picketing in your home neighbourhood e. Picketing or confrontations at your home, work, children's school or place of worship f. Been denied a position at / an appointment to a local hospital due to performing abortions g. Been denied membership in a professional society, religious or civic organization due to performing abortions h. None of these i. Prefer not to answer j. Other acts, please specify: __ 	Adapted from 2012 CAPS	

4.	ALL Clinicians	Have you ever had any experience of stigma or harassment that has made you change the abortion care you provide? (Check one)	a. Yes, please explain: b. No, I have never experienced stigma or harassment c. No, I have never experienced this degree of stigma or harassment d. Prefer not to answer	New	
5.	ALL Clinicians only if yes above)	Have you ever had any experience of stigma or harassment that has made you seriously consider not to provide abortion care anymore? (Check one)	a. Yes, please explain: b. No I have never experienced stigma or harassment c. No, I have never experienced this degree of stigma or harassment d. Prefer not to answer	New	
6.	If yes to administrator in demographics; NOT mandatory, but skip next question if left blank	For the years 2018 and 2019, please rate the degree of difficulty/ease that you experienced as an administrator when recruiting for the following staff positions for abortion services? (Check one for each option) a. Clinic manager b. FIRST trimester medical abortion provider ($\leq 10+0$ weeks or 70 days of gestation) c. FIRST trimester surgical abortion provider ($\leq 13+6$ weeks of gestation) d. SECOND trimester surgical abortion provider ($\geq 14+0$ weeks of gestation) e. SECOND trimester medical abortion provider ($\geq 14+0 - \leq 23+6$ weeks of gestation)	a. Very easy b. Somewhat easy c. Neither easy nor difficult d. Somewhat difficult e. Very difficult f. Not applicable	2012 CAPS Admin survey	

		<ul style="list-style-type: none"> f. THIRD trimester medical abortion provider ($\geq 24+0$ weeks of gestation) g. Anaesthesiologist (MD) h. Licensed practical nurse (LPN) i. Registered nurse (RN) j. Nurse practitioner (NP) k. Midwife l. Other office staff 			
7.	If Administrators & very difficult and somewhat difficult above	If you answered, "very difficult" or "somewhat difficult" to any of these categories, what are the reasons for difficulty in recruiting staff members?	_____	2012 CAPS Admin survey	
8.	If yes to administrated	Collectively, what acts of harassment and/or violence did your facility/network of facilities or staff experience in 2019? (Check all that apply)	<ul style="list-style-type: none"> a. Picketing facility without blocking or contact b. Picketing facility with blocking or contact c. Picketing of staff homes without blocking or contact d. Picketing of staff homes with blocking or contact e. Vandalism f. Bomb threat g. Pictures of patients or staff members posted online h. None of the above i. Other acts, please specify: 	2012 CAPS Admin Survey	

9.	If administrator & any answer other than none above	About how many acts of harassment and/or violence did your facility/network of facilities or staff experience in 2019? (Please estimate number of acts of harassment and/or violence)	_____	2012 CAPS Admin survey	
10.	If yes to administrator; NOT mandatory, but skip next question if left blank	In 2018 and 2019, did you receive resignations by members of the following staff categories for any reasons related to harassment, stigma and/or violence? (Check all that apply)	<ul style="list-style-type: none"> a. Physicians b. Other licensed staff including anaesthesiologists (MD), midwives, licensed practical nurses (LPN), registered nurses (RN), nurse practitioners (NP), physician assistants (PA), etc. c. Non-licensed staff members d. None e. Other, please specify f. I don't know, please specify 	Adapted from 2012 CAPS Admin survey	
11.	If administrators & any answer other than none above or I don't know	Which of the following reasons were given for these resignations? (Check all that apply)	<ul style="list-style-type: none"> a. Fear of violence or harassment b. Actual incidence(s) of violence or harassment c. Feeling stigmatized/looked down upon d. Other, please specify: _____ 	2012 CAPS Admin survey	

	All	If you provide services in more than one clinical location, please answer the subsequent questions in regards to the clinical location you provide <u>most</u> of your abortion care at.			
12.	All clinicians who are NOT a administrator	Are you providing abortion at a facility that has a “bubble zone”? (A bubble zone is a designated area around a location which provides abortion services. Within the bubble zone, certain activities are prohibited, such as abortion-related protest and other activities that may intimidate or interfere with patients and abortion service providers.) (Check one)	<ul style="list-style-type: none"> a. Yes b. No c. I don’t know 	New	
13.	All clinicians	Are you more likely to provide abortion care at a clinical location that has a “bubble zone”? (A bubble zone is a designated area around a location which provides abortion services. Within the bubble zone, certain activities are prohibited, such as abortion-related protest and other activities that may intimidate or interfere with patients and abortion service providers.) (Check one)	<ul style="list-style-type: none"> a. Yes, please explain: b. No, please explain: c. I don’t know d. Other, please explain 	New	

14.	If yes to administrator Mandatory	Does your clinical location have a “bubble zone”? (A bubble zone is a designated area around a location which provides abortion services. Within the bubble zone, certain activities are prohibited, such as abortion-related protest and other activities that may intimidate or interfere with patients and abortion service providers.) (Check one)	<ul style="list-style-type: none"> a. Yes b. No c. I don’t know 		
15.	If yes to administrator in demographics and yes to bubble zone	Has your “bubble zone” facilitated or hindered hiring and/or retaining providers of abortion care? (A bubble zone is a designated area around a location which provides abortion services. Within the bubble zone, certain activities are prohibited, such as abortion-related protest and other activities that may intimidate or interfere with patients and abortion service providers.) (Check one)	<ul style="list-style-type: none"> a. Facilitated b. Hindered c. Neither facilitated nor hindered d. I don’t know e. Other, please explain 	New	
16.	If yes to administrator in demographics and yes to bubble zone	How does your “bubble zone” impact patient care? (A bubble zone is a designated area around a location which provides abortion services. Within the bubble zone, certain activities are prohibited, such as abortion-related protest and other activities that may intimidate or interfere with patients and abortion service providers.) (Check one)	<ul style="list-style-type: none"> f. Positively, please explain: g. No impact, please explain: h. Negatively, please explain i. I don’t know 		

17.	ALL	Do you have general comments relating to stigma, harassment, and/or violence?		Adapted from CAPS 2012. Mifepristone implementation survey	
		<p>If you were to feel distress after answering this section, please find here some national resources:</p> <p>1. CART-GRAC: https://cart-grac.ubc.ca/</p> <p>2. Action Canada: https://www.actioncanadashr.org/ Access Line number: 1-888-642-2725</p> <p>3. National Abortion Federation: https://prochoice.org/</p>			
		<p>Thank you for taking the time to answer these questions about the abortion care you provided in 2019, prior to COVID-19 restrictions.</p> <p>For the following question, we now ask that you think about 2020, and how COVID-19 has impacted your abortion care.</p>			

18.	ALL	What impacts has COVID-19 had on your individual abortion practice and/or access to abortion in your province?		COVID related question	
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ADMINISTRATORS					
CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comment
	If yes to administrator in demographics	ADMINISTRATORS Please answer the remainder of this survey in regards to your practice of induced abortion care EXCLUDING management of miscarriage/intrauterine fetal death.			Next set of questions heading text

		<p>This section will take you approximately 10 minutes to complete.</p> <p>Thank you very much for participating in this survey.</p>			
		<p>You are able to stop the survey at any time by clicking “Save & Return Later” at the bottom of each page. You will be provided with a pop-up of a section-specific randomly generated 8-character return code. To return to the survey, you will need both the return code for the specific section and the survey return link.</p> <p>We suggest that you retrieve your return code and link now and at the beginning of each subsequent section in case of any technical issues which may result in disconnection from the survey prior to completion.</p> <p>Click here to download “<i>Save & Return Later</i>” instructions</p>			
1.	If yes to administrator; mandatory	What type(s) of abortion has your service provided in 2019? (Check all that apply)	<ul style="list-style-type: none"> g. FIRST trimester medical abortion ($\leq 10+0$ weeks or 70 days of gestation) h. FIRST trimester surgical abortion ($\leq 13+6$ weeks of gestation) i. SECOND trimester surgical abortion ($\geq 14+0$ weeks of gestation) 		If someone chooses answer option f they will get a message: Thank you very much for your interest in

			<ul style="list-style-type: none"> j. SECOND trimester medical abortion / labour induction ($\geq 14+0 - \leq 23+6$ weeks of gestation) k. THIRD trimester medical abortion / labour induction ($\geq 24+0$ weeks of gestation) l. None of the above [end survey] 		participating in this survey. Based on your answer you no longer qualify for this survey.
2.	If yes to administrator; mandatory	What best describes your clinical location? (Check one)	<ul style="list-style-type: none"> q. Outside of hospital r. Community hospital s. Academic hospital t. Other, please specify: _____ 	Adapted form 2012 CAPS; adapted from FTMA	
3.	If yes to administrator & outside of hospital	Does this clinical location outside of the hospital provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> j. Yes, other reproductive health care k. Yes, general health care other than reproductive health care l. No, only abortion services 	Taken from FTMA	No is action tag
4.	If yes to administrator & hospital	What best describes how your hospital-based clinical location provides abortion care? (Check one)	<ul style="list-style-type: none"> a. Provides organized abortion only service / dedicated abortion clinic b. Provides abortion care mixed in with other medical care 	Taken from FTMA	
5.	If yes to administrator & OTHER	Does this location provide any services other than abortion care? (Check all that apply)	<ul style="list-style-type: none"> h. Yes, other reproductive health care i. Yes, general health care other than reproductive health care c. No, only abortion services 		No is action tag
6.	If yes to administrator and FTMA	What is the total number of FIRST trimester medical abortions (defined as medical abortions $\leq 10+0$ weeks or 70 days of gestational age)	_____ FIRST trimester medical abortions in 2019	Adapted from 2012 CAPS; taken from FTMA	

		provided in your facility in the calendar year 2019?			
7.	If yes to administrator and FTMA	How many of the following health care professionals provide FIRST trimester medical abortion at your facility? (Please give number for each option)	<ul style="list-style-type: none"> c. Physicians independently prescribing or dispensing a medication for medical abortion as the most responsible provider (MRP): ____ d. Nurse practitioners independently prescribing or dispensing a medication for medical abortion as the most responsible provider (MRP): ____ e. Nurse practitioners or registered nurses providing abortion under a WRITTEN agreement (e.g., a directive or a collaborative practice agreement) developed and approved in advance by a group of health professionals identified as authorizers and implementers of the written agreement. This agreement enables implementers to decide to perform ordered procedure(s) under specific conditions, without the direct assessment by the authorizer at the time. Please specify the name and other details that describe your WRITTEN agreement with nurse practitioners or registered nurses ____ f. Nurse practitioners or registered nurses providing abortion under a VERBAL collaborative / inter-professional care agreement that involves either a midwife, registered nurse or nurse practitioner working 	NEW; adapted from FTMA	

			<p>with another health care professional who has prescribing authority for medical abortion. Please specify the name and other details that describe your VERBAL agreement with nurse practitioners or registered nurses</p> <p>g. Midwives providing abortion under WRITTEN agreement (e.g., a directive or a collaborative practice agreement) developed and approved in advance by a group of health professionals identified as authorizers and implementers of the written agreement. This agreement enables implementers to decide to perform ordered procedure(s) under specific conditions, without the direct assessment by the authorizer at the time. Please specify the name and other details that describe your WRITTEN agreement with midwives</p> <p>h. Midwives providing abortion under a VERBAL collaborative/interprofessional care agreement that involves either a midwife, registered nurse or nurse practitioner working with another health care professional who has prescribing authority for medical abortion. Please specify the name and other details that describe your VERBAL agreement with midwives</p> <p>i. Other health care professional(s), please specify: ____</p>		
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8.	If yes to administrator and FTSA	What is the total number of FIRST trimester surgical abortions (defined as surgical abortions $\leq 13+6$ weeks of gestational age) your facility performed in the year 2019?	_____ FIRST trimester surgical abortions in 2019	Adapted from CAPS 2012, taken from FTSA	
9.	If yes to administrator and STSA	What is the total number of SECOND trimester surgical abortions (defined as surgical abortions $\geq 14+0$ weeks of gestational age) your facility performed in the year 2019?	_____ SECOND trimester surgical abortions in 2019	Adapted from CAPS 2012, taken from STSA	
10.	If yes to administrator and STMA	What is the total number of SECOND trimester medical abortions / labour induction (defined as $\geq 14+0 - \leq 23+6$ weeks of gestational age) your facility provided in the calendar year 2019?	___ SECOND trimester medical abortions in 2019	Adapted from 2012 CAPS; taken from STMA	
11.	If yes to administrator and TTMA	What is the total number of THIRD trimester medical abortion / labour induction (defined as $\geq 24+0$ weeks of gestational age) your facility provided in the calendar year 2019?	__ THIRD trimester medical abortions in 2019	Adapted from 2012 CAPS; taken from STMA	

12.	If yes to administrator & FTMA	Which of the following regimens does your facility provide for FIRST trimester medical abortion? (Check all that apply)	n. Mifepristone/misoprostol o. Methotrexate/misoprostol p. Misoprostol-only for medical abortion (excluding miscarriages) q. Other, please specify: __	Adapted from Admin survey 2012 CAPS; taken from FTMA	
13.	If yes to administrator & FTMA or FTSA	Do you assess Rh status in the following patients? (Check one)	f. In all patients g. Only if gestational age is $\geq 7+0$ weeks h. Only if gestational age is $\geq 8+0$ weeks i. Never r. Other, please specify: ____	Adapted from 2012 CAPS, taken from FTMA	
14.	If yes to administrator & FTMA or FTSA	If a patient is Rh (-), do you offer Rh immune globulin administration? (Check one)	f. To all patients g. Only if gestational age is $\geq 7+0$ weeks h. Only if gestational age is $\geq 8+0$ weeks i. Never s. Other, please specify: ____	Adapted from SOGC guideline, taken from FTMA	
15.	If yes to administrator & FTSA	Approximately what percentage of FIRST trimester surgical abortions is done using the following methods of pain management? (Please estimate percentage for each option. Please be sure that the percentages sum up to 100%).	g. Local cervical anaesthesia only ____ (%) h. Local cervical anaesthesia plus any oral meds (including nonsteroidal anti-inflammatory drugs (NSAIDs), e.g. Ibuprofen®) ____ (%) i. Local cervical anaesthesia plus any intramuscular meds (\pm oral meds) (%)	Adapted from 2012 CAPS, taken from FTSA	

			<ul style="list-style-type: none"> j. Intravenous moderate (conscious) sedation ± local cervical anaesthesia _____ (%) k. Deep sedation (purposeful response following repeated or painful stimulation and protective airway reflexes intact) _____ (%) l. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) _____ (%) 		
16.	If yes to administrator & FTSA or STSA	Up to what maximum gestational age does your facility provide surgical abortion?	_____ weeks and _____ days	Adapted from 2012 CAPS; taken from STSA	
17.	If yes to administrator & STSA	For which indication(s) does your facility usually provide SECOND trimester surgical abortion in a live fetus? (Check all that apply)	<ul style="list-style-type: none"> y. Patient request without other factors z. Genetic anomaly not compatible with life aa. Any genetic anomaly bb. Congenital anomaly/malformation not compatible with life cc. Any congenital anomaly/malformation dd. Preterm premature rupture of membranes ee. Maternal medical indication ff. Other, please specify: _____ 	Taken from STSA	
18.	If yes to administrator & STSA	Approximately what percentage of SECOND trimester surgical abortions is done using the following methods of pain management?	<ul style="list-style-type: none"> h. Our facility does not provide surgical abortion at this gestational age (in this case enter N/A) i. Local cervical anaesthesia only _____ (%) 	Adapted from 2012 CAPS; Taken	

		<p>(Please estimate percentage for each gestational age range. Please be sure that the percentages sum to 100%)</p> <p>e. $\geq 14+0 - \leq 15+6$ weeks f. $\geq 16+0 - \leq 17+6$ weeks g. $\geq 18+0 - \leq 19+6$ weeks d. $\geq 20+0$ weeks</p>	<p>j. Local cervical anaesthesia plus any oral meds (including nonsteroidal anti-inflammatory drugs (NSAIDs), e.g. Ibuprofen®) _____ (%)</p> <p>k. Local cervical anaesthesia plus any intramuscular meds (\pm oral meds) _____ (%)</p> <p>l. Intravenous moderate (conscious) sedation \pm local cervical anaesthesia _____ (%)</p> <p>m. Deep sedation (purposeful response following repeated or painful stimulation and protective airway reflexes intact) __ (%)</p> <p>n. General anaesthesia (no purposeful response following repeated or painful stimulation with complete loss of protective airway reflexes) _____ (%)</p>	from STSA	
19.	If yes to administrator & STMA	For which indication(s) does your facility usually provide SECOND trimester ($\geq 14+0 - \leq 23+6$ weeks of gestation) medical abortion / labour induction in a live fetus? (Check all that apply)	<p>a. Patient request without other factors</p> <p>b. Genetic anomaly not compatible with life</p> <p>c. Any genetic anomaly</p> <p>d. Congenital anomaly/malformation not compatible with life</p> <p>e. Any congenital anomaly/malformation</p> <p>f. Preterm premature rupture of membranes</p> <p>g. Maternal medical indication</p> <p>h. Other, please specify: __</p>	Taken from STMA	
20.	If yes to administrator & TTMA	For which indication(s) does your facility usually provide THIRD trimester ($\geq 24+0$	<p>k. Patient request without other factors</p> <p>l. Genetic anomaly not compatible with life</p>	Taken from STMA	

		weeks of gestation) medical abortion / labour induction in a live fetus? (Check all that apply)	<ul style="list-style-type: none"> m. Any genetic anomaly n. Congenital anomaly/malformation not compatible with life o. Any congenital/malformation anomaly p. Preterm premature rupture of membranes q. Maternal medical indication r. Other, please specify: __ 		
21.	If yes to administrator & STMA or TTMA	Up to what maximum gestational age does your facility provide SECOND/THIRD trimester medical abortion / labour induction? (Check one)	<ul style="list-style-type: none"> d. No gestational age limit e. ____ weeks and __ days 	Taken from STMA	
22.	If yes to administrator & STMA or TTMA	Who usually delivers patients undergoing a SECOND/THIRD trimester medical abortion / labour induction at your facility? (Check all that apply)	<ul style="list-style-type: none"> e. Maternal-fetal medicine subspecialist/Perinatologist f. Generalist OB/GYN g. Family physician/General practitioner a. Other, please specify: __ 	Taken from STMA	
23.	If yes to administrator	Which factor(s) determines the upper gestational age limit for abortion at your facility? (Check all that apply)	<ul style="list-style-type: none"> u. Provider availability v. Clinic/facility regulations w. Provincial/territorial regulations x. Evidence-based guidelines y. Other, please specify: ____ 	New	

REMUNERATION AND FUTURE RESEARCH					
CAPS 2019					
Question #	"ask if" pattern / conditional branching logic	Question	Answers/Options	Source	Comment
		<p>REMUNERATION AND FUTURE RESEARCH</p> <p>Please answer the next questions in regards to your preference regarding receiving remuneration and being contacted in the future</p> <p>This section will take you approximately 1 minutes to complete. Thank you very much for participating in this survey.</p>			Next set of questions heading text
1.	ALL	May we contact you for any of the following purposes? (Check all that apply)	<ul style="list-style-type: none"> a. Remuneration (we will send you an electronic gift certificate) b. Future research on contraception and abortion conducted by our research network c. To receive study results d. All of the above e. None of the above 	New	
2.	ALL & anything checked above except none	Please indicate your email address. Only the principal investigator and designate will have access to your email address.	_____	New	