**Anonymous questionnaire on the reasons and circumstances for the abortion, the choice of abortion method, and the acceptability of the chosen method**

At Ljubljana University Medical Centre we wish to obtain, through an anonymous survey, a comprehensive picture of the reasons for your decision to have an abortion, the use of contraception, and the role of counselling before the abortion. We are also interested in the factors behind the decision to choose an abortion method, as well as the acceptability of the chosen method. A similar survey was carried out in Slovenia in 2006, so the data will be important for a comparison of the two time periods.

We kindly ask you to fill out this anonymous questionnaire and put it in a sealed envelope in the collection box found in the department room.

If any of the questions make you feel embarrassed, feel free to skip them. You can also, without negative consequences for yourself, withdraw from completing the questionnaire.

Completing the questionnaire will take about 15 minutes. The research was approved by the National Medical Ethics Committee of the Republic of Slovenia.

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**Age: ………. years**

(even if you have decided not to participate, please enter your age and submit the questionnaire)

**Please circle the number before the appropriate answer.**

GENERAL PART

**1 Education (completed level):**

1 - Elementary (II)
2 - Short-term vocational (III)
3 - Vocational (IV)
4 - Secondary (V)
5 - Higher vocational (VI/1
6 - Professional higher (VI/2)
7 - Specialisation or Master's (second Bologna cycle) (VII)
8 - Master's or PhD (VIII)

**2 Occupation:**

1 - Elementary school student

2 - Secondary school student

3 - Undergraduate student

4 - Employed

5 - Unemployed

6 - Other: ………………..

**3 Where or who do you mostly live with?**

1 - Parents

2 - Dorm/campus

3 - Friends, classmates

4 - Partner/family

5 - Alone

6 - Other: ………………

**4 How would you assess your socioeconomic status?**

1 - Very poor

2 - Poor

3 - Average

4 - Good

5 - Excellent

**5 Are you religious?**

1 **-** Not religious

2 - Roman Catholic

3 - Evangelical

4 - Orthodox

5 - Muslim

6 - Other: ………………..

GYNAECOLOGICAL HISTORY

**6 Previous pregnancies** (excluding the current):

1 - Number of deliveries: ………………..

2 - Number of miscarriages: ………………..

3 - Number of ectopic pregnancies: ………………..

4 - Number of abortions: ………………..

**7 Last pregnancy outcome** (excluding the current):

1 - Delivery

2 - Miscarriage

3 - Ectopic pregnancy

4 - Abortion

5 - This is my first pregnancy

**8 Time passed since last pregnancy** (excluding the current):

1 - ………. years, ………. months

2 - This is my first pregnancy

CURRENT PREGNANCY

**9 How many weeks are you pregnant?** (from the first day of your last menstrual period) .………. weeks

**10 Was the pregnancy planned?**

1 - Yes

2 - No

**11 Relationship with the partner you became pregnant with:**

1 - Spouse

2 - Domestic partner, living together

3 - In a relationship, living apart

4 - Occasional partner

5 - Brief intimate meeting/I do not know him

6 - Other: ……………

**12 Reasons for abortion** (circle all that apply):

1 - Commitments to yourself (school/career)

2 - Afraid to tell parents/surroundings

3 - I don't want to have kids now

4 - I have enough children

5 - Financial and housing hardship

6 - Detected (suspected) fetal abnormalities

7 - Personal health problems

8 - I'm too young

9 - I'm too old

10 - Partner does not support the pregnancy

11 - I wanted a baby but can't keep it now

12 - Instead of contraception

13 - Other: ……….……….……….……….

**13 With more financial support from the state** (e.g. higher child benefits/allowance, cheaper kindergartens, cheaper housing), **would you continue with the pregnancy?**
1 - Yes
2 - No

**14 What is your partner's point of view on abortion?**

1 - For abortion

2 - Against abortion

3 - Undecided

4 - I don't know

**15 Does your partner support you in your decision?**

1 - He supports me in making the decision

2 - I am not supported in the decision

3 - He is undecided

4 - He doesn't want to talk about it

5 - I don't know, we have no contact

**16 Do you want to have a baby in the future?**

1 - Yes

2 - No

3 - I don't know

**17 Does your partner want to have a baby in the future?**

1 - Yes

2 - No

3 - I don't know

4 - I don't have a partner

CONTRACEPTION

**18 Do you regularly** (every three years) **attend gynaecological examinations?**

1 - Yes

2 - No

**19 Where have you received the most information on contraception?** (choose up to three answers)

1 - Gynaecologist

2 - My GP

3 - From the media (magazines, radio, TV, internet)

4 - At school/in class

5 - From parents

6 - Nowhere

7 - Other: …………………………

**20 Which method of contraception have you used most in the last year?** (choose up to three answers)

1 - Condom

2 - Contraceptive pills (‘the Pill’)

3 - Hormonal vaginal ring

4 - Contraceptive patch

5 - Contraceptive injections

6 - Copper IUD

7 - Hormonal IUD

8 - Emergency contraception (‘Morning-After Pill’)

9 - The calendar method (‘Safe Days’)

10 - Withdrawal/pull-out method

11 - Breastfeeding

12 - Diaphragm

13 - Other: ………………

14 – None

**21 How regularly/frequently did you use the chosen method of contraception?**

1 - Regularly

2 - Occasionally

3 - Only on fertile days

4 - I just tried to use it

**22 Are you familiar with the effectiveness of the selected method(s) of contraception?**

1 - Yes

2 - No

**23 What method of contraception did you use at the time you became pregnant?**

1 - Condom

2 - Contraceptive pills (‘the Pill’)

3 - Hormonal vaginal ring

4 - Contraceptive patch

5 - Contraceptive injections

6 - Copper IUD

7 - Hormonal IUD

8 - Emergency contraception (‘Morning-After Pill’)

9 - The calendar method (‘Safe Days’)

10 - Withdrawal/pull-out method

11 - Breastfeeding

12 - Diaphragm

13 - Other: ………………..……

14 - None

**23.1 If you were using contraception at the time of conception, why do you believe you became pregnant?**

1 - The condom broke

2- I forgot to take my pills

3 - I (we) used the protection method incorrectly

4 - I don't know, I was sure I was protected, the method failed

5 - Other: ………....................................

**24 Which method of contraception do you intend to use on a regular basis after abortion?**

1 - Condom

2 - Contraceptive pills (‘the Pill’)

3 - Hormonal vaginal ring

4 - Contraceptive patch

5 - Contraceptive injections

6 - Copper IUD

7 - Hormonal IUD

8 - Emergency contraception (‘Morning-After Pill’)

9 - The calendar method (‘Safe Days’)

10 - Withdrawal/pull-out method

11 - Breastfeeding

12 - Diaphragm

13 - Other: ………………..……

14 - None

**25 Have you already settled on the future use of contraception after abortion with your gynaecologist?**1 - Yes
2 - No

COUNSELLING

**26 Who did you talk to about the decision for abortion?** (circle all that apply)

1 - Nobody

2 - My partner

3 - Parents

4 - A friend

5 - My gynaecologist

6 - My GP

7 - A social worker in the Division of Obstetrics and Gynaecology

8 - A psychologist

9 - Other: ……………………………..

**27 Who did you first turn to for information on the abortion procedure?**

1 - A friend

2 - A relative

2 - Counselling Service of the Division of Obstetrics and Gynaecology

3 - My gynaecologist

4 - My GP

5 - The Internet

6 - Other: ……………….………………..

**28 Counselling before abortion. Please complete the table:**

|  |
| --- |
| **Before abortion you spoke to:**Put X in all applicable boxes |
| **Counselling** | **Primary care****gynaecologist** | **Social worker** | **Gynaecologist at the department before the procedure** |
| Decision for abortion |  |  |  |
| Type of abortion |  |  |  |
| Abortion procedure |  |  |  |
| Abortion complications |  |  |  |
| Contraception after abortion |  |  |  |
| Alternatives to abortion |  |  |  |
| Other |  |  |  |

**29 Satisfaction with counselling before abortion. Please complete the table:**

|  |
| --- |
| **Satisfaction with counselling before abortion** In each column indicate your assessment with X |
|  | **Primary care gynaecologist** | **Social worker** | **Gynaecologist at the department before the procedure** |
| Very dissatisfied |  |  |  |
| Dissatisfied |  |  |  |
| Neither satisfied nor dissatisfied |  |  |  |
| Satisfied |  |  |  |
| Very satisfied |  |  |  |

**30 Would you have liked additional counselling before the abortion?**

1 - Yes (Please answer question 30.1)

2 - No.

**30.1 What would you have liked to discuss?** (circle all that apply)

1 - The decision for abortion

2 - The type of abortion

3 - The abortion procedure

4 - Risks and complications of abortion

5 - Alternative pregnancy options, giving the baby up for adoption

6 - Social and financial aid during pregnancy and motherhood

7 - Contraception after abortion

8 - Other (fill in): …………………………...

ABORTION METHOD OF CHOICE

**31 Which abortion method did you choose?**

1 - Surgical method - vacuum aspiration

2 - Medical method - with medication

**32 Why did you choose this particular method?** (circle all that apply)

1 - The procedure is faster

2 - The procedure is simpler

3 - I'm afraid of the other method

4 - I'm afraid of anaesthesia and possible complications

5 - I’m afraid of a surgical intervention and possible complications

6 - I'm afraid of pain

7 - I think the chosen method is safer

8 - I think the chosen method is more natural

9 - Because I wanted an IUD insertion at the same time

10 - For emotional reasons

11 - On the advice of a person close to me

12 - On the advice of my personal gynaecologist

13 - According to the doctor at the department, this was the only appropriate method for me

14 - Other: ………................

ACCEPTABILITY OF THE CHOSEN METHOD

**33 How would you evaluate the acceptability of the chosen abortion method for you?**

1 - Completely unacceptable

2 - Unacceptable

3 - Neither acceptable nor unacceptable

4 - Acceptable

5 - Very acceptable

**34 What was, for you, the most unpleasant part of the procedure?** (circle all that apply)

1 - Pain

2 - Bleeding

3 - Nausea/vomiting

4 - Duration of the procedure

5 - Seeing the products of the abortion/pregnancy

6 - Other: ………...................

**35 What was your experience of pain during the surgery?**

1 - Almost nothing

2 - Less than expected

3 - As expected

4 - Severe, higher than expected

5 - Very severe

6 - Other: ………...................

**36 How would you rate pain on a scale from 0 to 10 (0 – no pain, 10 – worst pain I have ever experienced)?**

……….……….

**37 In your opinion, were you given enough pain management medication?**

1 - Yes

2 - No

**38 How would you evaluate the severity of bleeding?**

1 - Very mild, almost nothing

2 - Less than expected

3 - As expected

4 - Stronger than expected

5 - Severe

**39 Did you experience any of the following problems during the procedure?** Indicate with an X

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No** | **Mild** | **Moderate** | **Strong** | **Severe** |
| Nausea |  |  |  |  |  |
| Vomiting |  |  |  |  |  |
| Diarrhoea |  |  |  |  |  |
| Dizziness |  |  |  |  |  |
| Headache |  |  |  |  |  |
| Chills |  |  |  |  |  |

**40 How satisfied are you with the chosen abortion method?**

1 - Very dissatisfied

2 - Dissatisfied

3 - Neither satisfied nor dissatisfied

4 - Satisfied

5 - Very satisfied

**41 Have you ever had an abortion before?**

1 - Yes (please answer questions 41.1 and 41.2)

2 - No

**41.1 Which method was used during the previous procedure?**

1 - Surgical

2 - With medication

**41.2 How would you compare the current abortion experience with the previous one?**

1 - I'm more satisfied

2 - It was the same as before

3 - I'm less satisfied

4 - Can't compare/evaluate

**42 Should you need another abortion in the future, which method would you choose?**

1 - Surgical

2 - With medication

**43 If your friend needed an abortion, which method would you recommend?**

1 - Surgical

2 - With medication

**44 If you underwent an abortion with medication, would you have preferred to undergo the abortion procedure at home after receiving the second dose of medication instead of in the hospital, if given the option?**

1 - Yes

2 - No

3 - I don't know

4 - I didn't have an abortion with medication

**45 Anything else you would like to add, suggest?**

……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….……….

**Thank you so much for your cooperation!**