**Supplementary Text 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Questionnaire   1. **How would you rate your experience with the demonstrators in front of the Gynmed clinics’ entrance?**  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **-5** | -4 | -3 | -2 | -1 | | **0** | 1 | | 2 | 3 | 4 | **5** | | Very annoying | | |  | |  | Neutral | |  | |  | Very helpful | |  1. **In case you experienced the contact as annoying with the demonstrators:**   a. Have you been harassed? (Multiple answers possible)   |  |  | | --- | --- | | O Yes, with words | O Physical contact (blocking the way) | | O Yes, by being handed pamphlets | O Yes, others | | O Yes, by being handed plastic dolls | O No |   b. Did you feel threatened?   |  |  | | --- | --- | | O Yes | O No | | O Yes, a little bit |  1. **In case you experienced the contact as helpful:**   Please state what was helpful for you? ......................................................................................   1. **Did the demonstrator influence your decision to have the abortion?**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **-5** | -4 | -3 | -2 | -1 | **0** | | Strongly influenced Not influenced | | | | | |  1. **In your opinion should such demonstrations be:**  |  |  | | --- | --- | | O Legally banned | O Permitted |  1. **Would you like protection against such demonstrations by the clinic?**  |  |  | | --- | --- | | O Yes | O No |   **Could you please shortly describe your experience with the demonstrators in front of the clinic, likewise what you would wish for:**  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Many thanks! |