**Supplementary Text 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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! |