

Women's Reproductive Health Care Provider Survey (WRHCPS)

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Q1. We would like to begin by asking some background questions. Which of the following best describes your current assignment or position? Please select one response.

- 1) OB/GYN physician 1
- 2) Family Medicine Physician 2
- 3) Internal Medicine Physician 3
- 4) Pediatric Physician 4
- 5) Occupational Medicine Physician 5
- 6) Other physician **[Write in option: 20 Characters]** 6
- 7) Physician Assistant (PA) 7
- 8) Family Nurse Practitioner 8
- 9) Women's Health Nurse Practitioner 9
- 10) Certified Nurse Midwife 10
- 11) Other nurse **[Write in option: 20 Characters]** 11
- 12) Independent Duty Corpsman or other Enlisted Medical Personnel 12
- 13) Other non-physician **[Write in option: 20 Characters]** 13

Q2. [IF Q1 = 1, 2, 3, 4, 5, or 6] What year did you graduate from medical school? Please enter a 4-digit year; if not applicable, please enter 1900.

- Numeric field [Year]

Q3. [IF Q1 = 1, 2, 3, 4, 5, or 6] What year did you complete residency? Please enter a 4-digit year; if not applicable, please enter 1900.

- Numeric field [Year]

Q4. [IF Q1 = 1, 2, 3, 4, 5, or 6 and Q3 is not 1900] Have you completed additional fellowship training after your residency? Please select one response.

- 1) Yes 1
- 2) No 2
- 3) Not applicable 3

Q5. Are you currently board certified? Please select one response.

- 1) Yes 1
- 2) No 2
- 3) Not applicable 3

Q6. [If Q1 = 7, 8, 9, 10, 11, or 12] What year did you complete Advanced Practice Nursing Education? Please enter a 4-digit year; if not applicable, please enter 1900.

- Numeric field [Year]

Q7. [If Q1 = 7, 8, 9, 10, 11, or 12] What year did you complete the required medical training for your current assignment or position? Please enter a 4-digit year; if not applicable, enter 1900.

- Numeric field [Year]

Q8. How long have you been practicing or providing patient care to ACTIVE-DUTY SERVICE WOMEN? Please enter the years and months in the box below. If you have been practicing or providing care for less than one year, please enter 0 years.

- Numeric field [Years, months]

Q9. Where is the practice setting of your current assignment? Select all that apply.

- 1) Women's Health Clinic or OB/GYN Clinic 1
- 2) Walk-In Contraceptive Clinic 2
- 3) Primary Care Clinic 3
- 4) Urgent or Emergency Care Clinic 4
- 5) Hospital-Based Clinic 5
- 6) Military Community-Based Clinic 6
- 7) Other setting 7

Q10. On average, how many patients do you see per month?

- Numeric field; range 0-999

Q11. In the past 12 months, what percentage of your patients were ACTIVE-DUTY SERVICE WOMEN? Please select one response.

- 1) Less than 5%
- 2) 5 to 24% 1
- 3) 25 to 49% 2
- 4) 50 to 75% 3
- 5) Greater than 75% 4

Q12. In the past 12 months, what percentage of your encounters with ACTIVE-DUTY SERVICE WOMEN patients were telehealth or virtual?

- 1) Less than 5%
- 2) 5 to 24% 1
- 3) 25 to 49% 2
- 4) 50 to 75% 3
- 5) Greater than 75% 4

Q13. In the past 2 years, have you provided medical care to an ACTIVE-DUTY SERVICE WOMEN who was in a deployed setting?

- 1) Yes 1

- 2) No 2

Q14. In the past 12 months, what percentage of your patient encounters were associated with a Periodic Health Assessment (PHA) or pre-deployment screening? Please select one response.

- 1) Less than 5% 1
- 2) 5-10% 2
- 3) 11-25% 3
- 4) 26-50% 4
- 5) 51-75% 5
- 6) Greater than 75% 6

Q15. In the past 12 months, have you cared for one or more ACTIVE-DUTY SERVICE WOMEN who identifies as lesbian, gay, or bisexual? Please select one response.

- 1) Yes 1
- 2) No 2
- 3) Not sure 3

Q16. How often do you document a patient’s sexual orientation in their medical record? Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5

Q17. How much do you agree with each of the following statements? Please select one response per row.

	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
Q17a. I am comfortable discussing and assessing the sexual health needs of ACTIVE-DUTY SERVICE WOMEN who identify as lesbian, gay, or bisexual.					
Q17b. I am comfortable discussing and assessing the sexual health needs of transgender ACTIVE-DUTY SERVICE WOMEN.					
Q17b. I am as comfortable taking a complete sexual history from ACTIVE-DUTY SERVICE WOMEN who identify as lesbian, gay, or					

bisexual as I am from ACTIVE-DUTY SERVICE WOMEN who identify as heterosexual.					
Q17d. I am as comfortable taking a complete sexual history from transgender ACTIVE-DUTY SERVICE WOMEN as I am from cisgender ACTIVE-DUTY SERVICE WOMEN (individuals whose gender identity corresponds to their sex assigned at birth).					

Q18. In the past 12 months, have you had an ACTIVE-DUTY SERVICE WOMEN patient with an unplanned pregnancy?

- 1) Yes 1
- 2) No 2
- 3) Not sure 3

Q19. For each of the reproductive health services listed, please indicate to what extent your training prepared you for your practice. Please select one response per row.

	Very much 1	Somewhat 2	Not at all 3	NA/Not part of my job duties 4
Q19a. Intrauterine device (IUD) insertion				
Q19b. IUD removal				
Q19c. Subdermal implantable contraception (e.g., Nexplanon)				
Q19d. Basic obstetric ultrasound (AFI, fetal presentation, placental location)				
Q19e. Medication abortion				
Q19f. Dilation and curettage (D&C) procedures				
Q19g. Dilation and evaluation (D&E) procedures				

Q20. How often do you use DoD-recommended guidelines as a clinical resource for reproductive care provision? These include the CDC’s Selected Practice Recommendations for Contraceptive Use, the U.S. Medical Eligibility Criteria for Contraceptive Use, and the CDC and U.S. Office of Population Affairs recommendations regarding quality family planning services. Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5

Q21. Now we would like to focus on reproductive health services that you may provide to ACTIVE-DUTY SERVICE WOMEN. In the past 12 months, have you provided any kind of contraceptive counseling or services to ACTIVE-DUTY SERVICE WOMEN? Please select one response.

- 1) Yes
- 2) No **[Skip to Q39]**
- 3) Not sure

Q22. In the past 12 months, how often have you provided or prescribed each of the following? Please select one response per row.

	Routinely 1	Occasionally 2	Rarely 3	Never 4
Q22a. Condoms				
Q22b. Combined hormonal birth control pills				
Q22c. Progestin-only pills				
Q22d. Birth control patch				
Q22e. Birth control ring				
Q22f. Birth control shot (e.g., Depo-Provera)				
Q22g. Subdermal implantable contraception (e.g., Nexplanon)				
Q22h. Hormonal IUD (e.g., Mirena)				
Q22i. Non-hormonal, copper IUD (e.g., ParaGard)				
Q22j. Other barrier contraceptives (diaphragms, cervical caps, sponge, spermicides)				
Q22k. Fertility awareness methods				
Q22l. Emergency contraception				

Q23. In the past 12 months, how often have you personally performed the following contraceptive services for ACTIVE-DUTY SERVICE WOMEN? Please select one response per row.

	Routinely 1	Occasionally 2	Rarely 3	Never 4
Q23a. IUD insertion				
Q23b. Subdermal implantable contraception				
Q23c. Permanent sterilization (e.g., tubal ligation)				

Q24. When providing contraceptive services to ACTIVE-DUTY SERVICE WOMEN in the past 12 months, how often did you do each of the following? Please select one response per row.

	Routinely 1	Occasionally 2	Rarely 3	Never 4
Q24a. Established and maintained				

rapport with the ACTIVE-DUTY SERVICE WOMEN				
Q24b. Obtained clinical information from the ACTIVE-DUTY SERVICE WOMEN (e.g., medical history)				
Q24c. Assessed the ACTIVE-DUTY SERVICE WOMEN's pregnancy intention or reproductive life plan				
Q24d. Inquired about the ACTIVE-DUTY SERVICE WOMEN's contraceptive experiences and preferences				
Q24e. Conducted a sexual history and risk assessment				
Q24f. Obtained information about the sex of partners as part of a patient's sexual history				
Q24g. Discussed the full range of contraceptive methods				
Q24h. Discussed contraception side effects				
Q24i. Discussed contraception efficacy (i.e., failure rates)				
Q24j. Discussed whether the method prevents sexually transmitted infections (STIs)				
Q24k. Conducted a physical assessment related to contraceptive use, when warranted				
Q24l. Worked interactively with the ACTIVE-DUTY SERVICE WOMEN to select the most effective and appropriate contraceptive method				
Q24m. Provided or prescribed a contraceptive method along with instructions about correct and consistent use				

Q25. The next set of questions are about comprehensive contraceptive counseling. DHA-PI 6200.02 defines comprehensive contraceptive counseling as “counseling on the full range of contraceptive methods, including those not covered under TRICARE, for pregnancy prevention and menstrual suppression.” The full range of contraceptive methods includes short- and long-acting methods (e.g. copper containing IUD; levonorgestrel IUD; implant; injectable; combined hormonal birth control pills; progestin-only pills; fertility awareness method; emergency contraception; female/male sterilization).

Have you received training in comprehensive contraceptive counseling? Please select one response.

- 1) Yes 1
- 2) No 2

- 3) Not Sure 3

Q26. In the past 12 months, how often have you offered comprehensive contraceptive counseling when you see ACTIVE-DUTY SERVICE WOMEN? That is, how often have you asked ACTIVE-DUTY SERVICE WOMEN if they would like to receive counseling? Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5 **[Skip to Q29]**

Q27. When you offer your ACTIVE-DUTY SERVICE WOMEN patients comprehensive contraceptive counseling, approximately what percentage decline it? Please select one response.

- 1) 0% 1 **[SKIP to Q29]**
- 2) 1 to 25% 2
- 3) 26 to 50% 3
- 4) 51 to 75% 4
- 5) 76 to 100% 5

Q28. When ACTIVE-DUTY SERVICE WOMEN patients decline comprehensive contraceptive counseling, what reasons do they give? Select all that apply.

- 1) No reason given 1
- 2) Already on birth control 2
- 3) Not heterosexually active 3
- 4) Do not need/want the information 4
- 5) Other 5

Q29. In the past 12 months, how often have you provided comprehensive contraceptive counseling when you see ACTIVE-DUTY SERVICE WOMEN? That is, how often have you actually given the counseling to ACTIVE-DUTY SERVICE WOMEN? Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5 **[Skip to Q34]**

Q30. **[IF Q29 = 1, 2, 3, or 4] In the past 12 months, how often have you provided comprehensive contraceptive counseling to ACTIVE-DUTY SERVICE WOMEN in a telehealth or virtual setting? Please select one response.**

- 1) Always or almost always 1
- 2) Sometimes 2
- 3) Rarely 3
- 4) Never 4

Q31. In the past 12 months, in which of the following settings have you provided comprehensive contraceptive counseling to ACTIVE-DUTY SERVICE WOMEN? Select all that apply.

- Q31a. During MTF visits following PHA referral

- Q31b. During annual well woman visits and/or reproductive health screenings
- Q31c. During physical examinations
- Q31d. In support of initial officer and enlisted training
- Q31e. During pre-deployment healthcare visits
- Q31f. During a contraceptive counseling or access visit requested by a service woman
- Q31g. I have not provided contraceptive counseling in any of these situations in the past 12 months
[Cannot select if any Q31a through Q31f is selected.]

Q32. How often do you use decision aids when counseling ACTIVE-DUTY SERVICE WOMEN on contraceptive methods? Decision aids include contraception charts, an app, or something similar. Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5

Q33. When counseling an ACTIVE-DUTY SERVICE WOMEN about contraception, how often do you offer long-active reversible methods of contraceptive (subdermal implants and IUDs) before offering other options? Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5

Q34. How much do you agree or disagree with each of the following statements. I feel comfortable counseling an ACTIVE-DUTY SERVICE WOMEN patient on...? Please select one response per row.

	Strongly agree 1	Somewhat agree 2	Neither agree nor disagree 3	Somewhat disagree 4	Strongly disagree 5
Q34a. Condoms					
Q34b. Combined hormonal birth control pills					
Q34c. Progestin-only pills					
Q34d. Birth control patch					
Q34e. Birth control ring					
Q34f. Birth control shot (e.g., Depo-Provera)					
Q34g. Subdermal implantable contraception (e.g., Nexplanon)					
Q34h. Hormonal IUD (e.g., Mirena)					
Q34i. Non-hormonal, copper IUD (e.g., ParaGard)					

Q34j. Other barrier contraceptives (e.g., diaphragms, cervical caps, spermicides)					
Q34k. Permanent sterilization (e.g., tubal ligation, vasectomy)					
Q34l. Fertility awareness method					
Q34m. Abstinence					
Q34n. Withdrawal					
Q34o. Emergency contraception					

Q35. To what extent is each of these factors a barrier to your ability to provide contraceptive services to ACTIVE-DUTY SERVICE WOMEN? Please select one response per row.

	Very much 1	Somewhat 2	Not at all 3
Q35a. Lack of time			
Q35b. ACTIVE-DUTY SERVICE WOMEN patient volume			
Q35c. Providing care through telehealth or virtually			
Q35d. Availability of specific types of contraception where I practice			
Q35e. My level of knowledge about contraception			
Q35f. My level of knowledge about how to discuss contraception with patients			
Q35g. My level of knowledge regarding contraceptive care for patients identifying as something other than heterosexual			
Q35h. My discomfort in obtaining a patient's sexual history			
Q35i. Patients providing incomplete or inaccurate information about their sexual behaviors			
Q35j. My concern that some forms of contraception will increase risk of STI			
Q35k. My concern that contraception will increase casual sexual behavior			
Q35l. Cultural differences between me and my patients			
Q35m. Being a different gender than my patients			
Q35n. My religious beliefs			

Q36. How helpful would it be for you to have a reminder about providing contraception counseling included in a patient's electronic health record? Please select one response.

- 1) Very helpful
- 2) Helpful
- 3) Neither helpful nor unhelpful
- 4) Unhelpful

5) Very unhelpful

Q37. In the past 12 months, how often did you start an ACTIVE-DUTY SERVICE WOMEN patient on each contraceptive on the same day she decided to use it? Please select one response per row.

	Always 1	Sometimes 2	Rarely 3	Never 4	NA/Did not prescribe 5
Q37a. Combined hormonal contraceptives (e.g., pills, patch, ring)					
Q37b. Birth control shot (e.g., Depo-Provera)					
Q37c. Subdermal implantable contraception (e.g., Nexplanon)					
Q37d. Hormonal IUD (e.g., Mirena)					
Q37e. Non-hormonal, copper IUD (e.g., ParaGard)					

Q38. [If Q37a through e equals 2, 3, 4, or 5] Why were you unable to always start your ACTIVE-DUTY SERVICE WOMEN patients on a contraceptive on the same day she decided to use it? Select all that apply.

Q38a. Prescribing medication is not part of my job duties

Q38b. Institutional or clinic policy

Q38c. Method not routinely available

Q38d. Not enough time

Q38e. Needed to wait for a negative pregnancy test

Q38f. Needed to refer ACTIVE-DUTY SERVICE WOMEN to another provider due to ethical or religious reasons

Q38g. Needed to refer ACTIVE-DUTY SERVICE WOMEN to another provider due to lack of training or education

Q38h. The patient encounter was virtual/telehealth

Q38i. Some other reason not listed here

Q39. Which of the following describes your personal practice for ACTIVE-DUTY SERVICE WOMEN who request emergency contraception (e.g., Plan B)? Select all that apply.

1) I prescribe or place IUDs as emergency contraceptives (e.g., ella, ParaGard, Mirena) 1

2) I refer patients to pick up Plan B free of charge at a military pharmacy 2

3) I refer patients to another provider due to ethical or religious reasons 3

4) I refer patients to another provider due to training / education reasons 4

5) I do not prescribe contraceptives or refer patients due to ethical or religious reasons 5

Q40. When an ACTIVE-DUTY SERVICE WOMEN requests help reducing heavy or painful menstruation, how often do you suggest a hormonal contraceptive (e.g., Mirena, the pill)? Please select one response.

1) Always 1

2) Often 2

3) Sometimes 3

- 4) Rarely 4
- 5) Never 5

Q41. The next few questions ask about your knowledge of contraceptives. True or False: Emergency contraception is only effective up to 48 hours after intercourse. [Answer = FALSE]

- 1) True 1
- 2) False 2
- 3) I do not know 3

Q42. True or False: An IUD can be placed safely in most circumstances immediately after a woman gives birth. [Answer = TRUE]

- 1) True 1
- 2) False 2
- 3) I do not know 3

Q43. True or False: There is an increased risk of infertility associated with the use of an IUD. [Answer = FALSE]

- 1) True 1
- 2) False 2
- 3) I do not know 3

Q44. True or False: The failure rate of oral contraceptives in typical use is greater than 5%. [Answer = TRUE]

- 1) True 1
- 2) False 2
- 3) I do not know 3

Q45. True or False: Bisexual and lesbian women have a greater risk of unintended pregnancy compared to heterosexual women. [Answer = TRUE]

- 1) True 1
- 2) False 2
- 3) I do not know 3

Q46. Based on DoD policy, what should a provider who has a religious or moral objection to providing contraceptive services do? Select all that apply. [Correct response = all are correct]

- 1) Register their objections with their respective MTF leadership 1
- 2) Disclose objections (related to course of treatment) to their patients 2
- 3) Require a transfer of patient care to another health care provider 3
- 4) I do not know 4 [Cannot select if 1 through 3 is selected.]

Q47. Based on DoD policy, when should ACTIVE-DUTY SERVICE WOMEN be offered comprehensive contraceptive counseling? Select all that apply. [Correct response = all are correct]

- 1) During MTF visits following PHA referral for members of the Armed Forces 1
- 2) During annual well woman visits and reproductive health screenings 2
- 3) During physical examinations 3
- 4) In support of initial officer and enlisted training for members of the Armed Forces 4
- 5) During pre-deployment healthcare visits for members of the Armed Forces 5

- 6) During a contraceptive counseling or access visit requested by an ACTIVE-DUTY SERVICE WOMEN 6
- 7) None of these **[Cannot select if 1 through 6 is selected.]**

Q48. The next few items are about your knowledge of DoD policy related to access to reproductive health care. When does TRICARE cover abortion services? That is, what is considered a *covered abortion*? Select all that apply. **[Correct response = 1, 2 and 3; all options must be selected for the response to be correct.]**

- 1) When the life of the mother is immediately endangered 1
- 2) When the life of the mother would be endangered should the fetus be carried to term 2
- 3) When the pregnancy is the result of an act of rape or incest 3
- 4) When abortion is medically indicated for the health of the mother 4
- 5) When abortion is medically indicated due to fetal anomalies 5
- 6) For any other reason 6 **[Cannot select if 1 through 5 is selected.]**
- 7) I do not know 7 **[Cannot select if 1 through 6 is selected.]**

Q49. In the event that a state passed a law restricting providers from performing abortions, would MHS providers located in that state still be able to perform abortions in an MTF? Please select one response. **[Correct response = 1]**

- 1) Yes, as long as it is a covered abortion 1
- 2) Only if state law still allows it 2
- 3) No 3
- 4) I do not know 4

Q50. Could state abortion laws affect the provision of emergency contraceptives like Plan B or ella through the MHS? Please select one response. **[Correct response = 2]**

- 1) Yes 1
- 2) No 2
- 3) I do not know 3

Q51. How familiar are you with DoD guidelines for the provision of care for ACTIVE-DUTY SERVICE WOMEN who disclose that they have been sexually assaulted? Please select one response.

- 1) Very familiar 1
- 2) Somewhat familiar 2
- 3) Neither familiar nor unfamiliar 3
- 4) Unfamiliar 4
- 5) Very unfamiliar 5

Q52. Have you ever received training on these guidelines?

- 1) Yes 1
- 2) No 2 **[SKIP TO Q54]**
- 3) Not sure 3

Q53. **[If Q52 = 1 or 3] Did that training occur within the past 12 months?**

- 1) Yes 1
- 2) No 2
- 3) Not sure 3

Q54. Which of the following are healthcare providers required to do when ACTIVE-DUTY SERVICE WOMEN requesting an abortion discloses a pregnancy was the result of a sexual assault? Select all that apply. [Correct response is 1 and 3]

- 1) Immediately notify the Sexual Assault Prevention and Response Program or Family Advocacy Program 1
- 2) Immediately notify the ACTIVE-DUTY SERVICE WOMEN's commander 2
- 3) Consult with their legal office to determine whether a notification to the appropriate authorities is necessary due a serious or imminent threat to health or safety 3
- 4) None of these 4

Q55. How familiar are you with DoD's indemnification policy to protect providers from civil or criminal liability when performing their official duties related to reproductive health care? Please select one response.

- 1) I have never heard of the policy. 1
- 2) I have heard of it, but do not know what it does. 2
- 3) I have heard of it, understand what it does, but still have questions. 3
- 4) I have heard of it, fully understand what it does, and have no questions. 4

Q56. How familiar are you with DoD's alternate licensure policy to protect providers from civil or criminal liability when performing a covered abortion? Please select one response.

- 1) I have never heard of the policy. 1
- 2) I have heard of it, but do not know what it does. 2
- 3) I have heard of it, understand what it does, but still have questions. 3
- 4) I have heard of it, fully understand what it does, and have no questions. 4

Q57. [If Q55 OR Q56 = 1 SKIP TO Q58] Do you believe these polices are adequate in supporting your ability to perform your official duties related to the provision of reproductive health care to ACTIVE-DUTY SERVICE WOMEN? Please select one response.

- 1) Yes 1
- 2) No 2
- 3) Unsure

Q58. How familiar are you with how health care providers must handle commander notification of an ACTIVE-DUTY SERVICE WOMEN's pregnancy? Please select one response.

- 1) Very familiar 1
- 2) Somewhat familiar 2
- 3) Neither familiar nor unfamiliar 3
- 4) Unfamiliar 4
- 5) Very unfamiliar 5

Q59. [If Q58 = 1, 2, or 3] How comfortable would you be explaining the command notification policy to a pregnant ACTIVE-DUTY SERVICE WOMEN under your care? Please select one response.

- 1) Very comfortable 1 [SKIP to Q61]
- 2) Somewhat comfortable 2
- 3) Neither comfortable nor uncomfortable 3

- 4) Somewhat uncomfortable 4
- 5) Very uncomfortable 5

Q60. [If Q59 = 2, 3, 4 or 5] Why are you not very comfortable explaining the command notification policy to a pregnant ACTIVE-DUTY SERVICE WOMEN under your care? Select all that apply.

- 1) I do not know the policy well enough to explain it. 1
- 2) I do not agree with the policy. 2
- 3) Explaining this policy is not part of my role as a health care provider. 3
- 4) This policy is not relevant to my pregnant ACTIVE-DUTY SERVICE WOMEN patients. 4
- 5) Another reason not listed here. 5

Q61. In the past 12 months, what percentage of your pregnant ACTIVE-DUTY SERVICE WOMEN patients have required an exception to the 20-week command notification policy? Please select one response.

- 1) Less than 5% 1
- 2) 5 to 24% 2
- 3) 25 to 49% 3
- 4) 50 to 75% 4
- 5) Greater than 75% 5

Q62. How familiar are you with DoD and service-level policies related to administrative absence and travel reimbursement for non-covered reproductive care? Please select one response.

- 1) Very familiar 1
- 2) Somewhat familiar 2
- 3) Neither familiar nor unfamiliar 3
- 4) Unfamiliar 4
- 5) Very unfamiliar 5

Q63. When relevant, how often do you make pregnant ACTIVE-DUTY SERVICE WOMEN patients aware of DoD or service-level policies related to administrative absence and travel reimbursement for non-covered reproductive care? Please select one response.

- 1) Always 1
- 2) Often 2
- 3) Sometimes 3
- 4) Rarely 4
- 5) Never 5

Q64. [If Q63 = 2, 3, 4, or 5] When you do not make a pregnant ACTIVE-DUTY SERVICE WOMEN patient aware of these policies what are your reasons? Select all that apply.

- 1) I do not know the policies well enough to refer patients to them. 1
- 2) I have a moral or religious objection to the policies. 2
- 3) I do not agree with the policies for reasons other than my moral or religious beliefs. 3
- 4) I am unsure whether I am permitted to discuss non-covered reproductive health care with my ACTIVE-DUTY SERVICE WOMEN patients. 4
- 5) I am concerned about personal civil or criminal liability. 5

- 6) Explaining these policies is not part of my role as a health care provider. 6
- 7) The policies are not relevant to my pregnant ACTIVE-DUTY SERVICE WOMEN patients. 7
- 8) Another reason not listed here. 8

Q65. The next section of the survey is about your familiarity and experiences with aspects of reproductive care related to pregnancy. Which of the following services have you provided in the past 12 months? Select all that apply.

- 1) Pregnancy options counseling 1
- 2) Miscarriage management 2
- 3) Abortion complication management 3
- 4) Transvaginal ultrasound dating 4
- 5) Cervical block 5
- 6) Cervical dilation 6
- 7) Medication abortion 7
- 8) Dilation and curettage (D&C) procedures 8
- 9) Dilation and evaluation (D&E) procedures 9
- 10) Ultrasound guidance during D&C or D&E 10
- 11) None of these **[Cannot select if 1 through 10 is selected.]** 11

Q66. If an ACTIVE-DUTY SERVICE WOMEN came to you for a covered abortion (i.e., one that is consistent with DoD policy), which of the following would be a barrier to your provision of either a procedural abortion or a medication abortion? Select all that apply.

	Q66a. Procedural Abortion	Q66b. Medication Abortion
Not enough clinical training 1		
Not within my scope of practice or part of my current assignment 2		
Difficulties in obtaining equipment and supplies 3		
Difficulty in scheduling patients/clinic flow 4		
This care is not allowed by site and/or community 5		
State legal restrictions 6		
Site-specific scope of practice limitations 7		
Personal beliefs against abortion provision 8		
Concerns for safety of friends, family, or myself 9		
Other reason not listed here 10		
None 11 [Cannot select if 1 through 10 is selected.]		

Q67. Which one of the following would you do for an ACTIVE-DUTY SERVICE WOMEN who has decided to discontinue a pregnancy? Select all that apply.

- 1) Provide a covered abortion 1
- 2) Provide general information about obtaining an uncovered abortion outside DoD (e.g., DoD policy, state regulations) 2
- 3) Provide specific information about obtaining an uncovered abortion outside of DoD (e.g., provider location, contact info) 3
- 4) Refer the patient to another DoD provider for a covered abortion because it is not within my practice 4

- 5) Ask the patient to see another DoD provider because of my moral or religious objections to abortion 5
- 6) Attempt to dissuade the ACTIVE-DUTY SERVICE WOMEN 6
- 7) None of these 7 **[Cannot select if 1 through 6 is selected.]**
- 8) I do not know 8 **[Cannot select if 1 through 7 is selected.]**

[DEMOGRAPHICS IDENTIFIED THROUGH DMDC include Service branch, component, current Reserve/Guard status, years of service, pay grade, marital status, education level, race, ethnicity, gender, and age.]