

## FOLLOW-UP QUESTIONNAIRE AFTER A MEDICAL ABORTION

Installation : CLSC du Marigot

IDENTIFICATION DE L'USAGER No. DOSSIER \_\_\_\_\_

NOM À LA NAISSANCE : \_\_\_\_\_

PRÉNOM : \_\_\_\_\_ SEXE :  F  M

ADRESSE : \_\_\_\_\_

CODE POSTAL : \_\_\_\_\_ TÉL. : \_\_\_\_\_

DATE NAISSANCE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

N.A.M. : \_\_\_\_\_ EXP : \_\_\_\_ / \_\_\_\_

### SINCE YOUR FIRST APPOINTMENT

Did you take your medication as planned with your health professional ?  yes  no

If not, when did you take it (time and date) :

1<sup>st</sup> medication (mifepristone) \_\_\_\_\_

2<sup>nd</sup> medication (misoprostol) \_\_\_\_\_

Did you have heavy bleeding after taking medication (Misoprostol)? Please describe what kind of bleeding did you get:

yes  no If yes, for how long : \_\_\_\_\_

\_\_\_\_\_

Did you have cramps after taking the second medication (misoprostol) ?  yes  no

If yes, what kind of cramps did you feel?

light  moderate  heavy

Did you contact the CLSC or have to be seen by a health care professional after you took the medication ?  yes  no

### TODAY

How do you feel today ? Do you still feel pregnant ?  yes  no

Do you still have symptoms of pregnancy such as :

Breast tenderness :  yes  no

Nausea :  yes  no

Extreme fatigue :  yes  no

Do you still have abdominal cramps ?  yes  no

If yes, the pain is :  light  moderate  heavy

Do you still have some bleeding ?  yes  no

If yes, please describe it ?  light  moderate  heavy

### YOUR EXPERIENCE

How would you describe your experience of your medical abortion ?

easy  tolerable pain  difficult  intolerable pain

Would you choose this method again ?  yes  no

Did you get all information that you needed to know before you took your medication ?  yes  no

If not, what else would you have liked to know ?

\_\_\_\_\_

Have you started your contraception ?

no  yes, wich contraception: \_\_\_\_\_

when : \_\_\_\_\_

Did you have sexual intercourse since the abortion ?

yes, **with** contraceptive method

yes, **without** contraceptive method

no

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_