

Supplemental Online Content

Rivlin K, Bornstein M, Wascher J, Turner AN, Norris AH, Howard D. State abortion policy and moral distress among clinicians providing abortion after the *Dobbs* decision. *JAMA Netw Open*. 2024;7(8):e2426248.
doi:10.1001/jamanetworkopen.2024.26248

eAppendix. Moral Distress Survey

This supplemental material has been provided by the authors to give readers additional information about their work.

Moral Distress Survey

Please complete the survey below.

Thank you!

How old are you?

_____ (years old)

Which of the following best describes your race?
(Choose ALL that apply)

- Black or African American
 White
 Asian or Asian American
 Native American, Alaska Native, or American Indian
 Native Hawaiian or Pacific Islander
 Other: _____
 Don't know
 Prefer not to answer
-

Are you Hispanic, Latino, or Latinx?

- Yes
 No
 Don't know
 Prefer not to answer
-

How would you describe your gender? (Choose ALL that apply)

- Woman
 Man
 Transgender Woman
 Transgender Man
 Non-binary
 Gender fluid
 Other: please specify below _____
 Don't know
 Prefer not to answer
-

How many years have you been providing abortion care?

_____ (years)

Are you currently in training (such as in residency, fellowship, or clinicals)?

- yes
 no
 prefer not to answer
-

Currently, what stage are you in your training?

- Residency
 Fellowship
 Clinicals
 Other: _____
 Don't know
 Prefer not to answer
-

What is your role in healthcare? (choose one)

- Physician
 Nurse
 Advanced Practice Provider
 Don't know
 Prefer not to answer
-

What kind of physician are you? (choose one)

- Ob/Gyn
 Family Medicine
 Other: _____
 Don't know
 Prefer not to answer

Have you completed a Complex Family Planning Fellowship? (Choose ALL that apply)

- Yes
- No
- I am currently completing a Complex Family Planning Fellowship
- I am planning on completing a Complex Family Planning Fellowship
- Don't know
- Prefer not to answer

Are you board certified in Complex Family Planning? (Choose all that apply)

- Yes
- No and I do not plan on taking Complex Family Planning boards
- No but I plan on taking Complex Family Planning boards
- I am not eligible to take the Complex Family Planning boards
- Don't know
- Prefer not to answer

What kind of Advanced Practice Provider are you? (Choose one)

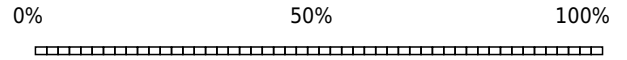
- Nurse Practitioner
- Physician Assistant
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Other: _____
- Don't know
- Prefer not to answer

Now we will ask you some questions about your abortion care practice. When we use the words "Dobbs decision" in this survey, we are referring to the Supreme Court of the United States decision in Dobbs v Jackson Women's Health Organization from June 24, 2022.

Are you currently engaged in abortion provision?

- yes
- no
- prefer not to answer

Currently, what percentage of your own clinical practice includes abortion care?



(Place a mark on the scale above)

In what state or states do you currently provide abortion care? (Check ALL that apply)

- AL : Alabama
- AK : Alaska
- AZ : Arizona
- AR : Arkansas
- CA : California
- CO : Colorado
- CT : Connecticut
- DC : District of Columbia
- DE : Delaware
- FL : Florida
- GA : Georgia
- HI : Hawaii
- ID : Idaho
- IL : Illinois
- IN : Indiana
- IA : Iowa
- KS : Kansas
- KY : Kentucky
- LA : Louisiana
- ME : Maine
- MD : Maryland
- MA : Massachusetts
- MI : Michigan
- MN : Minnesota
- MS : Mississippi
- MO : Missouri
- MT : Montana
- NE : Nebraska
- NV : Nevada
- NH : New Hampshire
- NJ : New Jersey
- NM : New Mexico
- NY : New York
- NC : North Carolina
- ND : North Dakota
- OH : Ohio
- OK : Oklahoma
- OR : Oregon
- PA : Pennsylvania
- RI : Rhode Island
- SC : South Carolina
- SD : South Dakota
- TN : Tennessee
- TX : Texas
- UT : Utah
- VT : Vermont
- VA : Virginia
- WA : Washington
- WV : West Virginia
- WI : Wisconsin
- WY : Wyoming
- Outside of the United States
- Other
- Don't know
- Prefer not to answer

What state is the PRIMARY setting in which you currently provide abortion care? (Choose ONLY one)

- AL : Alabama
- AK : Alaska
- AZ : Arizona
- AR : Arkansas
- CA : California
- CO : Colorado
- CT : Connecticut
- DC : District of Columbia
- DE : Delaware
- FL : Florida
- GA : Georgia
- HI : Hawaii
- ID : Idaho
- IL : Illinois
- IN : Indiana
- IA : Iowa
- KS : Kansas
- KY : Kentucky
- LA : Louisiana
- ME : Maine
- MD : Maryland
- MA : Massachusetts
- MI : Michigan
- MN : Minnesota
- MS : Mississippi
- MO : Missouri
- MT : Montana
- NE : Nebraska
- NV : Nevada
- NH : New Hampshire
- NJ : New Jersey
- NM : New Mexico
- NY : New York
- NC : North Carolina
- ND : North Dakota
- OH : Ohio
- OK : Oklahoma
- OR : Oregon
- PA : Pennsylvania
- RI : Rhode Island
- SC : South Carolina
- SD : South Dakota
- TN : Tennessee
- TX : Texas
- UT : Utah
- VT : Vermont
- VA : Virginia
- WA : Washington
- WV : West Virginia
- WI : Wisconsin
- WY : Wyoming
- Outside of the United States
- Other
- Don't know
- Prefer not to answer

In what settings do you currently provide abortion care? (Choose ALL that apply)

- Community Hospital
- Academic Hospital
- State Funded Institution
- Planned Parenthood
- Independent free standing abortion clinic (excluding Planned Parenthood)
- Telehealth
- Other: _____
- Don't know
- Prefer not to answer

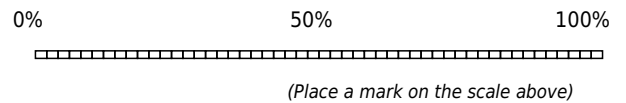
What is the PRIMARY setting in which you provide abortion care? (Choose ONLY one)

- Community Hospital
- Academic Hospital
- State Funded Institution
- Planned Parenthood
- Independent free standing abortion clinic (excluding Planned Parenthood)
- Telehealth
- Other
- Don't know
- Prefer not to answer

Were you providing abortion care in the year leading up to the Dobbs decision (ie. anytime between May 2021 and May 2022)?

- Yes
- No
- Prefer not to answer

In the year prior to the Dobbs decision, what percentage of your own clinical practice included abortion care?



In what state or states did you provide abortion care in the year prior to the Dobbs decision?

- AL : Alabama
- AK : Alaska
- AZ : Arizona
- AR : Arkansas
- CA : California
- CO : Colorado
- CT : Connecticut
- DC : District of Columbia
- DE : Delaware
- FL : Florida
- GA : Georgia
- HI : Hawaii
- ID : Idaho
- IL : Illinois
- IN : Indiana
- IA : Iowa
- KS : Kansas
- KY : Kentucky
- LA : Louisiana
- ME : Maine
- MD : Maryland
- MA : Massachusetts
- MI : Michigan
- MN : Minnesota
- MS : Mississippi
- MO : Missouri
- MT : Montana
- NE : Nebraska
- NV : Nevada
- NH : New Hampshire
- NJ : New Jersey
- NM : New Mexico
- NY : New York
- NC : North Carolina
- ND : North Dakota
- OH : Ohio
- OK : Oklahoma
- OR : Oregon
- PA : Pennsylvania
- RI : Rhode Island
- SC : South Carolina
- SD : South Dakota
- TN : Tennessee
- TX : Texas
- UT : Utah
- VT : Vermont
- VA : Virginia
- WA : Washington
- WV : West Virginia
- WI : Wisconsin
- WY : Wyoming
- Outside of the United States
- Other
- Don't know
- Prefer not to answer

What state was the PRIMARY state in which you provided abortion care in the year prior to the Dobbs decision?
(Choose ONLY one)

- AL : Alabama
- AK : Alaska
- AZ : Arizona
- AR : Arkansas
- CA : California
- CO : Colorado
- CT : Connecticut
- DC : District of Columbia
- DE : Delaware
- FL : Florida
- GA : Georgia
- HI : Hawaii
- ID : Idaho
- IL : Illinois
- IN : Indiana
- IA : Iowa
- KS : Kansas
- KY : Kentucky
- LA : Louisiana
- ME : Maine
- MD : Maryland
- MA : Massachusetts
- MI : Michigan
- MN : Minnesota
- MS : Mississippi
- MO : Missouri
- MT : Montana
- NE : Nebraska
- NV : Nevada
- NH : New Hampshire
- NJ : New Jersey
- NM : New Mexico
- NY : New York
- NC : North Carolina
- ND : North Dakota
- OH : Ohio
- OK : Oklahoma
- OR : Oregon
- PA : Pennsylvania
- RI : Rhode Island
- SC : South Carolina
- SD : South Dakota
- TN : Tennessee
- TX : Texas
- UT : Utah
- VT : Vermont
- VA : Virginia
- WA : Washington
- WV : West Virginia
- WI : Wisconsin
- WY : Wyoming
- Outside of the United States
- Other
- Don't know
- Prefer not to answer

In what setting did you provide abortion care in the year prior to the Dobbs decision? (Choose ALL that apply)

- Community Hospital
- Academic Hospital
- State Funded Institution
- Planned Parenthood
- Independent free standing abortion clinic (excluding Planned Parenthood)
- Telemedicine
- Other
- Don't know
- Prefer not to answer

Please specify the setting in which you provided abortion care in the year prior to the Dobbs decision: _____

What was the PRIMARY setting in which you provided abortion care in the year prior to the Dobbs decision? (Choose ONLY one)

- Community Hospital
- Academic Hospital
- State Funded Institution
- Planned Parenthood
- Independent free standing abortion clinic (excluding Planned Parenthood)
- Telemedicine
- Other
- Don't know
- Prefer not to answer

Now we are going to ask you some questions about your experience of Moral Distress in your clinical practice.

Moral distress occurs when you believe you know the ethically correct thing to do, but something or someone restricts your ability to pursue the right course of action.

Here is a moral distress thermometer:

Please briefly describe or name the federal, state, local, or institutional policy besides the Dobbs decision that has most contributed to your experience of moral distress and when this policy change occurred. (You can choose to leave this box blank)

Since the policy change that you describe above, have you been experiencing more or less moral distress?

- I have been experiencing MORE moral distress.
 I have been experiencing LESS moral distress.
 My experience of moral distress has stayed THE SAME.

Now we are going to ask you questions about how your abortion care practice has changed since the Dobbs decision in the US state you selected.

Has abortion care become severely restricted or no longer legal in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not applicable

Has abortion care become more accessible and less restricted in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Are you seeing more patients in your practice seeking abortion care in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has a healthcare facility where you used to provide abortion care closed or stopped providing abortion care in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you reduced your abortion care practice or stopped providing abortion care because of concerns that you will face legal or professional consequences for providing abortion care in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you reduced your abortion care practice or stopped providing abortion care because of concerns related to your safety and/or the safety of family members/housemates in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you retired from healthcare in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has your practice changed for reasons unrelated to abortion laws in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Please specify the way your practice has changed:

Has your practice changed for another reason not listed above in the US state you selected?

- Yes
- No
- Don't know
- Prefer not to answer
- Not Applicable

Please specify the unlisted reason that your practice has changed:

Would you like to answer the above questions related to moral distress and changes to your practice for another US state?

- Yes
- No

Ok, great! Please select again from the following list ONE of the US states in which you practice and keep this clinical setting in mind when you answer the following questions.

For those who practice in more than one US state, you will have the option to answer these questions up to three times. For those who practice only in one US state, you don't need to answer these questions again.

- AL : Alabama AK : Alaska
- AZ : Arizona AR : Arkansas
- CA : California CO : Colorado
- CT : Connecticut DC : District of Columbia
- DE : Delaware
- FL : Florida GA : Georgia
- HI : Hawaii ID : Idaho
- IL : Illinois IN : Indiana
- IA : Iowa KS : Kansas
- KY : Kentucky LA : Louisiana
- ME : Maine MD : Maryland
- MA : Massachusetts MI : Michigan
- MN : Minnesota MS : Mississippi
- MO : Missouri MT : Montana
- NE : Nebraska NV : Nevada
- NH : New Hampshire
- NJ : New Jersey NM : New Mexico
- NY : New York NC : North Carolina
- ND : North Dakota OH : Ohio
- OK : Oklahoma OR : Oregon
- PA : Pennsylvania RI : Rhode Island
- SC : South Carolina SD : South Dakota
- TN : Tennessee TX : Texas
- UT : Utah VT : Vermont
- VA : Virginia WA : Washington
- WV : West Virginia WI : Wisconsin
- WY : Wyoming Outside of the United States
- Other Don't know
- Prefer not to answer

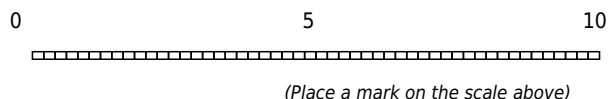
Now we are going to ask you again some questions about your experience of Moral Distress in the US State you selected above.

Just as a reminder: Moral distress occurs when you believe you know the ethically correct thing to do, but something or someone restricts your ability to pursue the right course of action.

Here is a moral distress thermometer:

Please select the NUMBER (0 to 10) on the Moral Distress Thermometer that best describes how much moral distress you are experiencing related to your abortion care practice (or lack of abortion care practice) in the US state you selected.

10 means that you are experiencing extreme distress regarding to your abortion care practice (or lack of abortion care practice) and 0 means that you are experiencing no distress regarding your abortion care practice.



Which of the following describes your level of moral distress since the Dobbs decision in the US state you selected?

- I have been experiencing MORE moral distress since the Dobbs decision.
- I have been experiencing LESS moral distress since the Dobbs decision.
- My experience of moral distress has stayed THE SAME since the Dobbs decision.

Besides any changes to your abortion care practice that happened at the time of the Dobbs decision, is there another federal, state, local, or institutional policy that has most contributed to your experience of moral distress in your abortion care practice (or lack of abortion care practice) in the US state you selected?

- Yes No Don't know
 Prefer not to answer
 Not Applicable

Please briefly describe or name the federal, state, local, or institutional policy besides the Dobbs decision that has most contributed to your experience of moral distress and when this policy change occurred. (You can choose to leave this box blank)

Now we are going to ask you questions about how your abortion care practice has changed since the Dobbs decision in the US state you selected.

Since the policy change that you describe above, have you been experiencing more or less moral distress in the US state you selected?

- I have been experiencing MORE moral distress.
 I have been experiencing LESS moral distress.
 My experience of moral distress has stayed THE SAME.

Has abortion care become severely restricted or no longer legal in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not applicable

Has abortion care become more accessible and less restricted in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Are you seeing more patients in your practice in the US state you selected seeking abortion care?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has a healthcare facility where you used to provide abortion care in the US state you selected closed or stopped providing abortion care?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you reduced your abortion care practice or stopped providing abortion care because of concerns that you will face legal or professional consequences for providing abortion care in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you reduced your abortion care practice or stopped providing abortion care because of concerns related to your safety and/or the safety of family members/housemates in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you retired from healthcare in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has your practice changed for reasons unrelated to abortion laws in the US state you selected?

- Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Please specify the way your practice has changed:

Has your practice changed for another reason not listed above in the US state you selected?

- Yes
- No
- Don't know
- Prefer not to answer
- Not Applicable

Please specify the unlisted reason that your practice has changed:

Would you like to answer the above questions related to moral distress and changes to your practice for another US state?

- Yes
- No

Okay, great! Please select again from the following list ONE of the US states in which you practice and keep this clinical setting in mind when you answer the following questions.

For those who practice in more than two US states, this will be the third and final setting that we will be asking about. For those who practice in one or two US states, you don't need to answer these questions again.

- AL : Alabama AK : Alaska
 AZ : Arizona AR : Arkansas
 CA : California CO : Colorado
 CT : Connecticut DC : District of Columbia
 DE : Delaware
 FL : Florida GA : Georgia
 HI : Hawaii ID : Idaho
 IL : Illinois IN : Indiana
 IA : Iowa KS : Kansas
 KY : Kentucky LA : Louisiana
 ME : Maine MD : Maryland
 MA : Massachusetts MI : Michigan
 MN : Minnesota MS : Mississippi
 MO : Missouri MT : Montana
 NE : Nebraska NV : Nevada
 NH : New Hampshire
 NJ : New Jersey NM : New Mexico
 NY : New York NC : North Carolina
 ND : North Dakota OH : Ohio
 OK : Oklahoma OR : Oregon
 PA : Pennsylvania RI : Rhode Island
 SC : South Carolina SD : South Dakota
 TN : Tennessee TX : Texas
 UT : Utah VT : Vermont
 VA : Virginia WA : Washington
 WV : West Virginia WI : Wisconsin
 WY : Wyoming Outside of the United States
 Other Don't know
 Prefer not to answer

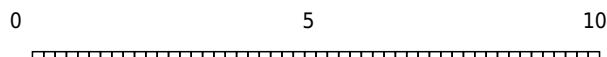
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Here is a moral distress thermometer:

Please select the NUMBER (0 to 10) on the Moral Distress Thermometer that best describes how much moral distress you are experiencing related to your abortion care practice (or lack of abortion care practice) in the US state you have selected.

10 means that you are experiencing extreme distress regarding to your abortion care practice (or lack of abortion care practice) and 0 means that you are experiencing no distress regarding your abortion care practice.



(Place a mark on the scale above)

Which of the following describes your level of moral distress since the Dobbs decision in the US state you selected?

- I have been experiencing MORE moral distress since the Dobbs decision.
 I have been experiencing LESS moral distress since the Dobbs decision.
 My experience of moral distress has stayed THE SAME since the Dobbs decision.

Besides any changes to your abortion care practice that happened at the time of the Dobbs decision, is there another federal, state, local, or institutional policy that has most contributed to your experience of moral distress in your abortion care practice (or lack of abortion care practice) in the US state you selected?

- Yes No Don't know
 Prefer not to answer
 Not Applicable

Please briefly describe or name the federal, state, local, or institutional policy besides the Dobbs decision that has most contributed to your experience of moral distress and when this policy change occurred. (You can choose to leave this box blank)

Since the policy change that you describe above, have you been experiencing more or less moral distress?

- I have been experiencing MORE moral distress.
 I have been experiencing LESS moral distress.
 My experience of moral distress has stayed THE SAME.

Now we are going to ask you questions about how your abortion care practice has changed since the Dobbs decision in the US state you selected.

Has abortion care become severely restricted or no longer legal in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not applicable

Are you seeing more patients seeking abortion care in your practice in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has a healthcare facility where you used to provide abortion care closed or stopped providing abortion care in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you reduced your abortion care practice or stopped providing abortion care because of concerns that you will face legal or professional consequences for providing abortion care in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Have you retired from healthcare in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Has your practice changed for reasons unrelated to abortion laws in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Please specify the way your practice has changed:

Has your practice changed for another reason not listed above in the US state you selected?

Yes
 No
 Don't know
 Prefer not to answer
 Not Applicable

Please specify the unlisted reason that your practice has changed:

You have reached the end of the survey questions. We have a few optional open-ended questions below that you are welcome to but not expected to complete. Would you be interested in answering these questions?

Yes
 No

Click here to be directed to a separate survey where you can share your email address for compensation purposes

Take me to the compensation survey