

## Appendix 2. Survey With Question Regarding Families

### Please answer a short survey

This is a voluntary research study about Pregnancy in the United States. All data will remain anonymous and you will receive a token of appreciation through MTurk. In accordance with MTurk policies, your identity will remain unknown and there is no way for researchers to match up your answers with your identity. You may stop answering questions at any time. Upon completion of the survey you will be paid \$0.25 (25 cents).

### Background

1. What is your current marital status?

- Married  
 Widowed  
 Divorced  
 Separated  
 Never Married

2. Have you or your partner ever been pregnant? (positive pregnancy test)

- Yes  
 No

3. Have you or your partner had a history of a miscarriage? (pregnancy loss earlier than 20 weeks)

- Yes  
 No

Was it a planned pregnancy?

- Yes  
 No

Indicate number of miscarriages that occurred:

1. Less than 7 weeks  (Insert number)  
2. 7-14 weeks  (Insert number)  
3. >14 weeks  (Insert number)

Did you access medical care for your miscarriage?

- Yes  
 No

Who did you tell about your loss (check all that apply)?

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- Partner
- Mother
- Father
- Sibling
- Friend
- Physician/Healthcare Personnel
- No one

Please rate the following statements on a scale from 1 to 5 with 1= strongly disagree and 5= strongly agree.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
Question	<b>After My Miscarriage...</b>						
A	I received adequate emotional support from those I told	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
B	I received adequate emotional support from my partner	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
C	The medical establishment provided adequate medical support	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
D	The medical establishment provided adequate emotional support	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> N/A
E	I felt guilty	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
F	I felt alone	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
G	I felt ashamed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
H	I feel I did something wrong which caused the miscarriage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
I	I feel that I could have prevented the miscarriage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	

Was a cause for your miscarriage found?

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- Yes
- No
- Unsure
- Did not seek medical care

What reason did medical personnel give you for your miscarriage, if any?

What did you feel was the reason for the miscarriage?

Please rate the following two statements on a scale from 1 to 10 with 1= strongly disagree and 10= strongly agree.

When a **friend of family member** reveals that they or their spouse had a miscarriage, it makes me feel less alone.

Strongly Disagree		Disagree		Perhaps Disagree	Perhaps Agree	Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="radio"/>	<input type="radio"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="radio"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>

4. Has anyone else in your family had a miscarriage?

- Yes
- No
- I don't know

5. How many biologic children do you have?

- 0
- 1
- 2
- 3
- 4 or more

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6. While watching TV have you ever had a fatal heart attack?

- Yes
- No
- Maybe

7. In your opinion, what fraction of pregnancies in the United States end in a miscarriage?

- 75%
- 50%
- 25%
- 5%
- 1%
- 0.1%
- 0.01%

8. What do you think is the **most common** cause of miscarriages? (choose only one)

- Lifestyle (examples include: drugs, alcohol, smoking during the pregnancy)
- Genetic (examples include: age of mother, genetic problems with fetus)
- Medical Problems (examples include: hormonal, uterine)
- Psychological Issues (examples include: stressful event, depression, mother not wanting pregnancy)
- Punishment from God
- Destiny or Fate

9. Please select if you agree or disagree with the following statements: **The following can be a cause of miscarriage:**

		Agree	Disagree	Unsure
Question	<b>The Following can be a cause of miscarriage....</b>			
A	Punishment from God	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
B	Getting into an argument	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
C	Lifting heavy objects	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
D	Woman not wanting the pregnancy	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
E	Premarital sex	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure

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F	Sexual intercourse during pregnancy	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
G	Past use of birth control	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
H	Jealousy	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
I	Longstanding stress	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
J	A stressful event	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
K	Genetic abnormalities of the fetus	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
L	Moderate exercise (equivalent of 20 minutes on the treadmill)	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
M	Having had a sexually transmitted disease in the past	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
N	Having had an abortion in the past	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
O	Past use of an IUD ( Intrauterine Device)	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure
P	Spiritual causes such as destiny or fate	<input type="radio"/> Agree	<input type="radio"/> Disagree	<input type="radio"/> Unsure

10. What would a miscarriage mean for you emotionally? On a scale from 1-5 with 1= extremely upsetting, 5=not upsetting.

Extremely upsetting: Like the loss of a child		Moderately upsetting		Not upsetting: only an inconvenience
1	2	3	4	5
<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>

11. Would you want to **know the cause** of the miscarriage if there **was** something you could do to prevent the miscarriage from happening in the future? On a scale from 1-5 scale with 1= strongly not like to know and 5= strongly like to know.

Strongly not like to know	Would not like to know	Unsure	Would like to know	Strongly like to know
1	2	3	4	5
<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>	<input type="radio"/> <input type="checkbox"/>

12. Would you want to **know the cause** of the miscarriage even if there was **NOT** something you could do to prevent the miscarriage from happening in the future? On a scale from 1-5 scale with 1= strongly not like to know and 5= strongly like to know.

Strongly not like to know	Would not like to know	Unsure	Would like to know	Strongly like to know
1	2	3	4	5

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<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
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13. What is your gender?

- Male
- Female

14. In what year were you born?

15a. Are you Hispanic/Latino?

- Yes
- No

15b. What is Your Race or Ethnic Group?

- White
- Black
- African Am. or Negro
- American Indian or Alaska Native
- Chinese
- Japanese
- Korean
- Vietnamese
- Other Asian
- Caribbean
- Pacific Islander
- Other

16. Which religion do you identify with? Scroll down to view all options

- Christianity- Catholic
- Christianity- Protestant
- Christianity- Orthodox
- Christianity – Mormon
- Christianity – Other
- Judaism- Orthodox
- Judaism- Conservative
- Judaism- Reform
- Judaism- Other
- Islam
- Unaffiliated (Atheist, Agnostic)
- Buddhism
- Hinduism

If you chose other please specify here:

17. On a Scale from 1-5, How important is Religion in your life? 1= very unimportant and 5 = very important

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Very unimportant	Unimportant	Neutral/Unsure	Important	Very Important
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Which of the following best describes your highest achieved education level? Scroll down for more options.

- Attended Elementary School
- Attended Some High School
- Graduated High School
- Attended Some College
- Graduated College
- Attended Graduate School
- Attended Medical School

19. What is the total income of your household before taxes? Scroll down for more options.

- <\$19,999
- \$20,000-39,999
- \$40,000-59,999
- \$60,000-79,999
- \$80,000-99,999
- \$100,000-249,999
- >\$250,000

20. What is your Political Affiliation?

- Democrat
- Republican
- Independent
- None

21. What is your political persuasion? On a 1-5 scale with 1= very liberal, 5=very conservative

Very liberal	Liberal	Neutral/Unsure	Conservative	Very conservative
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. What is your position on abortion?

There should be no law limiting abortion	There should be some limits to abortion	Abortion should be illegal in all circumstances	Unsure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Which state do you live in?

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Thank you for completing this survey.

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