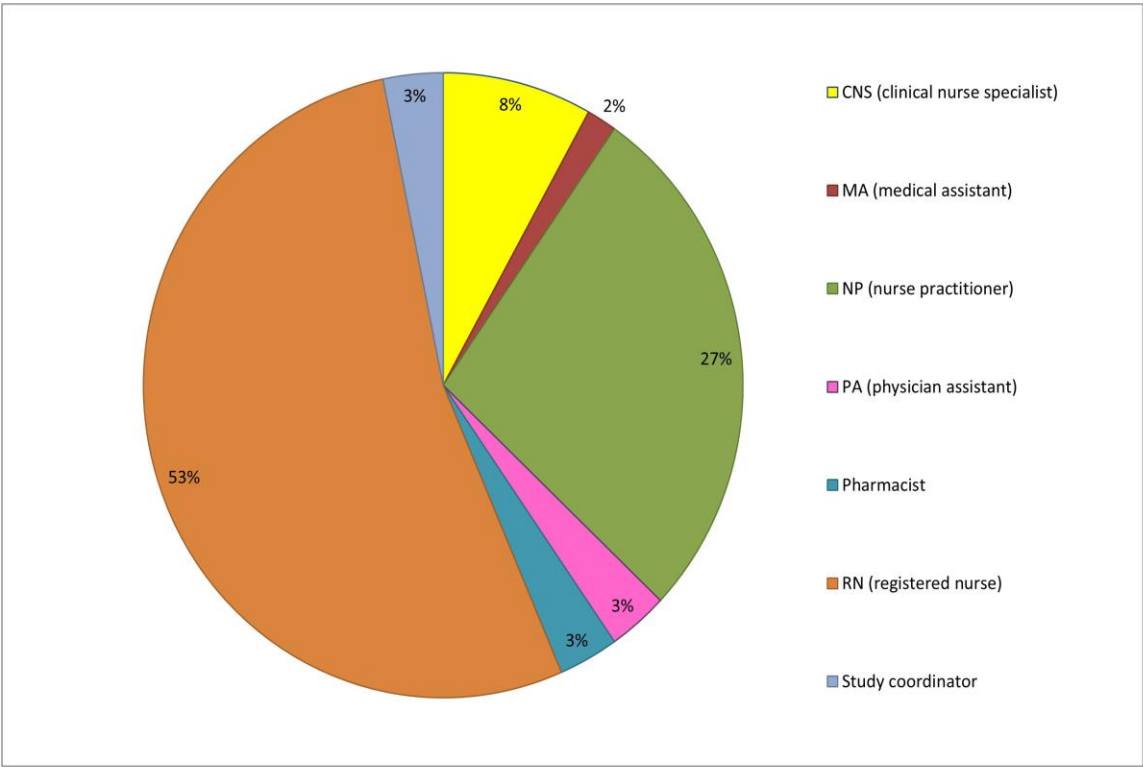
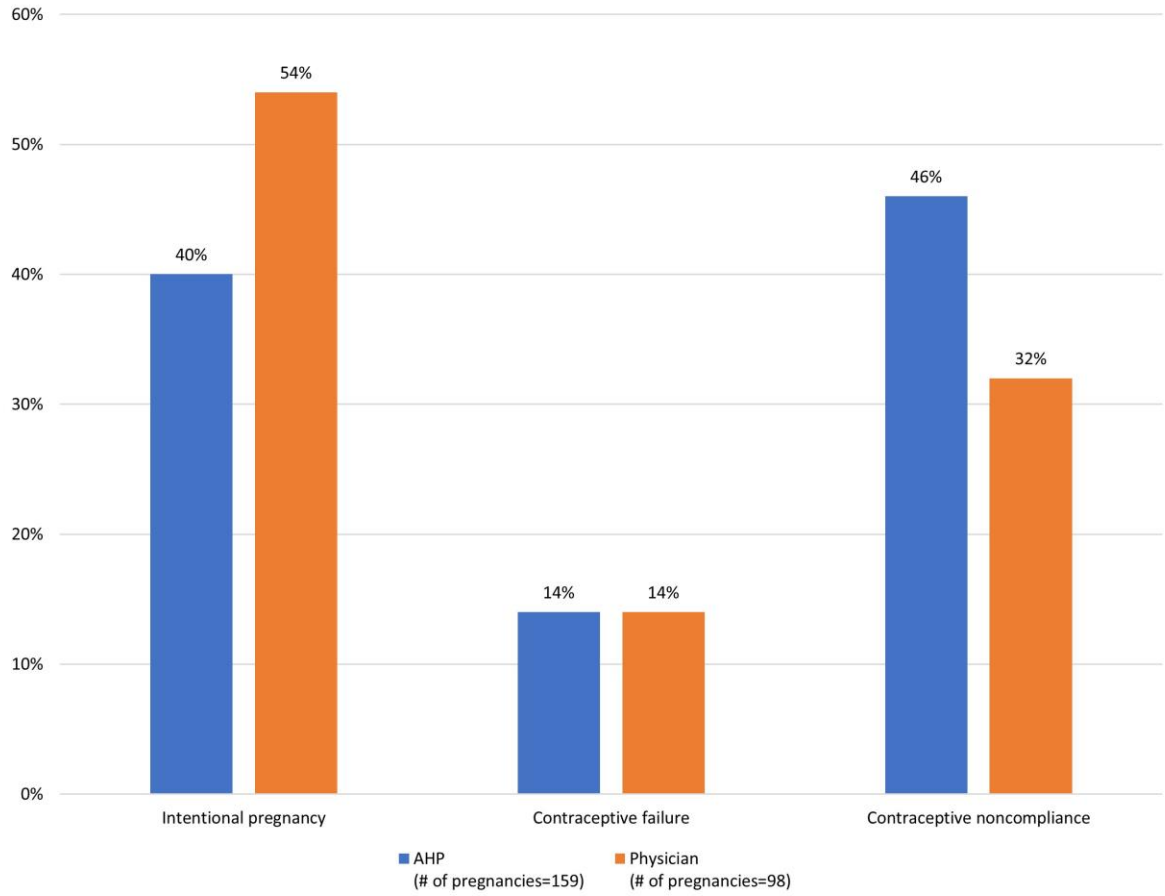


Supplementary Figure S1: Survey for providers who treat patients with Pulmonary Arterial Hypertension (WHO Group I PAH) to determine practice patterns related to discussions about intimacy, contraception and pregnancy avoidance.



Supplementary Figure S2: Demographics of Allied Health Professionals.



Supplementary Figure S3: Survey for providers who treat patients with Pulmonary Arterial Hypertension (WHO Group I PAH) to determine practice patterns related to discussions about intimacy, contraception and pregnancy avoidance.

Thank you for agreeing to take part in this important survey. This is an exploratory project to determine practice patterns surrounding the discussion of intimacy, contraception and pregnancy prevention in pulmonary hypertension practices in the United States. We aim to assess practice patterns and potentially develop strategies to improve the discussions that take place around intimacy, contraception and pregnancy prevention in patients with WHO Group 1 PAH.

This survey should only take 4-5 minutes to complete.

All responses are anonymous.

Demographics/Background:

1. I am a (select all that apply)

Physician

PA (physician assistant)

NP (nurse practitioner)

CNS (clinical nurse specialist)

RN (registered nurse)

LVN/LPN (licensed vocational nurse/licensed practical nurse)

MA (medical assistant)

Study coordinator

Pharmacist

Respiratory Therapist

Social Worker

Other _____ (please specify)

2. My practice is (select all that apply)

Community/private practice

Academic medical center

Accredited Centers of Comprehensive Care (CCC)

Accredited Regional Clinical Programs (RCP)

Inpatient only

Other _____ (please specify)

General Practice Questions:

3. In your practice, who speaks to the patient about intimacy, contraception and pregnancy avoidance? (select all that apply)

Physician

PA

NP

CNS

RN

LVN/LPN

MA

Study coordinator

Pharmacist

Respiratory Therapist

Social Worker

Other _____ (please specify)

4. When do you discuss contraceptive methods and pregnancy avoidance/contraindication with females of child bearing potential (CBP)?

Only on the first visit

Every clinic visit

A few times per year

- Annually
- Random intervals when I remember it
- I do not discuss this with my patients

5. Where do MOST of your counseling sessions/discussions about contraception and pregnancy avoidance occur? (check one)

- During a clinic visit
- Over the phone
- In the hospital
- I do not discuss this with my patients

6. Do you ask female patients of CBP for the date of their last menstrual period at every routine visit?

- Yes, for all patients
- Yes, only for PAH patients who are covered under a Risk Evaluation and Mitigation Strategy (REMS) (receiving endothelin receptor antagonists (ERA) or soluble guanylate cyclase (sGC) agonists)?
- No

7. When do you discuss intimacy with females of CBP?

- Only on the first visit

- Every clinic visit
- A few times per year
- Annually
- Random intervals when I remember it
- I do not discuss this with my patients

8. Do you consult with any other provider the patient may see regarding intimacy, contraception or pregnancy avoidance counseling? (select all that apply)

- OB/GYN
- PCP (primary care physician)
- No, I do not consult with other providers regarding this issue. We address this with the patient in our department.
- Other _____ (please fill in provider)

9. Do you prefer to involve the patient's sexual partner in discussions of intimacy, contraception or pregnancy avoidance?

- Yes, whenever possible
- No, I find it easier to speak to the female patient alone
- Don't have a strong preference either way for including the partner in this discussion

Contraception

10. If you ask patients what method they plan to use for contraception, when do you ask?

- Only on the first visit

- Every clinic visit
- A few times a year
- Annually
- Random intervals when I remember it, or when the patient brings it up
- I do not discuss this with my patients

11. What do you recommend for contraception? (select all that apply)

- Tubal ligation or vasectomy for the partner (also recommend if partner is sterile then still ask for contraception)
- Intrauterine device (IUD) or implant (hormonal, non-hormonal or implantable)
- Oral contraception
- Injection (Depo-Provera)
- Patch
- Vaginal ring
- Female barrier method (e.g., diaphragm, cervical cap, female condom)
- Male condom
- Do not discuss and refer patient to other provider (e.g., GYN or PCP)
- Other method _____ (write in response)

12. Please rank the following in order of importance from 1-6, with 1 being the most significant barrier and 6 the least significant for you when discussing contraception and pregnancy avoidance:

- Office staffing - no nurse or designated staff member for this
- Not enough time in the clinic visit
- Patients or their partners are resistant to contraception
- Language barrier (non-English speaking patient/partner)
- My knowledge base is inadequate
- I am uncomfortable discussing intimacy and contraception

13. Please rank the following in order of importance from 1-4, with 1 being the most significant barrier and 4 the least significant for patient compliance with contraception use:

- Lack of insurance coverage or cost of contraceptives (high co-pays or no coverage)
- Patient religious beliefs
- Partners unwilling to comply with a barrier method (male condom)
- Patient desire to conceive against medical advice

Pregnancy

14. In the past 5 years, how many of each category has your PH center cared for? (enter a number, including 0, for all categories)

- Intentional pregnancy
- Pregnancy due to contraceptive failure
- Pregnancy due to contraceptive noncompliance
- From the above categories, how many of these patients were covered by a REMS program (taking an ERA or sGC agonist)

15. In the past 5 years, what outcomes did your pregnant patients with PAH experience?

(enter a number, including 0, for all categories)

___Pregnancy terminations/therapeutic abortions

___Miscarriages

___ Delivery with what you consider a good outcome for BOTH mother
and baby

___Pregnancy with poor outcome for mother ONLY

___Pregnancy with poor outcome for baby ONLY

___Pregnancy with poor outcome for BOTH mother and baby