

**Supplemental materials for:**

**Impact of State Abortion Policies on Family Medicine Practice and Training After Dobbs v Jackson Women's Health Organization**

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**Supplemental Appendix 1.** CERA Survey. 2022 Administration “Family Medicine After *Dobbs* Ruling” subsection.

**For all questions below, “reproductive healthcare” refers to contraception, sterilization and abortion services.**

**Answer all questions below relative to the “ruling”, which refers to the June 24, 2022 Supreme Court Decision in *Dobbs v. Jackson Women’s Health Organization*, and your practice with patients of childbearing age:**

1. The percent of my patient population that involves care to persons of childbearing age, not limited to reproductive healthcare, is: (0-20%, 21-40%, 41-60%, 61-80%, 81-100%, I do not see patients in a clinical setting)<sup>a</sup>

2. Since the ruling, have you received new recommendations or guidance about reproductive healthcare from one of your professional organization(s), institution, and/or healthcare system? (No, Yes)

3. Since the ruling, have you needed to change how you counsel patients regarding their reproductive healthcare? (No, Yes)

4. Since the ruling, have you changed your clinical decision-making with regard to any aspect of reproductive healthcare? (No, Yes)

5. Since the ruling, has the level of your trust in patient’s self-report of their menstrual, obstetric and contraceptive history changed? (My level of trust has decreased, No change, My level of trust has increased)

6. Since the ruling, do you perceive that patients are more or less trusting of you when providing self-report of their reproductive healthcare? (I perceive that patients are less trusting, No change, I perceive that patients are more trusting)

7. Since the ruling, how worried are you about legal risk due to the reproductive healthcare that you provide? (A lot more worried, A little more worried, No change, A little less worried, A lot less worried)

<sup>a</sup>8. Since the ruling, has access to reproductive healthcare become more limited in your state? (No, Yes)

<sup>a</sup>9. Since the ruling, how confident are you that your program and other programs in your state can appropriately train medical students and residents in providing reproductive healthcare? (A lot less confident, A little less confident, No change, A little more confident, A lot more confident)

<sup>a</sup>10. Since the ruling, do you think your program or other programs in your state are less desirable to residency applicants? (I anticipate my program/other programs in my state will become less desirable to applicants, I do not anticipate a change in the desirability of my program/other programs in my state to applicants, I anticipate my program/other programs in my state will become more desirable to applicants)

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<sup>a</sup>A response of “I do not see patients in a clinical setting” in the first question follows with questions marked with asterisks (i.e., the remaining questions for these respondents are listed as questions 8, 9, and 10)