

Appendix 1. Preliminary Cognitive Interviews

We initially tested the DFL by conducting a set of cognitive interviews in English. We aimed to recruit up to 50 people ages 12-49 who identified as female, and who could read and speak English. From May through August 2020, we recruited participants through Craigslist ads and community outreach to participate in a video interview. Two trained female interviewers (MAB and KE) conducted all interviews. At the start of the interview, a trained interviewer obtained verbal informed consent from participants ages 18 and older, verbal assent for participants ages 17 and under and verbal consent obtained from their parent or guardian who was present at the start of the interview. After completing consent procedures, the interviewer shared their video screen, and assessed adult participant's literacy using the Rapid Estimate of Adult Literacy in Medicine (REALM), and for those ages 17 and under the REALM-teen. The interviewer then shared the DFL prototype on their screen and solicited general feedback on the DFL language and formatting, tested comprehension of the key concepts as described in the primary and secondary communication objectives, and collected demographic information. All interviews were audio recorded and transcribed. We reviewed responses throughout the interview process and revised the DFL and study instrument iteratively until we felt we had achieved saturation in participant feedback, after 42 interviews. The final set of cognitive interview participants included people ages 13-49, people living in 20 states and four people with REALM scores below 60. We made several modifications to the DFL and interview guide throughout the cognitive interview process, including improving and simplifying the label language and formatting. As a result of feedback from participants and our advisory board, we created a color-coded table highlighting normal symptoms and side effects in green and warning signs in red, added a blue symbol to indicate the misoprostol medication and a yellow symbol for mifepristone, and added a color-coded blister pack indicating when

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to take each medication. For the remaining interviews we asked participants how they felt about these formatting changes, which were generally very well received.

Supplementary Table 1. Characteristics of cognitive interview participants (N=42)	
Demographic characteristics	n(%)
Age group, years	
13-17	7 (17%)
18-24	9 (21%)
25-34	13 (31%)
35-49	13 (31%)
Race/Ethnicity	
White (Non-Hispanic)	12 (29%)
Black (Non-Hispanic)	14 (33%)
Asian/Pacific Islander (Non-Hispanic)	4 (10%)
Hispanic/Latinx, any race	6 (14%)
More than one race	1 (2%)
Highest level of education	
Less than a high school diploma	7 (17%)
High school diploma or equivalent	7 (17%)
Some college/Associates degree	3 (9%)
Bachelor's degree or higher	16 (47%)
Working for pay full or parttime	25 (60%)
Limited literacy (<9th grade, <=60 points)	4 (10%)
Household characteristics	
Geographic region	
Mid-Atlantic (includes DC, NJ, NY, PA)	6 (14%)
Midwest (includes IL, KS, MI, MN, WI)	9 (5%)
South (includes FL, MS, SC, TX, VA)	14 (33%)
West (includes AK, CA, HI, NM, WA)	13 (31%)
Received government assistance in the past year	28 (67%)
Food insecurity in the past year	12 (29%)
Difficulty paying bills in last year	10 (24%)
Language other than English spoken at home	4 (10%)
Pregnancy characteristics	
Parous	13 (31%)
History of abortion	
Never had an abortion	34 (81%)
Medication abortion (MAB)	2 (5%)
Had an abortion, but not MAB	6 (14%)

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