There are many factors that influence a woman’s decision about pain control for first-trimester surgical abortion. The choice between local anesthesia alone or local anesthesia in combination with oral or intravenous sedation is affected by regimen effectiveness, cost, side effects, and recovery time. During pre-abortion counseling, women weigh these different factors before formulating their decision. We lack qualitative data that describes this decision making process. This study aimed to collect this data through individual interviews with 40 women stratified by anesthesia chosen for their most recent abortion, age, and prior vaginal delivery. Themes to be explored during the interviews include: pain experienced during the abortion, anticipated pain levels, anxiety surrounding the abortion procedure, self-assessment of pain tolerance, general anxiety, and depression levels, side effects of the pain control regimen, time spent at the abortion clinic, desirable characteristics for pain control during abortion, satisfaction with the pain control method chosen, recovery experience after leaving the abortion clinic, access to the abortion procedure, and support surrounding the abortion procedure. Forty women have completed the study and their interviews have been transcribed. Because the analysis is not yet complete, we cannot state any conclusions at this time. We hope that analysis of the data will yield insights into women’s priorities and preferences for pain control for first-trimester surgical abortion. We know some women report severe pain with abortion under local anesthesia alone. If there were a way to pre-operatively identify these women, we could counsel them more effectively about whether or not they desired to tolerate the pain in exchange for other benefits of local anesthesia such as rapid recovery. The results of this study will inform the development of a preliminary screening tool that will measure preferences for local anesthesia alone. We hope to validate this tool in a larger, future study in order to create an easy-to-use scale that predicts women’s satisfaction with local anesthesia alone.