

Post Abortion Treatment & Healing

CLIENT INFORMATION SHEET / INTAKE FORM / BIBLE STUDY

The purpose of this questionnaire is twofold. First, we need some background information on you to help us better understand how we can best help you. Secondly, answering these questions will begin an important process of remembering for you. The questionnaire will be fairly difficult the longer it has been since your abortion (s) as most post-abortion women would rather “forget” the details. So, don’t try to finish it all in one sitting.

Name: _____ Today’s Date _____

Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____ Cellphone: _____

Date of birth: _____ Marital Status: _____

CHILDREN:

| Name | Age | Sex | With whom do they live? |
|------|-----|-----|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(can use the back of this form for additional children)

Highest Grade Completed _____ College Degree _____

Ethnicity (circle): Caucasian Black Asian Hispanic Other

Give an outline of your religious training as a child: _____

Are you presently affiliated with any religious organization? _____

While you were growing up, did any of your family have any of the following problems?

| Problem: | GRANDPARENT (which) | PARENT (which) | Sibling |
|-------------------|---------------------|----------------|---------|
| Alcohol | _____ | _____ | _____ |
| Drugs | _____ | _____ | _____ |
| Legal | _____ | _____ | _____ |
| Emotional illness | _____ | _____ | _____ |
| Medical illness | _____ | _____ | _____ |
| Financial | _____ | _____ | _____ |

Impact of Life Circumstances: (Please circle all that apply).

Losses: Death of spouse, child, father, mother, sister, brother, grandmother, grandfather, friend. Divorce, separation, broken engagement, suicide, miscarriage, abortion, infertility, bankruptcy, homelessness, career or job loss. Other: _____

Trauma History: Child abuse: physical, emotional, sexual, incest
Spouse abuse: physical, emotional, sexual
Abandonment, Rape, Robbery, Assault, Suicide attempt,
Auto Accident, Major illness, Surgery, Physical
Disability, Alienation, other: _____

Current Problems: relationship with spouse, children, parents, in laws, co workers, friends, alcohol, drugs, prescription drugs, binge eating, excessive dieting/exercise, shopping too much, working too much, procrastination, communication, anger, depression, grief, gender identity, sex, career, loneliness, mood swings, stress, self-esteem, co-dependency, fear, anxiety, feelings about church or God.
Other: _____

Name: _____

ABORTION(S) HISTORY: Almost 50% of women who abort today have had two or more abortions. PLEASE do not hesitate to ask the PATH leader for extra copies of this page in order to fill out a history of EACH abortion. We understand that many details may be difficult to remember – especially if you had more than one abortion. Just do the best you can and you will remember more as the group progresses.

Approximate date of abortion: _____ Your age at the time: _____

What was your marital status at the time? _____

How many weeks along were you? _____ Type of abortion: _____

Abortion performed in a clinic or private M.D's office? _____

Check any of the following that have applied to your immediately following your abortion and within the past six months:

| <u>Symptom</u> | <u>Immediately after abortion</u> | <u>past 6 months</u> |
|----------------------------------|---------------------------------------|----------------------|
| Guilt | _____ | _____ |
| Emotionally "numb" | _____ | _____ |
| Dreams/Nightmares | _____ | _____ |
| Change in Relationships | _____ | _____ |
| Inferiority feelings | _____ | _____ |
| Dizziness/Fainting | _____ | _____ |
| Sleep Disturbances | _____ | _____ |
| Can't make friends | _____ | _____ |
| Sexual problems | _____ | _____ |
| Preoccupation with abortion date | _____ | _____ |
| Preoccupation with due date | _____ | _____ |
| Relief | _____ | _____ |
| Depressed | _____ | _____ |
| Sad | _____ | _____ |
| Anxiety | _____ | _____ |
| Suicidal ideas | _____ | _____ |
| Sedatives | _____ | _____ |
| Alcohol/Drugs | _____ | _____ |
| Lonelieness | _____ | _____ |
| Sense of Loss | _____ | _____ |
| Infertility | _____ | _____ |
| Sighing | _____ | _____ |
| Crying Spells | _____ | _____ |
| Regret | _____ | _____ |
| Angry | _____ | _____ |
| Helplessness | _____ | _____ |
| Headaches | _____ | _____ |
| Eating disorder | _____ | _____ |
| Panic feelings | _____ | _____ |
| Unable to relax | _____ | _____ |
| Marital Stress | _____ | _____ |
| Fatigue | _____ | _____ |
| Shame | _____ | _____ |

Have you ever sought counseling for the pain connected with your abortion? _____

Were you helped? _____

What was beneficial in the help you received? _____

Have you ever had medication prescribed (e.g. antidepressants) and/or been hospitalized in an effort to control any symptoms? _____

If "yes", please give details: _____

Did you feel you were adequately counseled and informed before the abortion?

If not, what do you wish you had had in the way of counseling? (Check all that apply.)

- _____ more information on fetal development
- _____ more sensitivity to how I was feeling
- _____ more information about the abortion procedure
- _____ (other): _____

At the time, who knew about your abortion? _____

At the time, did you feel pressured into having the abortion? _____

By whom? _____

What do you think would have been a SIGNIFICANT factor in helping you make a decision to keep the pregnancy? (Check all that apply.)

- _____ support from boyfriend/husband/parents/friends
- _____ a pro-life center which offers emotional and practical support for a decision to keep the baby
- _____ knowing more about the abortion procedure
- _____ Knowing more about what fetus looked like
- _____ being warned about possible emotional after effects
- _____ (other): _____

Did your relationship with the male involved in the pregnancy continue after the procedure? _____.

Describe how the relationship was affected by the abortion: _____

Did you experience any physical complications resulting from the procedure (hemorrhage, infection, high fever, perforated uterus, intense cramping, incomplete abortion, etc)? _____

Please explain: _____

If you are a Christian, do you feel God has forgiven you for this Abortion? _____

Do you feel you have forgiven yourself? _____

State, in your own words, why you want to attend the PATH group: _____

Thank you for taking the time to fill this out! God bless and keep you!