

DATA SHEET

SURVEY -- POST-FACILITATION RESPONSE

Section 1: Personal information, please complete the following information, **do not** include your name on this form. Shaded areas contains question. Highlight the box containing your response.

Current Information:

Today's Date: _____ Country and State of Residence: _____

Race or Ethnic Origin: _____ Birth Year: _____

Grade School: (highlight) 1 2 3 4 5 6 7 8 High School: 9 10 11 12

College: 1 2 3 4 University: 5 6 7 8

Post Graduate School: _____ Trade School _____

Total number of pregnancies: _____ How many live births? _____ Number of children now living: _____

Marital status? Single Engaged Married Divorced Remarried after divorce Widowed Legally Separated

History:

Marital status at time of entering recovery program: Single Engaged Married Remarried after divorce Divorced Widowed Legally Separated

If engaged or married, are you still engaged or married to the same man? Engaged Married No

If no, when did relationship end? Within 6 months Within 1 year After more than 1 year

If you have completed a post-abortion recovery program? (Check all that apply)

Group Bible Study	<input type="checkbox"/>	On-line, Chat Room, E-mail	<input type="checkbox"/>	One-to-one	<input type="checkbox"/>
Weekend Retreat	<input type="checkbox"/>	Support Group	<input type="checkbox"/>	Other	<input type="checkbox"/>
How long has it been since completing the program(s)?					

Section 2:

Answer the questions in the following section on a scale ranging from 1 to 5 regarding feelings after having completed a post-abortion recovery program. Focus on how you feel now; think about what has changed.

Answer by circling number 1 if you strongly disagree with the statement, or if the opposite was true in your case, if you disagree with the statement circle number 2, circle 3 if you are uncertain, 4 if you agree, circle number 5 if you strongly agree with the statement.

	Strongly Disagree	N/A Uncertain	Strongly Agree
1. Prior to my abortion, I believed that abortion was a moral choice	1	2 3	4 5
2. I believed abortion should be a legal option for all women	1	2 3	4 5
3. My choice to abort was consistent with my prior beliefs about abortion	1	2 3	4 5
4. My choice was inconsistent with my prior beliefs. I felt my decision was a betrayal of my own ideals.	1	2 3	4 5
5. My decision to have an abortion was an agonizing one.	1	2 3	4 5
6. Prior to my abortion I was a religious person.	1	2 3	4 5
7. There was a time prior to my abortion when I received professional counseling for emotional or psychiatric reasons.	1	2 3	4 5
8. The memory of my abortion has faded with time.	1	2 3	4 5
9. The memory of my abortion is vividly clear.	1	2 3	4 5
10. The abortion procedure was painful.	1	2 3	4 5

Section 3: The following is a checklist of possible reactions to **abortion after completing a healing program**. Focus on how you feel now, think about what has changed, not how you felt before completing the program..

Answers again range from 1, “Strongly Disagree,” to 5, “Strongly Agree.” In general, if you experienced a strong reaction **opposite** to the one questioned, answer by circling number **1**, answer **2** for NO, **3** for Uncertain, and **4** for YES. Only if you experienced a severe reaction, you should answer with number **5**.

AFTER COMPLETING A HEALING PROGRAM, I EXPERIENCED FEELINGS OF:

If the comment is not applicable to your case, leave the question blank.

	Strongly Disagree		Uncertain		Strongly Agree
	1	2	3	4	5
1. Guilt	1	2	3	4	5
2. Depression	1	2	3	4	5
3. Anger	1	2	3	4	5
4. Sorrow	1	2	3	4	5
5. Happiness	1	2	3	4	5
6. Grief	1	2	3	4	5
7. Bitterness	1	2	3	4	5
8. Regret	1	2	3	4	5
9. Rage	1	2	3	4	5
10. Anguish	1	2	3	4	5
11. Remorse	1	2	3	4	5
12. Power	1	2	3	4	5
13. Despair	1	2	3	4	5
14. Shame	1	2	3	4	5
15. Horror	1	2	3	4	5
16. Unworthiness	1	2	3	4	5
17. Loneliness	1	2	3	4	5
18. Hopelessness	1	2	3	4	5
19. Helplessness	1	2	3	4	5
20. Self-condemnation	1	2	3	4	5
21. Liberation	1	2	3	4	5
22. Rejection	1	2	3	4	5
23. Confusion	1	2	3	4	5
24. Anxiety	1	2	3	4	5
25. Constant stress	1	2	3	4	5
26. Withdrawal	1	2	3	4	5
27. Isolation	1	2	3	4	5
28. Sexual freedom	1	2	3	4	5
29. Self-hatred	1	2	3	4	5
30. Alienation from others	1	2	3	4	5
31. Inner peace	1	2	3	4	5
32. Unforgiveness of self	1	2	3	4	5
33. Unforgiveness of those involved	1	2	3	4	5
34. Having become degraded or debase	1	2	3	4	5
35. Having been exploited by others	1	2	3	4	5
36. Hatred of those involved	1	2	3	4	5
37. Hatred of man who made me pregnant	1	2	3	4	5
38. Hatred of all men	1	2	3	4	5
39. Fear of punishment from God	1	2	3	4	5
40. Fear of harm to my other children	1	2	3	4	5
41. Fear of another pregnancy	1	2	3	4	5
42. Fear of needing another abortion	1	2	3	4	5
43. Fear of touching babies	1	2	3	4	5
44. Fear of others learning of abortion	1	2	3	4	5
45. Fear of making decisions	1	2	3	4	5
46. Fear of unknown reasons	1	2	3	4	5

Answers again range from 1, "Strongly Disagree," to 5, "Strongly Agree." In general, if you experienced a strong reaction **opposite** to the one questioned, answer by circling number 1, answer 2 for NO, 3 for Uncertain, and 4 for YES. Only if you experienced a severe reaction, you should answer with number 5.

If the comment is not applicable to your case, leave the question blank.

AFTER COMPLETING A HEALING PROGRAM, I EXPERIENCED:	Strongly Disagree		Uncertain	Strongly Agree	
	1	2	3	4	5
1. Nightmares	1	2	3	4	5
2. Insomnia	1	2	3	4	5
3. Flashbacks to the abortion	1	2	3	4	5
4. Hysterical outbreaks	1	2	3	4	5
5. Uncontrollable weeping	1	2	3	4	5
6. Suicidal feelings	1	2	3	4	5
7. Greater closeness toward my lover	1	2	3	4	5
8. A loss of self-confidence	1	2	3	4	5
9. A loss of self-esteem	1	2	3	4	5
10. A loss of dignity	1	2	3	4	5
11. A general sense of loss	1	2	3	4	5
12. Greater self-awareness	1	2	3	4	5
13. Hallucinations related to abortion	1	2	3	4	5
14. Eating disorders such as bulimia, anorexia, or eating binges	1	2	3	4	5
15. A general sense of emptiness	1	2	3	4	5
16. A loss of sympathy of others	1	2	3	4	5
17. A compulsion to be a perfect mother	1	2	3	4	5
18. An inability to keep jobs	1	2	3	4	5
19. A loss of concentration	1	2	3	4	5
20. A difficulty in maintaining and developing personal relationships.	1	2	3	4	5

AFTER COMPLETING A HEALING PROGRAM, I BECAME:	Strongly Disagree		Uncertain	Strongly Agree	
	1	2	3	4	5
1. Preoccupied with thoughts of death	1	2	3	4	5
2. Preoccupied with thoughts of the child I could have had	1	2	3	4	5
3. Excessively interested in pregnant women	1	2	3	4	5
4. Excessively interested in babies	1	2	3	4	5

NEGATIVE FEELINGS ABOUT MY ABORTION CONTINUE TO BE WORSE:	Strongly Disagree		Uncertain	Strongly Agree	
	1	2	3	4	5
1. On the due date of the pregnancy	1	2	3	4	5
2. On the anniversary of the abortion	1	2	3	4	5
3. During a later pregnancy	1	2	3	4	5
4. At the birth of a later child	1	2	3	4	5
5. At the time of a later miscarriage	1	2	3	4	5
6. When I later tried to get pregnant	1	2	3	4	5
7. When exposed to pro-life propaganda	1	2	3	4	5
8. When exposed to pro-choice propaganda	1	2	3	4	5
9. When exposed to information in the mass media about fetal development	1	2	3	4	5

AFTER COMPLETING A HEALING PROGRAM

	Strongly Disagree		Uncertain		Strongly Agree	
	1	2	3	4	5	
1. I felt more & more in touch with my emotions	1	2	3	4	5	
2. I felt a need to block out and stifle my feelings	1	2	3	4	5	
3. I needed to force myself to be happy	1	2	3	4	5	
4. I felt unable to grieve	1	2	3	4	5	
5. My attitude toward life became more callused or hardened	1	2	3	4	5	
6. I felt more in control of my life	1	2	3	4	5	
7. I started losing my temper more easily	1	2	3	4	5	
8. I became more violent when angered	1	2	3	4	5	
9. I began to drink more heavily	1	2	3	4	5	
10. If so would you describe yourself as having become an alcoholic?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Unsure <input type="checkbox"/>	
11. I began to use, or increased my use of drugs	1	2	3	4	5	
12. If so would you describe yourself as having become addicted?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Unsure <input type="checkbox"/>	
13. Because of my abortion experience, I underwent a dramatic personality change	1	2	3	4	5	
If so, the change was for the better. 1 = worse, 5 = better	1	2	3	4	5	
14. I experienced a radical change in my ideals and moral beliefs	1	2	3	4	5	

Section 4: Answer the following questions in by checking the appropriate box or filling in the blank space as required. Each question should be answered in light of having completed an abortion recovery program

1. After completing an abortion recovery program have you considered yourself pro-choice?	Yes	No	Unsure
2. Was there a time after completing an abortion recovery program when you would have encouraged or supported a woman in similar circumstances to consider abortion?	Yes	No	Unsure
3. Have you ever regretted completing an abortion recovery program?	Yes	No	Unsure
4. Since completing an abortion recovery program you had a waking or sleeping visitation from the aborted child?	Yes	No	Unsure
If so, what was the mood of the visitation?	Vengeful		Forgiving
5. Prior to completing an abortion recovery program did you ever talk to the aborted child?	Yes	No	Unsure
6. Did you ever talk to the aborted child after completing an abortion recovery program?	Yes	No	Unsure
7. Did your relationship with your spouse/boyfriend/etc. come to an end after completing an abortion recovery program?	Yes	No	
If so, how soon after?	Within 1 month	Within 6 months	a year or more
8. After completing an abortion recovery program do you experience greater anxiety of menstrual periods?	Yes	No	Unsure
9. Have you experienced a change in your attitude toward your fertility?	Yes	No	Unsure
10. Do you experience pain in the cervix or abdomen?	Yes	No	Unsure
11. Have you experienced an increased sense of pain during intercourse?	Yes	No	Unsure
12. Have you experienced an increase of pleasure from intercourse?	Yes	No	Unsure
13. Since completing an abortion recovery program have you developed a healthy attitude toward sexual intercourse or have become sexually more responsive?	Yes	No	Unsure
14. If you were promiscuous after your abortion, have you become chase after completing an abortion recovery program?	Yes	No	Unsure
15. Has your attitude toward becoming pregnant changed?	Yes	No	Unsure
16. If you were surgically sterilized after your abortion, do you regret having done so?	Yes	No	Unsure
17. After completing an abortion recovery program have you experienced any false pregnancies?	Yes	No	Unsure

Section 4: continued

18. After completing an abortion recovery program have you felt the need to atone for your abortion by becoming pregnant?	Yes	No	Unsure
If so, when did you become pregnant?			
19. Have you attempted suicide since completing an abortion recovery program?	Yes	No	Unsure
If so, how many times?			
20. Were you ever physically abused as a child?	Yes	No	Unsure
21. Were you ever sexually abused as a child?	Yes	No	Unsure
22. Have you abused your children after completing an abortion recovery program	Yes	No	Unsure
23. Have you emotionally abuse your children after completing an abortion recovery program	Yes	No	Unsure
24. After completing an abortion recovery program, have you experience a strong feeling of relief?	Yes	No	Unsure
25. After completing an abortion recovery program have you experience any negative reactions or ambivalent feelings?	Yes	No	Unsure
If so, when did you experience the first of your negative or ambivalent feelings?	Immediately	Less than 6 months	After a year or more
If so, when did your experience the majority (or worst) of your negative feelings?	Immediately	Less than 6 months	After a year or more
26. Do you feel fully reconciled with your abortion experience today?	Yes	No	Unsure
27. Knowing where your life is today, did after completing an abortion recovery program improve your life?	Yes	No	Unsure

Section 5: If you have **never experienced any negative or uncertain feelings** about your having completed an abortion recovery program, you may stop here. **THANK YOU** for your valuable participation. (Please return this to the person who gave it to you.)

Please answer the following in light of how you feel **now**, after having completing an abortion recovery program.

1. What were the emotional aftereffects of going through an abortion recovery program	Very Positive	Somewhat Positive	Neutral
		Negative	Very Negative
2. Have your experienced reactions to any aspect of the abortion recovery program, which caused you to not function normally at home, work or in personal relationships?	Yes	No	Unsure
If so, how long did this disability last?			
3. Have you experienced any self-destructive behavior since completing the program?	Yes	No	Unsure
4. Did you undergo a nervous breakdown at some time after completing the program?	Yes	No	Unsure
5. After completing the program were you ever hospitalized for psychological treatment?	Yes	No	Unsure
6. Was there a period of time during which you had any doubts or negative feelings about having gone through an abortion recovery program?	Yes	No	Unsure
If so, for how long?			
7. Despite any negative feelings you have or may have had regarding your experience of the post-abortion program, do you feel you benefited in any way?	Yes	No	Unsure
If so, what has been the benefit?			
8. Do you regret having been exposed to a post-abortion recovery program?	Yes	No	Unsure
9. Do you feel you reconciled to your abortion experience?	Yes	No	Unsure
10. Do you feel the abortion recovery program helped you to achieve reconciliation?	Yes	No	Unsure
11. Has completing an abortion recovery program made your life?	Worse	Better	No change

Place a check mark next to whichever of the following personal you went to for help in coping with **negative feelings** regarding the abortion recovery program, check whether or not they were helpful

	Talked With	Was Helpful	Was Not Helpful
Psychologist/Psychiatrist			
Social worker/Counselor			
Clergy			
Parents			
Husband/Boyfriend			
Friends			
Post Abortion Counseling			
Other *			

Post Abortion Counseling Program Name:	
* Explain:	
Comments:	

The information you provide will help post-abortion ministries determine the effectiveness of their healing programs. It is our desire to provide programs and materials which are truly helpful to most of the women most of the time. We cannot do that without your input. Thank you for your valuable cooperation.

Please return completed questionnaire to the person who gave it to you, or to the address listed below. Thank you.

Designed by: Elliott Institute Revised and Provided by:



651 Cochise Circle, Bolingbrook, IL 60440
 Tel: 630.378.1680 ~ Mobile: 630.712.1680
 E-mail victimsofchoice@VictimsOfChoice.org
 www.VictimsOfChoice.org

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