

DATA SHEET

SURVEY OF POST-ABORTION REACTIONS

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:

How many abortions have you had? _____ Was your abortion legal Yes No Unsure

Marital status at time of 1st abortion? 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

Did you conceive due to rape? Yes No Were you forced to have an abortion? Yes No

Did you conceive due to incest? Yes No Were you forced to have an abortion? Yes No

Are you still being abused Yes No Have you pressed criminal charges? Yes No

In this section, answer for 1st and last regardless how many abortions you have experienced.

	First Abortion			Last Abortion		
Country and State of Residence						
How many children did you have at the time?						
How old were you at the time of your						
How many weeks pregnant were you for						
What type of abortion procedure was used?	Suction D&C D&E Saline/Prostaglandin Other Unsure			Suction D&C D&E Saline/Prostaglandin Other Unsure		
Were you awake during the procedure?	No	Yes	Unsure	No	Yes	Unsure
Were you given painkillers or anesthetics prior to the abortion?	No	Yes	Unsure	No	Yes	Unsure

Continue to next page.

Section 2: The statements in this section require an answer on a scale ranging from 1 to 5. Answer by circling number 1 if you **strongly disagree** with the statement, or if the opposite was true in your case, circle number 1; circle 2 if you disagree with the statement; 3 if you are uncertain; 4 if you agree and 5 if you strongly agree with the statement. **Highlight** the box containing your response.

If you believe the questions does not apply to you, leave it blank.	Strongly Disagree		N/A Uncertain		Strongly Agree
	1	2	3	4	5
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 post-abortion reactions. Response answers range from 1 - "Strongly Disagree" to 5 - "Strongly Agree". In general, 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 you experienced a strong reaction **opposite** to the one questioned, answer by circling number 1. **Highlight** the box containing your response.

AFTER MY ABORTION, I EXPERIENCED FEELINGS OF:

If the question 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

Section 3 continued.	Strongly Disagree		Uncertain		Strongly Agree	
	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	

AFTER MY ABORTION, I EXPERIENCED:

If the question is not applicable to your case, leave the question blank.	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 MY ABORTION, I BECAME:

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

Section 3 continued

NEGATIVE FEELINGS ABOUT MY ABORTION BECAME WORSE:

If the question is not applicable to your case, leave the question blank.	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 MY ABORTION:

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		No		Unsure
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		No		Unsure
13. Because of my abortion experience, I underwent a dramatic personality change	1	2	3	4	5
14. If so, the change was for the better. 1 = worse, 5 = better	1	2	3	4	5
15. I experienced a radical change in my ideals and moral beliefs	1	2	3	4	5

Section 4: Answer the following questions by checking the appropriate box or filling in the blank space as required.

Highlight the box containing your response.

1. Was there a time after your abortion when you would have considered yourself "pro-choice"?	Yes	No	Unsure
2. Was there a time after your abortion when you would have encouraged or supported a woman in similar circumstances to consider abortion?	Yes	No	Unsure
3. Have you ever regretted having the abortion?	Yes	No	Unsure
4. Have you ever had a waking or sleeping visitation from the aborted child?	Yes	No	Unsure
a. If so, what was the mood of the visitation?	Vengeful	Forgiving	
5. Did you ever talk to the aborted child prior to the abortion?	Yes	No	Unsure
6. Did you ever talk to the aborted child after the abortion?	Yes	No	Unsure
7. Did your relationship with your sexual partner come to an end after the abortion?	Yes	No	Unsure
a. If so, how soon after the abortion?	Within 1 month	Within 6 months	a year or more
8. Did you experience greater irregularity of menstrual periods after your abortion?	Yes	No	Unsure
9. Did you frequently experience heavy bleeding after your abortion?	Yes	No	Unsure
10. Did you experience pain in the cervix or abdomen?	Yes	No	Unsure
11. Did you experience an increased sense of pain during intercourse?	Yes	No	Unsure
12. Did you experience a loss of pleasure from the intercourse?	Yes	No	Unsure
13. Did you develop an aversion to sexual intercourse or become sexually unresponsive?	Yes	No	Unsure

Section 4: continued:

14.	Did you become promiscuous after your abortion?	Yes	No	Unsure
15.	Did you experience greater fear of becoming pregnant when waiting for each period to begin?	Yes	No	Unsure
16.	Did you have yourself surgically sterilized in order to avoid the risk of needing another abortion?	Yes	No	Unsure
17.	Did you ever experience any false pregnancies after the abortion?	Yes	No	Unsure
18.	Did you attempt to atone for your abortion by conceiving a "replacement pregnancy?"	Yes	No	Unsure
a.	If so, how long after your abortion did you become pregnant again?			
19.	Did you ever attempt suicide?	Yes	No	Unsure
a.	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.	Did you ever abuse your children before your abortion?	Yes	No	Unsure
23.	Did you ever emotionally abuse your children before your abortion?	Yes	No	Unsure
24.	After your abortion, did you experience a strong feeling of relief?	Yes	No	Unsure
25.	After your abortion, did you experience any negative reactions or ambivalent feelings?	Yes	No	Unsure
a.	If so, when did you experience the first of your negative or ambivalent feelings?	Immediately	Within 6 months	After year or more
b.	If so, when did your experience the majority (or worst) of your negative feelings?	Immediately	Within 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 your abortion improve your life?	Yes	No	Unsure

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

1.	Overall, how severe were the emotional aftereffects of your abortion?	Mild	Moderate	Severe	Very Severe
2.	Was there any time during which your reactions were so severe that you were unable to function normally at home, work, or in personal relationships?			Yes	No Unsure
a.	If so, how long did this disability last?	A week	A month	A year	More than 1 year
3.	Would you describe yourself as self-destructive?			Yes	No Unsure
4.	Did you undergo a nervous breakdown at some time after your abortion?			Yes	No Unsure
5.	Were you ever hospitalized for psychological treatment after the abortion?			Yes	No Unsure
6.	Was there a period of time during which you denied the existence of any doubts or negative feelings about your abortion?			Yes	No Unsure
a.	If so, for how long?	A week	A month	A year	More than 1 year
7.	Despite your negative feelings, do you still believe the choice to have abortion was the right thing to do?			Yes	No Unsure
8.	If not, was there a time after recognizing your negative feelings during which you would have still insisted you had done the right thing?			Yes	No Unsure
a.	If so, for how long	A week	A month	A year	More than 1 year
b.	How long did it take for you to begin to reconcile yourself to your abortion experience?	A week	A month	A year	More than 1 year
9.	Do you feel fully reconciled with your abortion experience today?			Yes	No Unsure
10.	Has abortion made your life worse?			Yes	No Unsure

Continue to next page:

Place a check mark next to whichever of the following personal you went to for help in coping with your negative feelings, and 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			
Explain			

Thank you for your valuable cooperation. Please return this questionnaire to the person who gave it to you.

Designed by: Elliott Institute
 Revised October 2007
 Provided by:



My Abortion Grief, Guilt And Shame Is Ending Soon
 www.VictimsOfChoice.org
 Tel: 630.378.1680 ~ Mobile: 630.712.1680

Please return to:

Victims of Choice
 651 Cochise Circle
 Bolingbrook, IL 60440

victimsofchoice@VictimsOfChoice.org ~