

COUNSELLING QUESTIONNAIRE

*To help the doctor understand a little about your situation,
we would appreciate you completing this questionnaire.*

Name..... Date.....

How long have you been aware that you are pregnant?

Did you do a pregnancy test? YES/NO

Have you had an ultrasound with this pregnancy? YES/NO

Was this pregnancy planned ? YES/NO

Are you here of your own free will today? YES/NO

Have you already reached a decision about terminating the pregnancy? YES/NO

If so, was this decision, please tick.....

- Not a problem
- Fairly easy
- Some difficulty
- Quite hard
- Impossible

Are you quite comfortable with that decision?..... please tick....

- Absolutely & unchangeable
- Comfortable
- Few doubts
- Not sure and uncertain

Once you made that decision, describe your feelings.... please tick....

- Relieved
- Relaxed
- Calm
- Sad
- Still distressed

There are many different personal reasons for pregnancy termination. If any of these are relevant, please tick...

- I feel too young to be a parent
- I don't feel ready to have a child emotionally and mentally
- I have financial concerns
- I have concerns about my relationship
- I have concerns about coping as a single parent
- I have concerns of coping with a pregnancy right now
- I have concerns for my physical wellbeing
- I am satisfied that my family is complete
- I feel that I would not cope with another child right now
- I feel too old to be a parent
- I have concerns about an abnormal pregnancy
- I have concerns of jeopardising my career and other life plans
- Other personal reasons.....

Have you had the opportunity to discuss your feelings and options with anyone? YES/NO

- Who?
- Is this person supportive of your decision?

How do you feel about the procedure today?....please tick...

- Relaxed
- Coping
- Nervous

*We thank you for your thoughts and would like to reassure you that
we maintain a policy of strict confidentiality*