**Men**

**ABORTION RECOVERY CLASS PARTICIPANTS**

**Client Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip Code

Age: \_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children: \_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives at home with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel you have a support system, someone who will encourage you? If so, who is that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you first realize you needed help in dealing with the abortion(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been able to talk to anyone else about the abortion(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you grow up going to church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, what religion was that? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you go to church now?\_\_\_\_\_\_\_\_\_ Which church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in a small group at church or a Bible Study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been baptized? If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the abortion(s) take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know how are along she was? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following have you felt or engaged in since the abortion?

Emotionally numb Lonely Crying spells

Dreams/nightmares Changes in relationships Inferiority

Depressed Sleep disturbances Sexual problems

Sad Relief Regret

Anxiety Need for alcohol Need for drugs

Suicidal feelings Fatigue Unfaithfulness

Marital stress Trouble making friends Pornography

Eating disorders Panic attacks Fear of failure

Headaches Other issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which category(ies) do you place yourself in?

a. You encouraged or supported the woman to choose abortion \_\_\_\_\_\_\_\_\_\_

b. You pressured her to abort \_\_\_\_\_\_\_\_\_\_

c. You abandoned her to make the decision alone \_\_\_\_\_\_\_\_\_\_\_\_\_

d. You unsuccessfully opposed the abortion \_\_\_\_\_\_\_\_\_\_\_\_

e. You learned after it happened \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever sought any counseling for this issue? \_\_\_\_\_\_ If so, did it help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had medication prescribed (e.g., antidepressants) and/or been hospitalized to control symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you feel you/your partner were adequately counseled and informed before the abortion? \_\_\_\_\_\_\_\_\_\_\_\_

If not, what do you wish you had had in the way of counseling?

More information on fetal development

More sensitivity to how you/she were feeling

More information about the abortion procedure

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the time, is there anything that could have changed your minds about her having the abortion?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your relationship with the woman continue after the procedure? \_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Class Location:**

**Saddleback Church, Anaheim, Mondays 7-9 pm \_\_\_\_\_\_\_\_\_\_\_**

**The Rock, Anaheim, Tuesdays, 7-9 pm \_\_\_\_\_\_\_\_\_\_\_**

**LivingWell, Orange, Tuesdays, 10-12 pm \_\_\_\_\_\_\_\_\_\_\_**

**Cost of the class: $25, to cover expenses for the class.**