



Contraceptive History

Circle Methods Ever Used:

- None
- Oral Pill
- IUD
- Diaphragm
- Condoms
- Foam or film, spermicide
- Suppositories, spermicide
- Rhythm
- Tubal sterilization
- Norplant
- Depo-Provera ("the shot")
- Withdrawal
- Lunelle (monthly injection)

- Do you smoke? _____
- Most recent contraception? _____
- Most successful for you? _____
- What do you want to use now? _____
- What methods have failed you? _____
- More information on a method? _____
- Do you need a permanent method? _____

Today, you may meet with a counselor who is prepared to help you with answer any questions, concerns, or conflicts that you may have about this pregnancy termination. Your complete understanding of abortion and your personal responsibility for this decision are essential to your consent, which must be obtained in writing before the procedure.

Please answer the following questions. All information will remain confidential.

Please check your major concerns today:

- () Understanding the surgical procedure
- () Uncertain of your decision to have an abortion
- () Is this truly confidential?
- () Wondering how you will feel emotionally afterwards
- () Is this going to hurt?
- () Is this painful for the fetus?
- () Possible complications during and after
- () Possible effects on future pregnancies
- () Possible effects on future ability to have a baby
- () Effects on your family relationships
- () Conflict with religious beliefs
- () I have had a bad experience like this before
- () Other

concerns _____



All
Women's
Health

Contraceptive History

Does the man involved know about your decision? _____

Is he supportive? (if applicable) _____

Do you have emotional support? _____

Is anyone forcing or pressuring you to terminate this pregnancy? Yes _____ No _____

Circle all the words that describe how you are feeling now: SAD HAPPY CONFIDENT
GUILTY CONFUSED SCARED RELIEVED NUMB ASHAMED RESOLVED SELFISH
TRAPPED IRRESPONSIBLE PEACEFUL DISAPPOINTED COMFORTABLE GRIEVING

Other feelings? _____

I understand my alternatives to having this abortion and I am firmly committed to my decision to terminate this pregnancy.

Yes _____ No _____