**Post Abortion Stress Test**

Answer “Y” for yes and “N” For no.

1. \_\_\_\_\_ Do you find yourself struggling to turn off the feelings connected to your abortion(s), perhaps telling yourself over and over to forget about it?

2. \_\_\_\_\_ Are you affected by physical reminders of your abortion, i.e., sound of vacuum, babies, pregnant women; or are you uncomfortable around children?

3. \_\_\_\_\_ Have you experienced a desire to be pregnant again, perhaps wishing to replace your aborted child?

4. \_\_\_\_\_ Have you experienced any new or increased self-destructive behaviors (increased sexual activity, abusive relationships, eating disorders, drug/alcohol abuse)?

5. \_\_\_\_\_ Have you experienced any peculiar reactions such as nightmares, flashbacks, or hallucinations (such as hearing a baby cry) that relate to your abortion experience?

6. \_\_\_\_\_ Have you experienced periods of prolonged depression?

7. \_\_\_\_\_ Have you had any suicidal thoughts since your abortion(s)?

8. \_\_\_\_\_ Are you unable to talk about your abortion(s)?

9. \_\_\_\_\_ Do you fear that you will never be able to have children or more children?

10.\_\_\_\_ Do you tend to look at your life in terms of “before” and “after” the abortion?

11.\_\_\_\_ Have you experienced a numbing of your emotions – an inability to feel strongly?

12.\_\_\_\_ Do you feel sad or depressed on the anniversary date of the abortion or the anniversary of the due date of the baby?

13.\_\_\_\_ Are you bothered by feelings of guilt or shame?

14.\_\_\_\_ Do you grieve for the loss of your baby?

15.\_\_\_\_ Are you having trouble forgiving others who were involved in your abortion(s) or the decision to abort?

16.\_\_\_\_ Do you have motherhood issues with any of your living children (for example, over-protective, difficulty with physical affection, failure to bond, etc)?