

Post-Abortion Distress 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., babies, pregnant women, sound of a vacuum; 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 (promiscuity, abusive relationships, eating disorders, drug/alcohol abuse)?
5. ____ Have you experienced any 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 the decision to abort or in your abortion(s)?
16. ____ Do you have mothering problems with any of your living children (for example, over-protective, difficulty with physical affection, failure to bond, etc.)?