

How Did You Score?

Add up the checked boxes:

YES _____

NO _____

NOT SURE _____

If the number in the YES column is nine (9) or more or you are simply struggling with your feelings about the abortion, don't try to handle it alone.

There is hope. We can help you heal.

Make an appointment to talk with someone from our Abortion Recovery Ministry. We offer trained peer counselors that can help you heal. Many are post-abortive and have gone through their own healing.

937-298-2822

If abortion has left you hurting,
we can help you find
peace and healing.



Abortion affects everyone differently. Take the self-test to find out if Post Abortion Syndrome (PAS) is affecting your life.

	YES	NO	NOT SURE
The abortion was over a year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was more than 12 weeks pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I confirmed my pregnancy and aborted the same week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The baby's father wanted me to abort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The baby's father left the decision to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was forced to abort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have told 6 or less people about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that aborting was the right decision for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wasn't told the name of the Doctor who performed the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult for me to remember the details of the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have nightmares/flashbacks about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nightmares/flashbacks happen at least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lost interest in things I used to enjoy or love since the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	NOT SURE
I am often angry or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel guilty about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel shame about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have cried about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use alcohol/drugs/food/sex to numb the pain I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always believed abortion was wrong, but I felt I had no choice in my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I regret having the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel sad and depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had more than one abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fear my life will be shortened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had physical problems since the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel fine about the abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would abort again depending upon the circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>