

## Activity Sheet: How My Feelings Relate to Post-Abortion Syndrome

Please mark the part of the line which more reflects your experience with your abortion:

	Completely Experienced	Somewhat Experienced	Did Not Experience
Guilt	*-----*		
Anxiety	*-----*		
Numbing	*-----*		
Depression	*-----*		
Suicidal Thoughts	*-----*		
Anniversary Syndrome	*-----*		
Abortion Flashbacks	*-----*		
Atonement Child	*-----*		
Fertility Anxiety	*-----*		
Bonding Problems	*-----*		
Survival Guilt	*-----*		
Eating Disorders	*-----*		
Substance Abuse	*-----*		
Self-Punishing Behavior	*-----*		
Reactive Psychosis	*-----*		