

## 咨询问卷 COUNSELLING QUESTIONNAIRE

为了帮助医生了解您的情况,  
希望您能完成本问卷。

*To help the doctor understand a little about your situation,  
we would appreciate you completing this questionnaire.*

姓名.....  
Name

日期.....  
Date

您意识到自己怀孕已经多长时间了? .....  
How long have you been aware that you are pregnant?

您验过孕吗? 是/否  
Did you do a pregnancy test? YES/NO

此次怀孕您做过超声波检查吗? 是/否  
Have you had an ultrasound with this pregnancy? YES/NO

此次怀孕是在计划之中吗? 是/否  
Was this pregnancy planned? YES/NO

您今天来这里是出于自愿的吗? 是/否  
Are you here of your own free will today? YES/NO

您已经决定堕胎了吗? 是/否  
Have you already reached a decision about terminating the pregnancy? YES/NO

如果是的话, 当时下此决定是否困难? (请打勾)  
If so, was this decision, please tick.....

毫无问题  
Not a problem  
相当容易  
Fairly easy  
有些困难  
Some difficulty  
相当困难  
Quite hard  
决不可能  
Impossible

您对此决定是否满意? (请打勾)  
Are you quite comfortable with that decision?..... please tick....

绝对不会改变  
Absolutely & unchangeable  
非常满意  
Comfortable  
有些疑虑  
Few doubts  
不太确定  
Not sure and uncertain

在您下此决定时感觉如何? (请打勾)  
Once you made that decision, describe your feelings.... please tick....

如释重负  
Relieved  
放松  
Relaxed  
冷静  
Calm  
伤心  
Sad  
仍然忧虑  
Still distressed

请移交

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堕胎会有许多不同的个人原因。请在有关的原因处打勾……

There are many different personal reasons for pregnancy termination. If any of these are relevant, please tick...

- 我感觉自己年纪太小，不能怀孕  
 I feel too young to be a parent  
 我在感情和心理上没有作好怀孕的准备  
 I don't feel ready to have a child emotionally and mentally  
 我担心我的经济状况  
 I have financial concerns  
 我担心我的感情关系  
 I have concerns about my relationship  
 我担心成为单亲妈妈  
 I have concerns about coping as a single parent  
 我现在担心处理怀孕一事  
 I have concerns of coping with a pregnancy right now  
 我担心我的身体健康  
 I have concerns for my physical wellbeing  
 我认为我的家庭是完整的  
 I am satisfied that my family is complete  
 我感觉自己现在无法应付另一个孩子  
 I feel that I would not cope with another child right now  
 我感觉自己年纪太大，不能怀孕  
 I feel too old to be a parent  
 我担心胎儿异常  
 I have concerns about an abnormal pregnancy  
 我担心这会危及我的事业以及其它生活计划  
 I have concerns of jeopardising my career and other life plans  
 其它个人原因……  
 Other personal reasons.....

您有机会与别人讨论您的感觉和可选方案吗？ 是/否  
 Have you had the opportunity to discuss your feelings and options with anyone? YES/NO

与谁讨论过？  
 Who?

这个人支持您的决定吗？  
 Is this person supportive of your decision?

您今天对手术感觉如何？（请打勾）  
 How do you feel about the procedure today?...please tick...

- 放松  
 Relaxed  
 努力应付  
 Coping  
 紧张  
 Nervous

我们的政策是提供全面、简明而公正的信息。我们旨在为需要治疗任何其它身体状况的人提供同样的医疗服务。  
 Our policy is to provide comprehensive, concise and unbiased information. We aim to deliver a medical service synonymous to a person seeking medical treatment for any other condition.

我们支持您的决定，您有机会咨询进行手术的医生。如果您想进一步个别咨询，请告诉我们。  
 We provide support for your decision-making and you will have a chance to speak with the doctor who performs the procedure. Please let us know if you would like any further independent counselling.

*感谢您的意见，我们再次向您保证，  
 我们坚持严格保密的政策*

*We thank you for your thoughts and would like to reassure you that  
 we maintain a policy of strict confidentiality*