

DANGER OF ABORTION - Send Kit FedEx: Yes No

TELEPHONE QUESTIONNAIRE FOR PREGNANT CALLERS
BE SUPPORTIVE AND ENCOURAGING. WE WANT TO HELP.
ALL INFORMATION IS STRICTLY CONFIDENTIAL.
PLEASE WRITE LEGIBLY & BE DETAILED.

* * * * *
SSF INTERVIEWER: _____ TODAY'S DATE: _____

GENERAL INFORMATION

First Name: _____ Last Name: _____
Address: _____ Apartment Number: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Best Time to Call: _____
Alternate Phone: _____ Name of Contact: _____
Age: _____ Date of Birth: _____
Place of Birth: _____ Legal Status: _____
With Whom are you living? (Relative) (Friend): _____

How did you hear about us?

DYFS Social Services Hospital _____ CPC _____
Yellow Pages Bumper Sticker Other _____
Radio TV Ad School Nurse School Visit School _____

PREGNANCY AND MEDICAL INFORMATION

How many months pregnant: _____ Due Date: _____
Previous Pregnancies: Yes No Prior Miscarriages: Yes No Dates: _____
Prior Abortions: Yes No Dates: _____
Children's Ages: _____

Are you contemplating abortion? Yes No

FAITH

Do you believe in God? Yes No

PLEASE REMEMBER GOD'S COMMANDMENT IS "THOU SHALL NOT KILL" AND ABORTION IS KILLING A PERSON, SO WE ARE HERE TO HELP YOU CHOOSE LIFE.

Do you understand this? Yes No

UPS Tracking Number: _____ FedEx Tracking Number: _____

Note: The package contains some items you need to view. Which do you use?
---- Cassette player, ---DVD player, ----VCR player, or -----CD player

HOTLINE KIT

EVERY CALLER MUST GET A HOTLINE KIT, even if they are not an abortion threat and they schedule an interview. Try very hard to get the address where you can send a kit.

Did you send a hotline kit: Yes No **If No, why not:** _____

TELEPHONE QUESTIONNAIRE Page 2

HEALTH

Drug Abuse (Is there a past history of any use?): Yes No **Last Time Used:** _____

What Drugs Were Used: _____

Alcohol Abuse (Is there a history of abuse?): Yes No **Last Time Used:** _____

Mental Health Problems (Ever or Currently Treated for Depression?): Yes No

When & For How Long: _____ **Any Diagnoses:** _____

Taking Medication: Yes No **What Medication:** _____

Ever Attempted Suicide: Yes No **When:** _____

Have you ever been involved with DYFS: Yes No

Have you ever been convicted of a crime: Yes No **Currently on Probation:** Yes No

On probation, please explain: _____

Have you ever been tested for AIDS: Yes No **When were you tested:** _____

RELATIVES AND FRIENDS

Baby's Father

Does he know: Yes No

Is he supportive: Yes No

Wants you to have an abortion: Yes No

Will he be involved: Yes No

Your Parents

Do they know: Yes No

Are they supportive: Yes No

Want you to have an abortion: Yes No

Will they help: Yes No

TRANSPORTATION, SERVICES & REFERRALS

Can you come for an interview: Yes No

Have own transportation (via family, friend, public transportation): Yes No

Need us to provide transportation: Yes No

Referrals Given: _____

Interviewer's Notes: _____
