

## WORKSHEET: Symptoms and Behaviors I've Experienced

Please mark the part of each line which most reflects your experiences since the abortion:

SYMPTOM/BEHAVIOR	Completely	Somewhat	Not at All
Excessive Anger	----- ----- ----- -----		
Anxiety / Panic Attacks	----- ----- ----- -----		
Mood Swings	----- ----- ----- -----		
Low Self Esteem	----- ----- ----- -----		
Helplessness	----- ----- ----- -----		
Worrying	----- ----- ----- -----		
Sadness	----- ----- ----- -----		
Depression	----- ----- ----- -----		
Confusion	----- ----- ----- -----		
Guilt	----- ----- ----- -----		
Fear	----- ----- ----- -----		
Anniversary Syndrome	----- ----- ----- -----		
Attention Deficit	----- ----- ----- -----		
Promiscuity	----- ----- ----- -----		
Impotence	----- ----- ----- -----		
Lack of Trust	----- ----- ----- -----		
Insomnia	----- ----- ----- -----		
Nightmares	----- ----- ----- -----		
Isolation	----- ----- ----- -----		
Avoidance	----- ----- ----- -----		
Risk Taking	----- ----- ----- -----		
Substance Abuse	----- ----- ----- -----		
Suicidal Thoughts	----- ----- ----- -----		
Violence	----- ----- ----- -----		