

Directions:

Please copy and return form survey upon completion. You may remain anonymous or sign your name in support.

Return To:

Synthia Esther Ministries
Abortion Survey
P.O. Box 55
Stockbridge, Ga. 30281

Gender: Male () Female () Age Range: 13 to 18 () Married ()
19 to 24 () Single ()
25 to 30 () Divorced ()
35 to 45 ()
46 to 65 ()
65 – over ()

Where do you live? _____

Are you a United States citizen? Yes () No ()

How many natural born children do you have? _____

How many step children do you have? _____

How many times have you been married? _____

Are you married now? Yes () No ()

Do you have any pets? Please check all that apply.

Dogs _____
Cats _____
Horses _____
Birds _____
Fish _____
Other _____

What is your faith?

Christian _____, Hindu _____, Islamic _____, Muslim _____, Jew _____, Other _____

Have you ever had an abortion? Yes () If so, how many abortions have you had? _____
No ()

If you have had an abortion was it legal? Yes () No ()

If you answered yes to having had an abortion, would you have another abortion? Yes () No ()

What age were you when you had your first abortion? _____

Have you ever suffered physically from an abortion? Yes () No ()

Have you ever suffered emotional or psychological distress from an abortion? Yes () No ()

Have you ever sought psychiatric care due to the after effects of an abortion? Yes () No ()

Have you ever been diagnosed with a mental illness? Yes () No ()

Have you ever been on medication for a mental illness? Yes () No ()

Have you ever been diagnosed with depression? Yes () No ()

Have you ever been on medication for depression? Yes () No ()

Do you consider yourself to be an addict? Yes () No ()

If so, please check the addiction's that may apply to you. Food () Gambling () Drugs ()
Sex () Alcohol () Work () Co-Dependency/ Approval Addiction () Other ()

Have you ever been abused verbally? Yes () No ()

Have you ever been abused physically? Yes () No ()

Have you ever been raped? Yes () No ()

Is so how many times have you been raped?

(Please check only one)

1-3 ()

4-6 ()

7-9 ()

10-15 ()

16 or over ()

Have you ever had an abortion as a result of rape? Yes () No ()

Have you ever been abused emotionally? Yes () No ()

Have you ever witnessed abuse? Yes () No ()

How did the story "BABY NUMBER FIFTY-ONE" effect you? Please check only one.

Not at all () Slightly () Moderately () Significantly ()

Do you believe abortion is murder? Yes () No ()

If possible, would you vote to make abortion illegal in the United States? Yes () No ()

Date: _____ If it is your desire to remain anonymous please check here ()

State: _____ - USA

Print name: _____

Sign name: _____

Thank-you for participating in our research endeavor, becoming a supportive voice for the innocent.