Termination of pregnancy support and counselling services – questionnaire

As part of our aim of improving services that we offer, we would like to determine women’s views about counselling services available for women who are considering a termination of pregnancy.

We must stress that your participation is voluntary and you don’t have to complete this questionnaire or any question in it if you don’t want to – it’s entirely your choice. Choosing not to participate will not affect your treatment in any way. The questionnaire is completely confidential you will not be asked your name, and nobody you know will ever see the answers you give.

Please read this questionnaire carefully and take a few minutes to complete it. Once complete, please place it in the collection box. Many thanks for your help.

If you have any questions or comments please contact:
Anne Johnstone, Research Nurse 031 536 1542
Q1. Did you use any termination of pregnancy counselling services before attending the appointment today? (Please see Q3 to see what this includes)
   □ Yes   □ No

Q2. If NO why did you not use counselling services? (Then please go to Q11)
   I thought I was already certain of my decision □
   I think that I will get enough information at my appointment today □
   I was unaware that counselling services were available □

   Other (Please Specify) ________________________________

Q3. If YES, which counselling services did you use? Please tick any of the boxes that are applicable. (Then please go to Q4)

   Counsellor at my GP practice □
   Early Pregnancy Service □
   Nurse counsellor at Chalmers Clinic □
   Brook Centre □
   Caledonia Youth □
   Samaritans □
   Lifeline □
   British Pregnancy Advisory Service □
   Care Confidential □
   Family Planning Association (also known as FPA) □
   Marie Stopes International (also known as MSI) □

   Other (Please Specify) ________________________________

Q4. How did you find out about the counselling services available?

   Doctor or nurse from my General Practice □
   Leaflet □
   Online □
   Word of mouth/Recommended by a friend □

   Other (Please Specify) ________________________________

Q5. By what means did you receive this counselling service?

   Face to face □
   Telephone □
   Online □

   Other ______________

Q6. What would be your preferred method for receiving termination of pregnancy counselling services?

   Face to face □
   Telephone □
   Online □

   Other ______________
Q7. How certain were you of your decision regarding termination of pregnancy before contacting counselling services? (Please circle response that most closely corresponds to how you feel)
Very certain of my decision
Mostly certain of my decision
Mostly uncertain of my decision
Very uncertain of my decision

Q8. Do you feel that the counselling services you received helped you to make a decision regarding termination of pregnancy?
□ Yes □ No □ Don’t know

Q9. Did you ever feel pressurised into continuing the pregnancy by the counselling services?
□ Yes □ No □ Don’t know

Q10. How would you rate the counselling services that you received overall?
□ Excellent □ OK □ Neither good/Nor bad □ Poor □ Complete waste of time

Q11. What age are you? ___________ years old

Q12. Have you had a termination of pregnancy before? □ Yes □ No

Q13. What is your postcode? ___________(e.g. EH13 7)
You only need to give the first 5 bits (e.g. EH13 7) - This information is only used to find out what area you live in to look at the availability of counselling in different areas.

Q14. Do you have any children? □ Yes □ No

Q15. Do you think you will use a counselling service if you decide to proceed with a termination of pregnancy? □ Yes □ No □ Don’t know

If you have any other comments you would like to make about termination of pregnancy counselling services being delivered in the community, or to expand on any of the answers you have given in any section of the questionnaire please write them here:

Thank you for taking the time to fill in this questionnaire.