

1 Month Check In: "How Are You Doing" survey

We would love to hear your thoughts or feedback on how we can improve your experience!

* Required

1. First Name *

2. Last Name

3. What Virtual Group did you complete about 1 month ago? *

Mark only one oval.

- Unraveled Roots
- Codependency
- Abortion Recovery - Keys to Hope and Healing - Religious Men
- Abortion Recovery - Keys to Hope and Healing - Secular Women

4. Reproductive Losses you have experienced (check all that apply): *

Check all that apply.

- Miscarriage(s)
- Abortion(s)
- Stillbirth(s)
- None of the Above

5. If you have not had an abortion, do you work in the abortion healing industry?

Mark only one oval.

Yes

No

6. Do you feel you are doing better emotionally since completing your virtual support group? *

Mark only one oval.

Yes

No

Not Sure

7. Since completing your virtual support group, do you feel more aware of your emotions? *

Mark only one oval.

Yes

No

Not Sure

8. During the past month, I have felt satisfied with the quality of my relationships *

Mark only one oval.

Strongly Disagree

1

2

3

4

Strongly Agree

9. If you find yourself in need of additional support, do you know where to go for help and support? *

Mark only one oval.

Yes

No

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