



Explore Your Pregnancy Decision

Name: _____
 Date: _____

*Use the back of form if you
need more space for an answer*

Values: How much does each Benefit and Risk matter to you?

1 means it matters a little, 5 means it is really important to you.



Circle one number for each Benefit and Risk



If your test is positive, what choices are you considering?	<u>Benefits</u> Why is this a good choice for you?	<u>Values</u> How much it matters to you	<u>Risks</u> What would be hard about this choice?	<u>Values</u> How much it matters to you
# 1:	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
# 2:	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
# 3:	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1. 2. 3.	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

Circle the Choice you prefer: #1 #2 #3 Unsure Why?

What would need to change for you to make a different choice?

Are you sure how your choice may affect your spiritual beliefs? Yes No Unsure

Does the father of the baby support your choice? Yes No If yes, how?

Who is involved in your decision?	Person 1:	Person 2:	Person 3:
What option do they prefer?			
Is this person pressuring you?	Yes	No	Yes
Why is this person's opinion and influence important to you?			
How can this person support you in your choice?			

How will you make this decision?

- Decide myself
- Share the decision with:

- Let someone else decide for me:

This is what I need to do next: (may check more than one)

Talk to:	Sign up for:	Contact:
<input type="checkbox"/> Parents	<input type="checkbox"/> SoonerCare/Medicaid	<input type="checkbox"/> Doctor
<input type="checkbox"/> Father of the baby	<input type="checkbox"/> WIC	<input type="checkbox"/> Adoption Agency
<input type="checkbox"/> Adoption Counselor	<input type="checkbox"/> Empowered Parenting	<input type="checkbox"/> Abortion Clinic
<input type="checkbox"/> Other _____	(Earn While You Learn)	<input type="checkbox"/> Other: _____