

CPC On-Site Survey

* 1. What is the name of the Crisis Pregnancy Center you visited?

* 2. What is the address of this Crisis Pregnancy Center?

* 3. When did you visit this center?

Date

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

* 4. Did this center offer free pregnancy tests?

- Yes.
- Yes, but they weren't free.
- No pregnancy tests at all.

* 5. Did you take a pregnancy test?

- Yes, it came back positive
- Yes, it came back negative
- Yes, but I was not given the results
- No
- Other (please specify)

* 6. How did they administer the pregnancy test? Did you process the results yourself, or did someone else? Please explain.

* 7. Were you offered an ultrasound?

- Yes
- No
- Other (please specify)

8. Were the ultrasounds performed by a licensed medical professional?

- Yes.
- No.
- There were no ultrasounds available.
- I don't know.
- Other (please specify)

9. Did this center offer free STD/STI testing?

- Yes.
- Yes, but it wasn't free.
- No.

10. Was the STD/STI testing done on site?

- Yes.
- No.
- There was no STD/STI testing offered.
- Other (please specify)

* 11. Did someone talk to you about your pregnancy options?

Yes

No

* 12. What were you told about abortion (risks of abortion, the different kinds, how it works, prenatal viability etc.)

* 13. What were you told about pregnancy (risks of continuing a pregnancy, childbirth, help with childcare and supplies etc.)

* 14. What were you told about adoption (where you should go, different types of adoption etc.)

* 15. Were you offered counseling about birth control options?

Yes

No

* 16. What did they tell you about birth control (options you discussed, their effectiveness, their safety etc.)

17. If you tested pregnant, were you offered prenatal vitamins?

- Yes
- No
- I did not test pregnant

18. Did the staff say anything about an abortion reversal process?

- Yes
- No

Other (please specify)

19. What were your interactions with staff like? What was their demeanor?

* 20. How would you rate the religiosity of this CPC during your visit?

- None
- Moderate
- Intense
- Comments:

* 21. Please recall as much about your experience as possible in the space below. This could include specific things that were said to you, your feelings during the visit, and things that were not mentioned in the questions above. Feel free to write as much as possible!