Restore the Broken Small Group **Participant Questionnaire**

Thank you for your interest in Concepts of Truth's Restore the Broken small groups. Restore the Broken small groups offer healing not only for reproductive loss such as abortion and miscarriage but also for abuse, sexual trauma or other broken areas in one's life where small group counseling can help restore wellness and dignity. It takes a lot of courage to purposefully face traumatic losses. But if you are thinking now is the time, it's because God has initiated the process. If He has, you can be certain that He can see you safely through and accomplish His purposes in your life.

The Participant Questionnaire and Consent for Release of Information Form are on the following pages. Please complete and return to info@internationalhelpline.org.

The questionnaire is a necessary first step in the healing process. It will help you identify areas that need healing and help us assess where you are in your journey.
Everything you disclose is confidential and used by the facilitators to prepare for the group.

Completing the participant questionnaire may trigger painful memories. Do not be afraid; it is the beginning of the healing process. Most of the facilitators have all been right where you are, have worked through a similar small group process, and have experienced the wonderful results. God is faithful. "He sent forth His Word and healed them." Psalm 107:20.

Once the completed questionnaire and the $25 non-refundable deposit are received, you will be contacted for an interview appointment time. The interview will be by phone. Please pay the deposit when submitting the questionnaire and the remainder of the registration fee before your small group begins. Both can be paid on Concepts of Truth International's website at internationalhelpline.org. **Please note**: the deposit is non-refundable but may be credited to a future scheduled group.

Sliding Scale based on Income and Need

(some scholarships available)

Place a check-mark in the appropriate line on the fee scale agreement

Gross Annual Income	Individual Registration	Married Couple Registration
$0 – 25,000	☐ $99	☐ $159
$25,001 – 32,500	☐ $149	☐ $259
$32,501 – 37,500	☐ $199	☐ $359
$37,501 – 50,000	☐ $249	☐ $459
$50,000 +	☐ $299	☐ $559

I agree to pay the $25 non-refundable deposit for the registration fee amount checked above and the remaining balance before the small group begins.

_____ _____

Participant's Signature **Printed Name**

If you cannot wait for a group to start, please call 866.482.LIFE for a referral.

Restore the Broken Small Group **Participant Questionnaire (Pg. 2)**

Last Name_____First Name_____Date_____

Address_____

City_____State_____Country_____Postal Code _____

Email Address _____

Home Phone_____Cell Phone _____

Emergency Contact Name and Phone Number _____

Do we have permission for a facilitator to call you? _____

This questionnaire is designed to provide us with your background information and to help you begin the important process of remembering. This information will be shared with the group facilitators and will be kept confidential to the full extent of the law.

Occupation_____Age_____Date of Birth _____

Family Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Number and ages of children, caretakers for parents,etc…

_____

Church affiliation _____

Please check involvement: ◯ Very ◯ Somewhat ◯ Occasionally

How did you find out about this group?_____

What would you like to get out of this group? _____

Are you, or your spouse or girlfriend, presently pregnant? _____

If so, when is the due date? _____

For females: How many pregnancies have you had?_____

Have you/your spouse or significant other experienced a reproductive/sexual traumatic loss/event?

Yes☐ No☐

Please list type of loss/event (i.e. rape, incest, sexual abuse, abortion, miscarriage, stillbirth, etc.)

_____

Restore the Broken Small Group **Participant Questionnaire (Pg. 3)**

Did your relationship continue with the man or woman involved?

Yes☐ No☐

Describe how the relationship was affected by the loss/event. (Tab to 2nd line if needed)

_____

_____

If you, your spouse or significant other have ever had an abortion, would you ever consider having another one?

Yes☐ No☐

Did you feel pressured into having the abortion(s)?

Yes☐ No☐

By whom? _____

If your traumatic loss was due to an abortion, do you feel you were adequately counseled and informed before your abortions(s)?

Yes☐ No☐

Under what circumstances do you feel abortion is acceptable? _____

Have you ever sought counseling for the pain associated with the trauma before? Yes☐ No☐

If yes, were you helped? Yes☐ No☐

Have you ever sought counseling for other reasons? Yes☐ No☐

When?_____

Are you in counseling now? Yes☐ No☐

Are you currently involved in an abusive relationship? Yes☐ No☐

Have you ever sought help/refuge from one? Please explain: Please 'Tab' to next line if needed…

_____

_____

Restore the Broken Small Group **Participant Questionnaire (Pg. 4)**

Here is a list of some common symptoms men or women experience after a traumatic loss or event. Please place an **A** by the ones you experienced at the time of the loss or event. Please place an **R** by the ones you have recently experienced or in the last six months:

Guilt _____
Sense of Loss _____
Sadness _____
Flashbacks ____
Fatigue _____
Marital stress _____
Feel Dirty _____
Shame _____
Self-blame _____
Loneliness _____
Anxiety _____
Depression ____
Numbness _____
Regret _____

Panic feelings _____
Sexual problems _____
Fear of pregnancy _____
Eating disorders _____
Grief _____
Self-mutilation _____
Unable to relax _____
Inferiority feelings _____
Fear of infertility _____
Unworthy of affection _____
Difficulty bonding with children _____
Emotional Numbness _____
Intrusive thoughts _____
Avoiding babies & things to do with them _____

Distorted Self-perception _____
Infertility _____
Crying Spells _____
Dreams/Nightmares _____
Sleep Disturbances _____
Feelings of Helplessness _____
Change in relationships _____
Suicidal Ideas _____
Loss of self-esteem _____
Abuse of drugs or alcohol ____
Afraid in close corners/ small areas _____
Anger/Rage _____

Preoccupation with abortion date or baby's due date _____

On a scale of 1 to 10, please indicate where you think you are in dealing with your traumatic loss(s).

DEEPLY HURTING ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10 COMPLETELY HEALED

What symptoms are you experiencing now?

_____

Briefly describe the traumatic experience. You might include the date, your age at the time, your marital status and any circumstances surrounding the loss or event. If applicable, please share your reasons for choosing abortion if it was an elective one, the stage of pregnancy, and the other people involved in your decision. If you have had multiple traumatic losses/events, please know it is normal not to remember dates and/or details. Please share what you can. Please 'Tab' to next line if needed…

_____

_____

What has been difficult for you to overcome?

_____

Have you, your spouse or significant other experienced an elective or forced abortion that left you with the inability to conceive? Please explain: _____

Have you experienced a miscarriage? Yes ☐ No ☐

Are you under the care of a physician for infertility or genetic abnormality? Yes ☐ No ☐

Restore the Broken Small Group **Participant Questionnaire (Pg. 5)**

Describe any physical complications you, your spouse, or significant other have experienced resulting from the trauma. (Hemorrhage, infection, high fever, perforated uterus, intense cramping, incomplete abortion, etc.) Please 'Tab' to next line if needed…

_____

_____

Have you ever had medication prescribed (e.g., anti-depressants) and/or been hospitalized in relation to the loss or trauma in an effort to control symptoms? Yes ☐ No ☐

Are you currently under a doctor's care or on any medications to control symptoms?

Yes ☐ No ☐

Medications_____

What is the most urgent problem you are facing today?

_____

Please tell us a little about your relationship with God and your daily spiritual life.
Please 'Tab' to next line if needed…

_____

_____

Do you sometimes feel that bad circumstances are God's punishment for your choices?

Yes ☐ No ☐

Do you do things to punish yourself or blame yourself for the experience? Yes ☐ No ☐
If so, please Explain. Please 'Tab' to next line if needed…

_____

_____

For elective abortion: Do you feel you have forgiven yourself the choice of abortion(s)?

Yes ☐ No ☐

For rape, incest, or forced/coerced abortion: Have you forgiven those involved?

_____

Restore the Broken Small Group **Participant Questionnaire (Pg. 6)**

What are your concerns about pursuing healing for the traumatic loss/event?

_____

Do you understand that this study is based on Christian principles and scripture?

Yes ☐ No ☐

Does this cause you any concerns?

_____

Please know that the facilitators will always strive to have homogeneous groups, or groups that are made up of participants who are more fitted for each other.

Do you understand there may be males/females/married couples in the group?

Yes ☐ No ☐

Does this cause you any concern?

_____

Who in your life knows you are taking this step in your healing journey?

_____

Counselors who have been trained to facilitate Restore the Broken small groups may or may not be licensed by the State. This curriculum is endorsed to be clinically and scripturally sound. Referrals will be made for individual professional counseling upon request or when deemed appropriate by the facilitator(s) of the group. We offer compassion, information, and support.

All information on this form is confidential and is only for the use of the group facilitators. There are certain circumstances in which we would be compelled to break confidentiality: 1) if we believe you are at risk for suicide, 2) if we believe there is abuse of a minor, or 3) if we believe you intend to harm another person or another person is intending to harm you. Additionally, the information on this questionnaire could possibly be used for research. Please know that any information taken from this form will be used without your name attached to ensure your complete privacy.

I have read and understood the above. I realize that all information shared during the group sessions is confidential unless otherwise indicated. I promise to keep completely confidential anything and everything that is said during the group sessions.

_____ _____

Participant Facilitator

_____Date _____Date

Please Submit the Participant Questionnaire by emailing it to info@internationalhelpline.org Thank You

Consent for Release of Information Form

If you are currently under the care of a professional, we feel it is in your best interest that your doctor/therapist is made aware of this step that you are about to take in joining a small group to address your traumatic loss/event. With your permission, the facilitator of this group would like to contact your doctor/therapist for this purpose. Please complete the enclosed "Consent for Release of Information" form and return it with this application.

We want to remind you that your information is confidential.

If you are not currently under the care of a professional, please mark N/A on the form and return it with this application.

Doctor's Name _____

Address _____ City _____

State _____ Country _____ Postal Code _____

Phone _____

Therapist's Name _____

Address _____ City _____

State _____ Country _____ Postal Code _____

Phone _____

I give my permission for Concepts of Truth, Inc. or _____ (the organization sponsoring this small group) to contact my doctor and/or therapist listed above in order to discuss my participation in a Restore the Broken small group and to share with him/her my progress.

_____ N/A (not applicable)

_____
Printed Name of Participant

_____ _____
Signature of Participant Date