

ID# and Initials: _____

Date: _____

Visit: BL 3 4

**Hyperemesis Gravidarum Pregnancy Termination Consideration (HGPTC)
Questionnaire:**

*Please circle one of the 5 answers below that most closely reflects how you feel **right now** regarding this question:*

If you were to continue the medication(s) that you have been taking over the past week, how much would you consider **terminating your pregnancy** (i.e. having an abortion) due to your symptoms of nausea and vomiting and difficulty eating and drinking?

- 1) I definitely would not consider having an abortion.
- 2) I would consider having an abortion, but probably would not have one.
- 3) I would consider having an abortion, and possibly would have one.
- 4) I would consider having an abortion, and probably would have one.
- 5) I would definitely have an abortion.