Center Quarterly Statistical Report

Center Name: _____ Chapter: _____

Contact Person: _____ Phone: _____

Date: _____

Report Year: _____ ❑ Quarter 1 ❑ Quarter 2 ❑ Quarter 3 ❑ Quarter 4

A. ACTIVITY INFORMATION

_____ Hotline Calls
_____ Pregnancy Test Clients Visiting Center
_____ Practical Assistance Clients Visiting Center
_____ Peer Counseling Only at Center
_____ Attend Mentoring Class
_____ Phone Peer Counseled Only
_____ Email Peer Counseled Only
_____ PAS Peer Counseled Only
_____ Bible Study at Center
_____ Children Heard Bible Story

B. REFERRAL INFORMATION (referred by)

_____ Newspaper/Radio/TV
_____ Saw Sign Outside
_____ Previously Visited
_____ Friend/Relative
_____ School Counselor/Teacher
_____ Other Agency
_____ Internet/Web Page
_____ Other

C. AGE OF CLIENTS

_____ Under 15
_____ 15-19
_____ 20-24
_____ 25-29
_____ 30-34
_____ 35-39
_____ 40 and Over

D. LIVING ARRANGEMENTS

_____ With Boyfriend
_____ With Parents
_____ With Husband
_____ Alone
_____ With Child(ren) Only
_____ Other

E. RELIGION

_____ WELS/ELS
_____ Protestant
_____ Catholic
_____ Muslim
_____ Other
_____ None

F. TEST RESULTS

_____ Positive
_____ Negative

G. INTENTIONS REGARDING PREGNANCY (if a pregnancy is confirmed)

Before Peer Counseling: _____ Abortion _____ Carry to Term _____ Undecided
After Peer Counseling: _____ Abortion _____ Carry to Term _____ Undecided

H. CHRISTIAN WITNESS GIVEN

_____ God's Love (No Sin or Grace)
_____ Sin and Grace
_____ Chastity
_____ Gave Bible
_____ Baptism

I. KNOWN RESULTS

_____ Births _____ Abortions _____ Adoptions _____ Miscarriages
_____ Baptisms (Mother and/or Child) _____ Attends WELS Church
_____ Attends Bible Class

Comments: _____

_____

_____