

Hormonal Contraceptive Self-Screening Questionnaire (form updated April 2023)

Name _____ Health Care Provider's Name _____ Date _____

Date of Birth _____ Age* _____ Weight _____ Do you have health insurance? Yes / No

What was the date of your last women's health clinical visit? _____

Any Allergies to Medications? Yes / No If yes, list them here: _____

Do you have a preferred method of birth control that you would like to use?

A pill you take each day A patch that you change weekly Other (ring, injectable, implant, or IUD)

Background Information:

| | | |
|---|--|--|
| 1 | Do you think you might be pregnant now? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | What was the first day of your last menstrual period? | ____/____/____ |
| 3 | Have you ever taken birth control pills, or used a birth control patch, ring, or injection? Have you previously had contraceptives prescribed to you by a pharmacist? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Did you ever experience a bad reaction to using hormonal birth control? - If yes, what kind of reaction occurred? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| | Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection? - If yes, which one do you use? | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 4 | Have you ever been told by a medical professional not to take hormones? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 | Do you smoke cigarettes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Medical History:

| | | |
|----|--|---|
| 6 | Have you given birth within 21 days? If yes, how long ago? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7 | Are you currently breastfeeding? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8 | Do you have diabetes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9 | Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10 | Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11 | Have you ever had a heart attack or stroke, or been told you had any heart disease? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12 | Have you ever had a blood clot? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13 | Have you ever been told by a medical professional that you are at risk of developing a blood clot? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14 | Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15 | Have you had bariatric surgery or stomach reduction surgery? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16 | Do you have or have you ever had breast cancer? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17 | Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18 | Do you have lupus, rheumatoid arthritis, or any blood disorders? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19 | Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)? - If yes, list them here: | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 20 | Do you have any other medical problems or take any medications, including herbs or supplements? - If yes, list them here: | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| 21 | Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.) | |

Internal use only verified DOB* with valid photo ID BP Reading ____/____

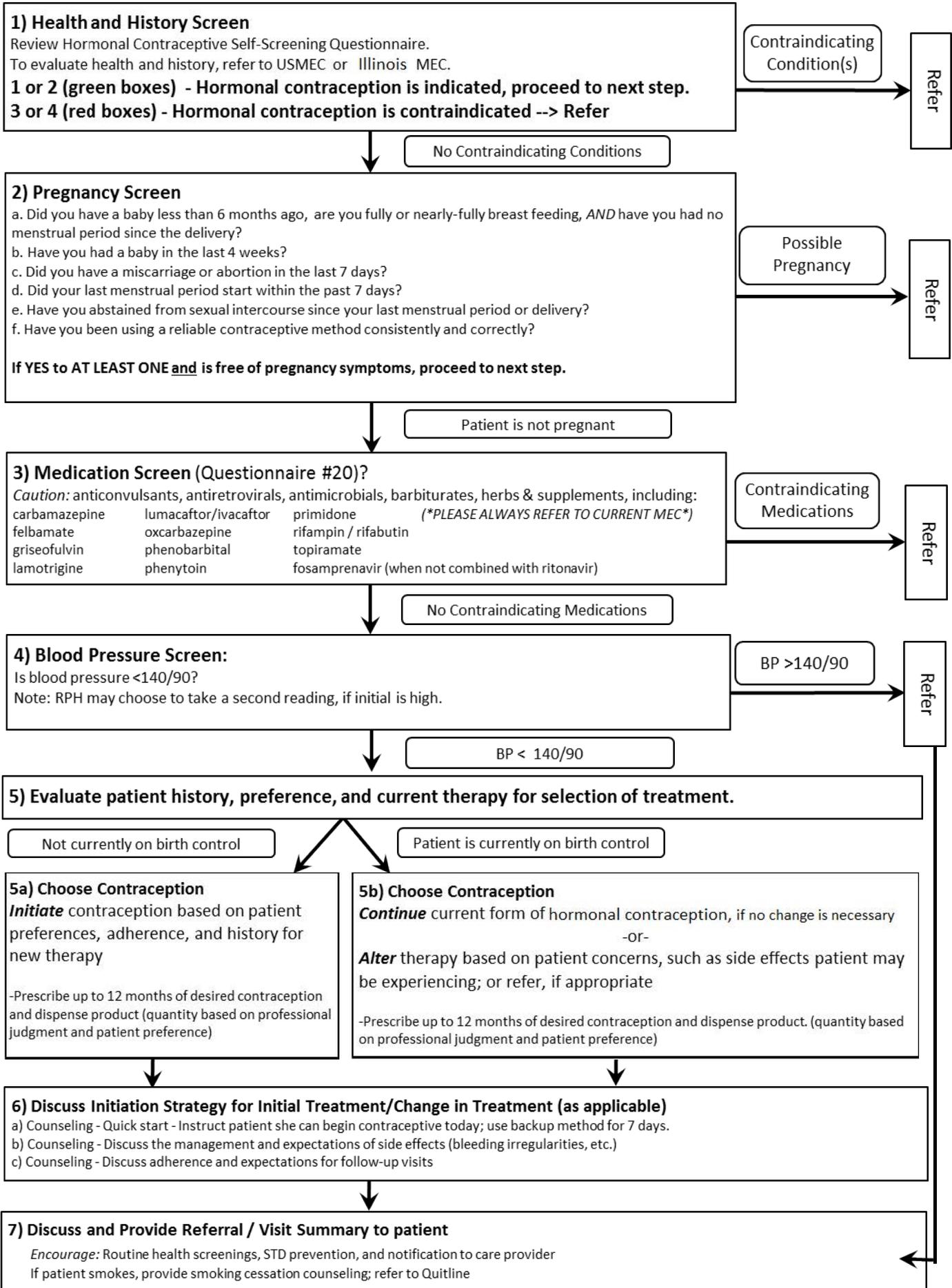
Pharmacist Name _____ Pharmacist Signature _____

Drug Prescribed _____ Rx# _____ -or- Patient Referred-circle reason(s) Sig:

(Pharmacy Phone _____ Address _____)

Notes: _____

STANDARD PROCEDURES ALGORITHM FOR ILLINOIS RPH DISPENSING OF CONTRACEPTIVES



Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



| Condition | Sub-Condition | Cu-IUD | | LNG-IUD | | Implant | | DMPA | | POP | | CHC | |
|---|---|--------|----|---------|----|---------|-----|------|-----|-----|-----|------|-----|
| | | I | C | I | C | I | C | I | C | I | C | I | C |
| Hypertension | a. Adequately controlled hypertension | 1* | | 1* | | 1* | | 2* | | 1* | | 3* | |
| | b. Elevated blood pressure levels (properly taken measurements) | | | | | | | | | | | | |
| | i. Systolic 140-159 or diastolic 90-99 | 1* | | 1* | | 1* | | 2* | | 1* | | 3* | |
| | ii. Systolic ≥160 or diastolic ≥100 [†] | 1* | | 2* | | 2* | | 3* | | 2* | | 4* | |
| Inflammatory bowel disease (ulcerative colitis or Crohn's disease) | | 1 | | 1 | | 1 | | 2 | | 2 | | 2/3* | |
| | | 1 | | 1 | | 1 | | 2 | | 2 | | 2/3* | |
| Ischemic heart disease [‡] | Current and history of | 1 | 2 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 4 |
| Liver tumors | a. Benign | | | | | | | | | | | | |
| | i. Focal nodular hyperplasia | 1 | | 2 | | 2 | | 2 | | 2 | | 2 | |
| | ii. Hepatocellular adenoma [‡] | 1 | | 2 | | 2 | | 3 | | 2 | | 4 | |
| | b. Malignant [‡] (hepatocellular carcinoma) | 1 | | 3 | | 3 | | 3 | | 3 | | 4 | |
| Malaria | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Multiple risk factors for atherosclerotic cardiovascular disease (e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels) | | 1 | | 2 | | 2* | | 3* | | 2* | | 3/4* | |
| Multiple sclerosis | a. Without prolonged immobility | 1 | | 1 | | 1 | | 2 | | 1 | | 1 | |
| | b. With prolonged immobility | 1 | | 1 | | 1 | | 2 | | 1 | | 3 | |
| Obesity | a. Body mass index (BMI) ≥30 kg/m ² | 1 | | 1 | | 1 | | 1 | | 1 | | 2* | |
| | b. Menarche to <18 years and BMI ≥30 kg/m ² | 1 | | 1 | | 1 | | 2 | | 1 | | 2* | |
| Ovarian cancer [‡] | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Parity | a. Nulliparous | 2 | | 2 | | 1 | | 1 | | 1 | | 1 | |
| | b. Parous | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Past ectopic pregnancy | | 1 | | 1 | | 1 | | 1 | | 2 | | 1 | |
| Pelvic inflammatory disease | a. Current | 4 | 2* | 4 | 2* | 1 | | 1 | | 1 | | 1 | |
| | b. Past | | | | | | | | | | | | |
| | i. With subsequent pregnancy | 1 | 1 | 1 | 1 | 1 | | 1 | | 1 | | 1 | |
| | ii. Without subsequent pregnancy | 2 | 2 | 2 | 2 | 1 | | 1 | | 1 | | 1 | |
| Peripartum cardiomyopathy [‡] | a. Normal or mildly impaired cardiac function | | | | | | | | | | | | |
| | i. <6 months | 2 | | 2 | | 1 | | 2 | | 1 | | 4 | |
| | ii. ≥6 months | 2 | | 2 | | 1 | | 2 | | 1 | | 3 | |
| | b. Moderately or severely impaired cardiac function | 2 | | 2 | | 2 | | 3 | | 2 | | 4 | |
| Postabortion (spontaneous or induced) | a. First trimester abortion | | | | | | | | | | | | |
| | i. Procedural (surgical) | 1* | | 1* | | 1* | | 1* | | 1* | | 1* | |
| | ii. Medication | 1* | | 1* | | 1* | | 1/2* | | 1* | | 1* | |
| | iii. Spontaneous abortion with no intervention | 1* | | 1* | | 1* | | 1* | | 1* | | 1* | |
| | b. Second trimester abortion | | | | | | | | | | | | |
| | i. Procedural (surgical) | 2* | | 2* | | 1* | | 1* | | 1* | | 1* | |
| | ii. Medication | 2* | | 2* | | 1* | | 1* | | 1* | | 1* | |
| iii. Spontaneous abortion with no intervention | 2* | | 2* | | 1* | | 1* | | 1* | | 1* | | |
| | c. Immediate postseptic abortion | 4 | | 4 | | 1* | | 1* | | 1* | | 1* | |
| Postpartum (nonbreastfeeding) | a. <21 days | | | | | 1 | | 2 | | 1 | | 4 | |
| | b. 21 days to 42 days | | | | | | | | | | | | |
| | i. With other risk factors for VTE | | | | | 1 | | 2 | | 1 | | 3* | |
| | ii. Without other risk factors for VTE | | | | | 1 | | 1 | | 1 | | 2 | |
| | c. >42 days | | | | | 1 | | 1 | | 1 | | 1 | |
| Postpartum (including cesarean delivery, breastfeeding, or nonbreastfeeding) | a. <10 minutes after delivery of the placenta | 2* | | 2* | | | | | | | | | |
| | b. 10 minutes after delivery of the placenta to <4 weeks | 2* | | 2* | | | | | | | | | |
| | c. ≥4 weeks | 1* | | 1* | | | | | | | | | |
| | d. Postpartum sepsis | 4 | | 4 | | | | | | | | | |
| Pregnancy | | | 4* | | 4* | | NA* | | NA* | | NA* | | NA* |

| Condition | Sub-Condition | Cu-IUD | | LNG-IUD | | Implant | | DMPA | | POP | | CHC | |
|--|---|--------|----|---------|----|---------|---|------|----|-----|---|------|----|
| | | I | C | I | C | I | C | I | C | I | C | I | C |
| Rheumatoid arthritis | a. Not on immunosuppressive therapy | 1 | | 1 | | 1 | | 2 | | 1 | | 2 | |
| | b. On immunosuppressive therapy | 2 | 1 | 2 | 1 | 1 | | 2/3* | | 1 | | 2 | |
| Schistosomiasis | a. Uncomplicated | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | b. Fibrosis of the liver [‡] (if severe, see also Cirrhosis) | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Sexually transmitted infections (STIs) | a. Current purulent cervicitis or chlamydial infection or gonococcal infection | 4 | 2* | 4 | 2* | 1 | | 1 | | 1 | | 1 | |
| | b. Vaginitis (including Trichomonas vaginalis and bacterial vaginosis) | 2 | 2 | 2 | 2 | 1 | | 1 | | 1 | | 1 | |
| | c. Other factors related to STIs | 2* | 2 | 2* | 2 | 1 | | 1 | | 1 | | 1 | |
| Sickle cell disease [‡] | | 2 | | 1 | | 1 | | 2/3* | | 1 | | 4 | |
| Smoking | a. Age <35 | 1 | | 1 | | 1 | | 1 | | 1 | | 2 | |
| | b. Age ≥35, <15 cigarettes/day | 1 | | 1 | | 1 | | 1 | | 1 | | 3 | |
| | c. Age ≥35, ≥15 cigarettes/day | 1 | | 1 | | 1 | | 1 | | 1 | | 4 | |
| Solid organ transplantation [‡] | a. No graft failure | 1 | 1 | 1 | 1 | 2 | | 2/3* | | 2 | | 2* | |
| | b. Graft failure | 2 | 1 | 2 | 1 | 2 | | 2/3* | | 2 | | 4 | |
| Stroke [‡] | History of cerebrovascular accident | 1 | | 2 | | 2 | 3 | 3 | | 2 | 3 | 4 | |
| Superficial venous disorders | a. Varicose veins | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | b. Superficial venous thrombosis (acute or history) | 1 | | 1 | | 1 | | 2 | | 1 | | 3* | |
| Surgery | a. Minor surgery without immobilization | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | b. Major surgery | | | | | | | | | | | | |
| | i. Without prolonged immobilization | 1 | | 1 | | 1 | | 1 | | 1 | | 2 | |
| | ii. With prolonged immobilization | 1 | | 1 | | 1 | | 2 | | 1 | | 4 | |
| Systemic lupus erythematosus [‡] | a. Positive (or unknown) antiphospholipid antibodies | 1* | 1* | 2* | | 2* | | 3* | 3* | 2* | | 4* | |
| | b. Severe thrombocytopenia | 3* | 2* | 2* | | 2* | | 3* | 2* | 2* | | 2* | |
| | c. Immunosuppressive therapy | 2* | 1* | 2* | | 2* | | 2* | 2* | 2* | | 2* | |
| | d. None of the above | 1* | 1* | 2* | | 2* | | 2* | 2* | 2* | | 2* | |
| Thalassemia | | 2 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Thrombophilia [‡] | | 1* | | 2* | | 2* | | 3* | | 2* | | 4* | |
| Thyroid disorders | Simple goiter, hyperthyroid, or hypothyroid | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| Tuberculosis [‡] (see also Drug Interactions) | a. Nonpelvic | 1 | 1 | 1 | 1 | 1* | | 1* | | 1* | | 1* | |
| | b. Pelvic | 4 | 3 | 4 | 3 | 1* | | 1* | | 1* | | 1* | |
| Unexplained vaginal bleeding (suspicious for serious condition) before evaluation | | 4* | 2* | 4* | 2* | 3* | | 3* | | 2* | | 2* | |
| Uterine fibroids | | 2 | | 2 | | 1 | | 1 | | 1 | | 1 | |
| Valvular heart disease | a. Uncomplicated | 1 | | 1 | | 1 | | 1 | | 1 | | 2 | |
| | b. Complicated [‡] | 1 | | 1 | | 1 | | 2 | | 1 | | 4 | |
| Vaginal bleeding patterns | a. Irregular pattern without heavy bleeding | 1 | | 1 | | 2 | | 2 | | 2 | | 1 | |
| | b. Heavy or prolonged bleeding | 2* | | 1* | | 2* | | 2* | | 2* | | 1* | |
| Viral hepatitis | a. Acute or flare | 1 | | 1 | | 1 | | 1 | | 1 | | 3/4* | 2 |
| | b. Chronic | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | 1 |
| Drug Interactions | | | | | | | | | | | | | |
| Antiretrovirals (ARVs) used for prevention (PrEP) or treatment of HIV [‡] | Fosamprenavir (FPV) | 1/2* | 1* | 1/2* | 1* | 2* | | 2* | | 2* | | 2* | 3* |
| | All other ARVs are 1 or 2 for all methods | | | | | | | | | | | | |
| Anticonvulsant therapy | a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine) | 1 | | 1 | | 2* | | 1* | | 3* | | 3* | |
| | b. Lamotrigine | 1 | | 1 | | 1 | | 1 | | 1 | | 3* | |
| Antimicrobial therapy | a. Broad-spectrum antibiotics | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | b. Antifungals | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | c. Antiparasitics | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| | d. Rifampin or rifabutin therapy | 1 | | 1 | | 2* | | 1* | | 3* | | 3* | |
| SSRIs | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| St. John's wort | | 1 | | 1 | | 2 | | 1 | | 2 | | 2 | |