

Name: _____

Age: _____

Date of Birth: ____/____/____

Screening Questions for Birth Control**General Information:**

1	What was the first day of your last menstrual period?	____/____/____
2	Do you think you might be pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you ever used the following medications? Please check all that apply: <input type="checkbox"/> Birth control pills <input type="checkbox"/> Birth control shot <input type="checkbox"/> Condoms <input type="checkbox"/> Birth control patch <input type="checkbox"/> Birth control ring <input type="checkbox"/> Emergency contraception /Plan B <input type="checkbox"/> Birth control implant/rod <input type="checkbox"/> Intrauterine device (IUD) <input type="checkbox"/> Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
a	Did you ever experience a bad reaction (side effect) to using hormonal birth control? If yes, please list what kind of reaction occurred:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b	Are you currently using any method of birth control including pills, patch, ring, or shot/injection? If yes, please list which method you use: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you ever been told by a medical professional not to take birth control or other hormones?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History:

5	Have you given birth within the past 6 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you get migraine headaches?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a	If so, have you ever had the kind of headaches that start with warning signs (aura) or symptoms such as flashes of light, blind spots, or tingling in your hands or face that come before the headache starts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you have high blood pressure, hypertension, or high cholesterol? (Please check yes, even if it is controlled by medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	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"/>
11	Have you ever had a blood clot (for example, a deep vein thrombosis or pulmonary embolism)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you ever been told by a medical professional that you are at higher risk of developing a blood clot? Examples might include antiphospholipid antibody syndrome, Factor V Leiden, or a prothrombin mutation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? If yes, please explain: Type of Surgery: _____ Date of Surgery: ____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you had bariatric surgery (weight loss) or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Do you have any of the following conditions? Please check below: <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Gall bladder disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Lupus <input type="checkbox"/> Blood disorders <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Solid Organ Transplant <input type="checkbox"/> Inflammatory Bowel Disease (IBD) <input type="checkbox"/> Hepatitis, liver disease, liver cancer, or jaundice (yellow skin or eyes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
a	Do you have any other medical problems? - If yes, list medical problems here: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	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"/>
17	Do you take any medications, including herbs or supplements? - If yes, list medications here: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Do you have allergies or bad reaction to medication? If yes, please explain here:	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Do you weigh over 200lbs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Do you smoke cigarettes, use chewing tobacco, e-cigarettes, or other nicotine products?	Yes <input type="checkbox"/> No <input type="checkbox"/>

For the Pharmacist: If a patient has a potential contraindication or answers "Yes" to any of the Medical History questions, please consult the MEC.

Self-Screening Question	Condition	Sub-Condition	Combined Pill/Patch/Ring		Progestin-Only Methods: Pill (POP)/Shot		Long-Acting Methods: Copper (IUD) / Hormone (IUD and Implant)	
			Initiate	Continue	Initiate	Continue	Initiate	Continue
	Age		Menarche to <40yrs: 1 ≥40yrs: 2		POP: 1 (All Ages)		IUD: 2 (Menarche-<20yrs) IUD: 1 (≥20yrs)	
					shot: 2 (Menarche to <18yrs and >45yrs) shot: 1 (18-45yrs)		implant: 1 (All Ages)	
1	Pregnancy		Not Eligible for Contraception					
5	Post-Partum (see also breastfeeding)	a) < 21 days	4		1		Consult MEC*(IUD) 1 (implant)	
		b) 21 days to 42 days:						
		(i) with other risk factors for VTE	3*		1		Consult MEC* (IUD) 1 (implant)	
		(ii) without other risk factors for VTE	2		1		Consult MEC* (IUD) 1 (implant)	
		c) > 42 days	1		1		1* (IUD) 1 (implant)	
6	Breastfeeding (see also post-partum)	a) < 30 days postpartum	3*/4*		2*		Consult MEC* (IUD) 2* (implant)	
		b) 30 days to 42 days postpartum						
		(i) with other risk factors for VTE	3*		1*		Consult MEC* (IUD) 1* (implant)	
		(ii) without other risk factors for VTE	2*		1*		Consult MEC* (IUD) 1* (implant)	
		c)> 42 days postpartum	2*		1*		1*	
7	Diabetes	a) History of gestational DM only	1		1		1	
		b) Non-vascular disease						
		(i) non-insulin dependent	2		2		1 (copper) 2 (hormone)	
		(ii) insulin dependent	2		2		1 (copper) 2 (hormone)	
		c) Nephropathy/retinopathy/neuropathy‡	3/4*		2 (POP) 3 (shot)		1 (copper) 2 (hormone)	
		d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2 (POP) 3 (shot)		1 (copper) 2 (hormone)	
8	Headaches	a) Non-migrainous	1*		1		1	
		b) Migraine:						
		i) without aura	2*		1		1	
		ii) with aura	4*		1		1	
9	High Blood Pressure	a) Adequately controlled hypertension	3*		1* (POP) 2* (shot)		1*	
		b) Elevated BP (properly taken measurements):						
		(i) systolic 140-159 or diastolic 90-99	3*		1* (POP) 2*(shot)		1*	
		(ii) systolic ≥160 or diastolic ≥100‡	4*		2*(POP) 3* (shot)		1* (copper) 2*(hormone)	
		c) Vascular disease	4*		2*(POP) 3* (shot)		1* (copper) 2*(hormone)	
		History of High BP during Pregnancy		2		1		1
10 (continues)	Peripartum Cardiomyopathy	a) Normal or mildly impaired cardiac function:						
		(i) < 6 months	4		1		2 (IUD) 1 (implant)	

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			Initiate	Continue	Initiate	Continue	Initiate	Continue
10 (continued)		(ii) ≥ 6 months	3		1		2 (IUD) 1(implant)	
		b) Moderately or severely impaired cardiac function	4		2		2	
	Multiple Risk factors for arterial CVD	(such as older age, smoking, diabetes, hyperlipidemia and hypertension)	3/4*	2* (POP)		1 (copper) 2 (hormone)		
				3* (shot)		2* (implant)		
	Ischemic heart disease	Current and history of	4	2 (POP)	3 (POP)	1 (copper)		
				3 (shot)		2 (hormone)	3 (hormone)	
10 (continued)	Valvular Heart disease	a) Uncomplicated	2		1		1	
		b) Complicated‡	4		1		1	
	Stroke‡	History of cerebrovascular accident	4	2 (POP)	3 (POP)	1 (copper) 2 (hormone IUD)		
				3 (shot)		2 (implant)	3 (implant)	
11 & 12	Thrombogenic Mutations		4*		2*		1* (copper) 2* (hormone)	
	Blood Clot-Deep Venous Thrombosis (DVT) & Pulmonary Embolism (PE)	a) History of DVT/PE, not on anticoagulation therapy						
		i) higher risk for recurrent DVT/PE	4	2		1 (copper) 2 (hormone)		
		ii) lower risk for recurrent DVT/PE	3	2		1 (copper) 2 (hormone)		
		b) Acute DVT/PE	4	2		2		
		c) DVT/PE and established on anticoagulant therapy for at least 3mos						
		i) higher risk for recurrent DVT/PE	4*	2		2		
		ii) lower risk for recurrent DVT/PE	3*	2		2		
		d) Family history (first-degree relatives)	2	1		1		
	13	Surgery	a) Major surgery					
(i) with prolonged immobilization			4	2		1 (copper) 2 (hormone)		
(ii) without prolonged immobilization			2	1		1		
b) Minor surgery without immobilization			1	1		1		
14	Bariatric Surgery	a) Restrictive procedures	1		1		1	
		b) Malabsorptive procedures	3 (COC)		3 (POP)		1	
			1 (patch/ring)		1 (shot)			
15 (continues)	Breast Cancer	a) Undiagnosed mass	2*		2*		1 (copper) 2 (hormone) 2* (implant)	
		b) Benign breast disease	1		1		1	
		c) Family history of cancer	1		1		1	
		d) Breast cancer‡						
		i) current	4		4		1 (copper) 4 (hormone)	
		ii) past and no evidence of current disease for 5 years	3		3		1 (copper) 3 (hormone)	
	Lupus‡	a) Positive/unknown antiphospholipid antibodies	4*		3*		1* (copper) 3* (hormone)	

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			Initiate	Continue	Initiate	Continue	Initiate	Continue
15 (continued)		b) Severe thrombocytopenia	2*		2* (POP)		3* (copper)	2* (copper)
					3* (shot)	2* (shot)	2* (hormone)	
		c) Immunosuppressive treatment	2*		2*		2* (copper)	1* (copper)
							2* (hormone)	
		d) None of the above	2*		2*		1*(copper)	
							2* (hormone)	
	Rheumatoid Arthritis	a) On immunosuppressive therapy	2		1 (POP)		2 (IUD)	1 (IUD)
					2/3* (shot)		1 (implant)	
		b) Not on immunosuppressive therapy	2		1 (POP)		1	
	Inflammatory Bowel Disease				2 (shot)			
		Ulcerative Colitis, Crohn's Disease	2/3*		2		1	
15 (continued)	Viral Hepatitis	a) Acute or flare	3/4*	2	1		1	
		b) Carrier/Chronic	1		1		1	
	Cirrhosis	a) Mild (compensated)	1		1		1	
		b) Severe‡ (decompensated)	4		3		1 (copper)	
	Liver Tumors						3 (hormone)	
		a) Benign:						
		i) Focal nodular hyperplasia	2		2		1 (copper)	
							2 (hormone)	
		ii) Hepatocellular adenoma‡	4		3		1 (copper)	
							3 (hormone)	
		b) Malignant‡	4		3		1 (copper)	
							3 (hormone)	
	Gall Bladder Disease	a) Symptomatic:						
		i) Treated by cholecystectomy	2		2		1 (copper)	
							2 (hormone)	
		ii) Medically treated	3		2		1 (copper)	
							2 (hormone)	
		iii) Current	3		2		1 (copper)	
							2 (hormone)	
		b) Asymptomatic	2		2		1 (copper)	
							2 (hormone)	
	History of Cholestasis	a) Pregnancy-related	2		1		1	
		b) Past COC-related	3		2		1 (copper)	
	Blood Disorders						2 (hormone)	
		a) Thalassemia	1		1		2 (copper)	
							1 (hormone)	
		b) Sickle Cell Disease‡	2		1		2 (copper)	
							1 (hormone)	
		c) Iron-deficiency anemia	1		1		2 (copper)	
							1 (hormone)	
	Solid Organ Transplant‡	a) Complicated	4		2		3 (IUD)	2 (IUD)
							2 (implant)	
		b) Uncomplicated	2*		2		2	
	Multiple Sclerosis	a) Patient is mobile	1		1 (POP)		1	
					2 (shot)			
		b) Patient has prolonged immobility	3		1 (POP)		1	
					2 (shot)			
	Cystic Fibrosis‡				1* (POP)		1*	
			1*		2* (shot)			
16 (conditions)	Seizures/Epilepsy ‡	(see also Drug Interactions)	1*		1*		1 (IUD)	
	Tuberculosis‡ (see also drug interactions)						1* (implant)	
		a) Non-pelvic	1*		1*		1 (IUD)	
							1* (implant)	
		b) Pelvic	1*		1*		4 (IUD)	3 (IUD)
							1* (implant)	
	HIV	High risk			1 (POP)		2 (IUD)	
			1		2* (shot)		1 (implant)	

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			Initiate	Continue	Initiate	Continue	Initiate	Continue
		HIV infected (See Also Drug Interactions)						
		i) Clinically well on therapy	1*	1*	1 (IUD)			
					1* (implant)			
			ii) Not Clinically well or not receiving ARV therapy‡	1*	1*	2 (IUD)	1 (IUD)	
1* (implant)								
16 & 17 (Drug Interactions)	Antiretroviral therapy	Fosamprenavir (FPV) (All other ARV's are 1 or 2 for all methods)	3*	2*	1/2* (IUD)	1* (IUD)		
					2* (implant)			
16 & 17 (Drug Interactions)	Anticonvulsant Therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	3* (POP)	1 (IUD)			
				1* (shot)	2* (implant)			
		b) Lamotrigine	3*	1	1			
	Antimicrobial Therapy	a) Broad spectrum antibiotics	1	1	1			
		b) Antifungals	1	1	1			
		c) Antiparasitics	1	1	1			
		d) Rifampin or rifabutin therapy	3*	3* (POP)	1 (IUD)			
	1*(shot)			2* (implant)				
	Supplements	St. John's Wort	2	2 (POP)	1 (IUD)			
				1 (shot)	2 (implant)			
SSRI's		1	1	1				
19	Weight >200lbs		2 (*patch efficacy)	1	1			
				2 (shot, < 18yrs)				
20	Smoking	a) Age < 35	2	1	1			
		b) Age ≥ 35, < 15 cigarettes/day	3	1	1			
		c) Age ≥ 35, >15 cigarettes/day	4	1	1			

Abbreviations: POP: Progestin-Only Pill, IUD: Intra-uterine Device

Key: *Please see complete guidance for a clarification to this classification: <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

‡ Condition that exposes a woman to increased risk as a result of pregnancy

Venous Thrombus Embolism (VTE) Risk Factors: age ≥35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, peripartum cardiomyopathy, BMI ≥30 kg/m², postpartum hemorrhage, post cesarean delivery, preeclampsia, or smoking

