Progestogen-only contraceptives (POP) questionnaire

Please use this form only for Cerelle, Cerazette, Feanolla, Hana, Lovima, Noriday & Zelette

Name:	
Date of birth & age:	/ / Age =
Contraception:	☐ Cerelle ☐ Feanolla ☐ Lovima ☐ Zelette ☐ Cerazette ☐ Hana ☐ Noriday ☐ Other POP (please specify):
Destination pharmacy:	

Smoking status:	☐ Never smoked ☐ Ex-smoker → when did you stop? → ☐ Current smoker → typically how many per day? →	

Observations:	Your blood pressure:	Your weight:
		Your height:

1	Has University Health Service prescribed this contraception for you previously?	☐ No	☐ Yes
2	Have you had ischaemic heart disease?	☐ No	☐ Yes
3	Have you had a transient ischaemic attack or stroke (TIA or CVA)?	☐ No	☐ Yes
4	Do you have any unexplained vaginal bleeding?	☐ No	☐ Yes
5	Do you have or have you had breast cancer?	☐ No	☐ Yes
6	Have you had liver disease?	☐ No	☐ Yes
7	Do you take any of these drugs: aprepitant, bosentan, carbamazepine, efavirenz, eslicarbazepine, fosphenytoin, lumacaftor, modafinil, nevirapine, oxcarbazepine, phenobarbital, phenytoin, primidone, rifabutin, rifampicin, ritonavir, rufinamide, St John's wort, topiramate	☐ No	☐ Yes

If you have answered yes to any of the above questions, please tell us more:

Please sign	Signature:	Date: