

## 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 \_\_\_\_/\_\_\_\_

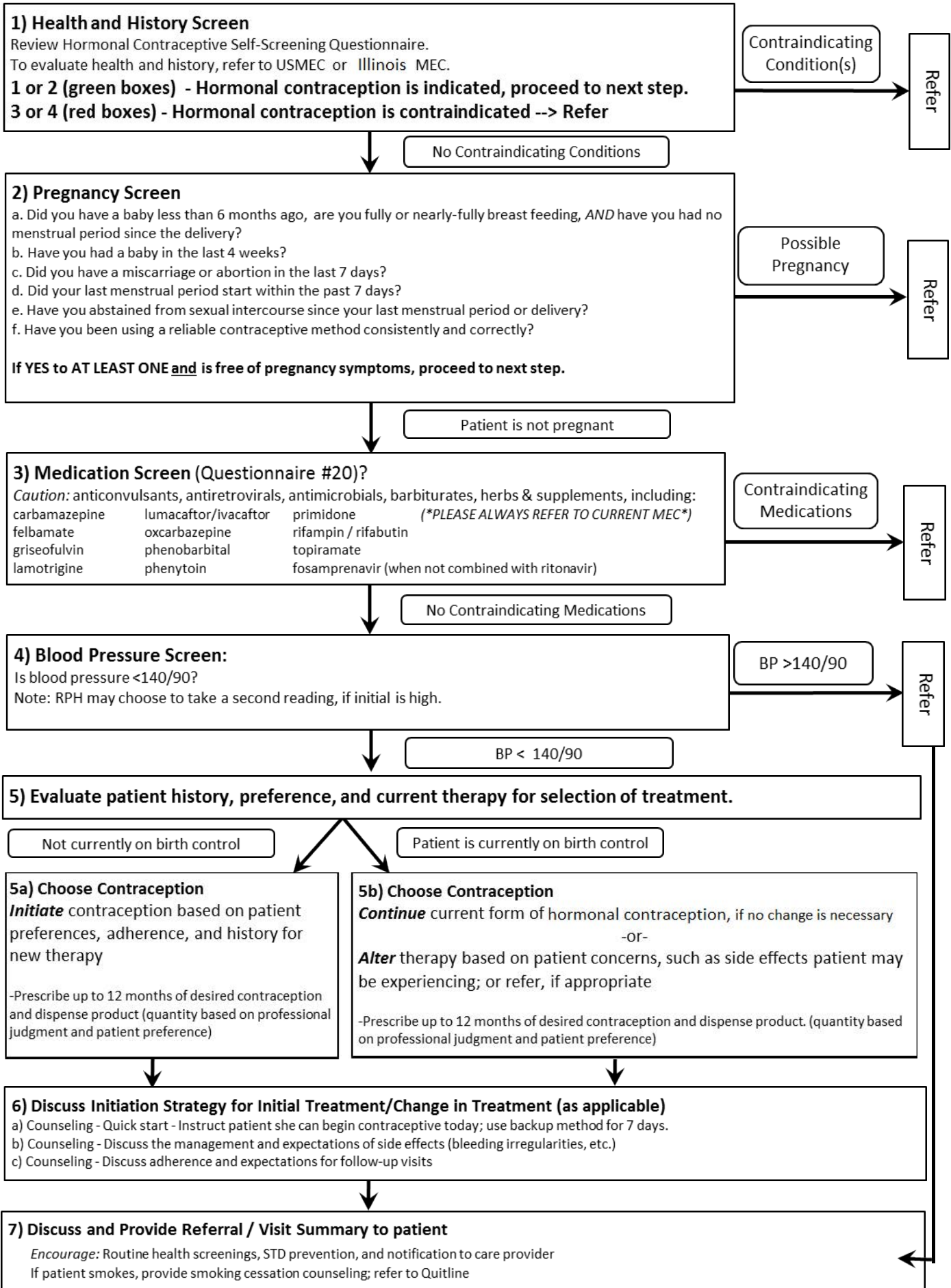
Pharmacist Name \_\_\_\_\_ Pharmacist Signature \_\_\_\_\_

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



Pages 1,2 ..... Color coded in the left column to match the corresponding question of the Illinois Hormonal Contraception Self-Screening Tool Questionnaire.  
 Pages 3,4 ..... Arranged alphabetically by disease state

Key:	
1	No restriction (method can be used)
2	Advantages generally outweigh theoretical or proven risks
3	Theoretical or proven risks usually outweigh the advantages
4	Unacceptable health risk (method not to be used)

/Updated April 2023 This summary sheet only contains a subset of the recommendations from the US MEC. For complete guidance, see: <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html>

## Corresponding to the order of the Illinois Hormonal Contraception Self Screening Tool Questionnaire:

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Age	Menarche to <40=1	1		1		Yes
	>40=2	2		2		Yes
	Menarche to <18=1	1		1		Yes
Smoking	a) Age < 35	2		1		Yes
	b) Age ≥ 35, < 15 cigarettes/day	3		1		Yes
	c) Age > 35, >15 cigarettes/day	4		1		Yes
Pregnancy	(Not Eligible for contraception)	NA*		NA*		NA*
Postpartum (see also Breastfeeding)	a) < 21 days	4		1		Yes
	b) 21 days to 42 days:					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
Breastfeeding (see also Postpartum)	c) > 42 days	1		1		Yes
	a) < 1 month postpartum	3*		2*		Yes
Diabetes mellitus (DM)	b) 1 month or more postpartum	2*		1*		Yes
	a) History of gestational DM only	1		1		Yes
	b) Non-vascular disease					
	b) Other abnormalities:					
	(i) non-insulin dependent	2		2		Yes
	(ii) insulin dependent‡	2		2		Yes
Headaches	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2		Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		Yes
	a) Non-migrainous	1*		2*		1*
	b) Migraine:					
	i) without aura, age <35	2*		3*		1*
Hypertension	ii) without aura, age ≥35	3*		4*		1*
	iii) with aura, any age	4*		4*		2*
	a) Adequately controlled hypertension	3*		1*		Yes
	b) Elevated blood pressure levels (properly taken measurements):					
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes
History of high blood pressure during pregnancy	c) Vascular disease	4		2		Yes
		2		1		Yes
Hyperlipidemias		2/3*		2*		Yes
	a) Normal or mildly impaired cardiac function:					
	(i) < 6 months	4		1		Yes
Peripartum cardiomyopathy‡	(ii) ≥ 6 months	3		1		Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Multiple risk factors for arterial cardiovascular disease	b) Moderately or severely impaired cardiac function	4		2		Yes
	(such as older age, smoking, diabetes and hypertension)	3/4*		2*		Yes
Ischemic heart disease‡	Current and history of	4		2	3	Yes
Valvular heart disease	a) Uncomplicated	2		1		Yes
	b) Complicated‡	4		1		Yes
Stroke‡	History of cerebrovascular accident	4		2	3	Yes
Thrombogenic mutations‡		4*		2*		Yes
Deep venous thrombosis (DVT) /Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy					
	i) higher risk for recurrent DVT/PE	4		2		Yes
	ii) lower risk for recurrent DVT/PE	3		2		Yes
	b) Acute DVT/PE	4		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months					
	i) higher risk for recurrent DVT/PE	4*		2		Yes
	ii) lower risk for recurrent DVT/PE	3*		2		Yes
	d) Family history (first-degree relatives)	2		1		Yes
	e) Major surgery					
	(i) with prolonged immobilization	4		2		Yes
(ii) without prolonged immobilization	2		1		Yes	
f) Minor surgery without immobilization	1		1		Yes	
History of bariatric surgery‡	a) Restrictive procedures	1		1		Yes
	b) Malabsorptive procedures	COCs: 3		3		Yes
Breast disease/ Breast Cancer	a) Undiagnosed mass	2*		2*		Yes
	b) Benign breast disease	1		1		Yes
	c) Family history of cancer	1		1		Yes
	d) Breast cancer:‡					
i) current	4		4		Yes	
ii) past and no evidence of current disease for 5 years	3		3		Yes	

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Viral hepatitis	a) Acute or flare	3/4*	2	1		Yes
	b) Carrier/Chronic	1	1	1		Yes
Cirrhosis	a) Mild (compensated)	1		1		Yes
	b) Severe‡ (decompensated)	4		3		Yes
Liver tumors	a) Benign:					
	i) Focal nodular hyperplasia	2		2		Yes
	ii) Hepatocellular adenoma‡	4		3		Yes
	b) Malignant‡	4		3		Yes
Gallbladder disease	a) Symptomatic:					
	(i) treated by cholecystectomy	2		2		Yes
	(ii) medically treated	3		2		Yes
	(iii) current	3		2		Yes
	b) Asymptomatic	2		2		Yes
History of Cholestasis	a) Pregnancy-related	2		1		Yes
	b) Past COC-related	3		2		Yes
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4		3		Yes
	b) Severe thrombocytopenia	2		2		Yes
	c) Immunosuppressive treatment	2		2		Yes
	d) None of the above	2		2		Yes
Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		Yes
	b) Not on immunosuppressive therapy	2		1		Yes
Blood Conditions?						
Epilepsy‡	(see also Drug Interactions)	1*		1*		Yes
Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		Yes
	b) Pelvic	1*		1*		Yes
HIV	High risk	1		1		Yes
	HIV infected (see also Drug Interactions)‡	1*		1*		Yes
	AIDS (see also Drug Interactions) ‡	1*		1*		Yes
	Clinically well on therapy	If on treatment, see Drug Interactions.				
Antiretroviral therapy	a) Nucleoside reverse transcriptase inhibitors	1*		1		Yes
	b) Non-nucleoside reverse transcriptase inhibitors	2*		2*		Yes
	c) Ritonavir-boosted protease inhibitors	3*		3*		Yes
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*		3*		Yes
	b) Lamotrigine	3*		1		Yes
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		Yes
	b) Antifungals	1		1		Yes
	c) Antiparasitics	1		1		Yes
	d) Rifampicin or rifabutin therapy	3*		3*		Yes

## Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Breast disease/ Breast Cancer	a) Undiagnosed mass	2*		2*		Yes
	b) Benign breast disease	1		1		Yes
	c) Family history of cancer	1		1		Yes
	d) Breast cancer‡					
	i) current	4		4		Yes
ii) past and no evidence of current disease for 5 years	3		3		Yes	
Breastfeeding (see also Postpartum)	a) < 1 month postpartum	3*		2*		Yes
	b) 1 month or more postpartum	2*		1*		Yes
Cervical cancer	Awaiting treatment	2		1		Yes
Cervical ectropion		1		1		Yes
Cervical intraepithelial neoplasia		2		1		Yes
Cirrhosis	a) Mild (compensated)	1		1		Yes
	b) Severe‡ (decompensated)	4		3		Yes
Cystic Fibrosis		1*		1*		Yes
Deep venous thrombosis (DVT) /Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy					
	i) higher risk for recurrent DVT/PE	4		2		Yes
	ii) lower risk for recurrent DVT/PE	3		2		Yes
	b) Acute DVT/PE	4		2		Yes
	c) DVT/PE and established on anticoagulant therapy for at least 3 months					
	i) higher risk for recurrent DVT/PE	4*		2		Yes
	ii) lower risk for recurrent DVT/PE	3*		2		Yes
	d) Family history (first-degree relatives)	2		1		Yes
	e) Major surgery					
	(i) with prolonged immobilization	4		2		Yes
(ii) without prolonged immobilization	2		1		Yes	
f) Minor surgery without immobilization	1		1		Yes	
Depressive disorders		1*		1*		Yes
Diabetes mellitus (DM)	a) History of gestational DM only	1		1		Yes
	b) Non-vascular disease					
Diabetes mellitus (cont.)	(i) non-insulin dependent	2		2		Yes
	(ii) insulin dependent‡	2		2		Yes
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*		2		Yes
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*		2		Yes
Endometrial cancer‡		1		1		Yes
Endometrial hyperplasia		1		1		Yes
Endometriosis		1		1		Yes
Epilepsy‡	(see also Drug Interactions)	1*		1*		Yes
Gallbladder disease	a) Symptomatic					
	(i) treated by cholecystectomy	2		2		Yes
	(ii) medically treated	3		2		Yes
	(iii) current	3		2		Yes

	b) Asymptomatic	2		2		Yes		
	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient		
		Initiating	Continuing	Initiating	Continuing			
Gestational trophoblastic disease	a) Decreasing or undetectable β-hCG levels	1		1		Yes		
	b) Persistently elevated β-hCG levels or malignant disease‡	1		1		Yes		
Headaches	a) Non-migrainous	1*		1*		Yes		
	b) Migraine							
	i) without aura, age <35	2*		3*		1*	2*	Yes
	ii) without aura, age ≥35	3*		4*		1*		2*
iii) with aura, any age	4*		4*		2*		3*	Yes
History of bariatric surgery‡	a) Restrictive procedures	1		1		Yes		
	b) Malabsorptive procedures	COCs: 3 P/R: 1		3		Yes		
History of cholestasis	a) Pregnancy-related	2		1		Yes		
	b) Past COC-related	3		2		Yes		
History of high blood pressure during pregnancy		2		1		Yes		
History of pelvic surgery		1		1		Yes		
HIV	High risk	1		1		Yes		
	HIV infected (see also Drug Interactions)‡	1*		1*		Yes		
AIDS (see also Drug Interactions) ‡	Clinically well on therapy	1*		1*		Yes		
		If on treatment, see Drug Interactions.						
Hyperlipidemias		2/3*		2*		Yes		
Hypertension	a) Adequately controlled hypertension	3*		1*		Yes		
	b) Elevated blood pressure levels (properly taken measurements)							
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes		
	(ii) systolic ≥160 or diastolic ≥100‡	4		2		Yes		
c) Vascular disease	4		2		Yes			
Inflammatory bowel disease (Ulcerative colitis, Crohn's disease)		2/3*		2		Yes		
Ischemic heart disease‡	Current and history of	4		2		3	Yes	
Liver tumors	a) Benign							
	i) Focal nodular hyperplasia	2		2		Yes		
	ii) Hepatocellular adenoma‡	4		3		Yes		
b) Malignant‡	4		3		Yes			
Malaria		1		1		Yes		
Multiple risk factors for arterial cardiovascular disease (such as older age, smoking, diabetes and hypertension)		3/4*		2*		Yes		
Obesity	a) ≥30 kg/m <sup>2</sup> body mass index (BMI)	2		1		Yes		
	b) Menarche to < 18 years and ≥ 30 kg/m <sup>2</sup> BMI	2		1		Yes		
Ovarian cancer‡		1		1		Yes		
Parity	a) Nulliparous	1		1		Yes		
	b) Parous	1		1		Yes		
Past ectopic pregnancy		1		2		Yes		



## Alphabetical Listing of USMEC Contraceptive Eligibility By Disease State

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Pelvic inflammatory disease	a) Past, (assuming no current risk factors of STIs)					
	(i) with subsequent pregnancy	1		1		Yes
	(ii) without subsequent pregnancy	1		1		Yes
	b) Current	1		1		Yes
Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function					
	(i) < 6 months	4		1		Yes
	(ii) ≥ 6 months	3		1		Yes
	b) Moderately or severely impaired cardiac function	4		2		Yes
Postabortion	a) First trimester	1*		1*		Yes
	b) Second trimester	1*		1*		Yes
	c) Immediately post-septic abortion	1*		1*		Yes
Postpartum (see also Breastfeeding)	a) < 21 days	4		1		Yes
	b) 21 days to 42 days					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
	c) > 42 days	1		1		Yes
Postpartum (in breastfeeding or non-breastfeeding women, including post-caesarean section)	a) < 10 minutes after delivery of the placenta					
	b) 10 minutes after delivery of the placenta to < 4 weeks					
	c) ≥ 4 weeks					
	d) Puerperal sepsis					
Pregnancy		NA*		NA*		NA*
Rheumatoid arthritis	a) On immunosuppressive therapy	2		1		Yes
	b) Not on immunosuppressive therapy	2		1		Yes
Schistosomiasis	a) Uncomplicated	1		1		Yes
	b) Fibrosis of the liver‡	1		1		Yes
Severe dysmenorrhea		1		1		Yes
Sexually transmitted infections (STIs)	a) Current purulent cervicitis or chlamydial infection or gonorrhea	1		1		Yes
	b) Other STIs (excluding HIV and hepatitis)	1		1		Yes
Sexually transmitted infections (cont.)	c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1		1		Yes
	d) Increased risk of STIs	1		1		Yes
Smoking	a) Age < 35	2		1		Yes
	b) Age ≥ 35, < 15 cigarettes/day			1		Yes
	c) Age ≥ 35, ≥ 15 cigarettes/day			1		Yes
Solid organ transplantation‡	a) Complicated			2		Yes
	b) Uncomplicated	2*		2		Yes
Stroke‡	History of cerebrovascular accident	4		2	3	Yes
Superficial venous thrombosis	a) Varicose veins	1		1		Yes
	b) Superficial thrombophlebitis	2		1		Yes
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4		3		Yes
	b) Severe thrombocytopenia	2		2		Yes
	c) Immunosuppressive treatment	2		2		Yes
	d) None of the above	2		2		Yes
Thrombogenic mutations‡		4*		2*		Yes

Condition	Sub-condition	Combined pill, patch, ring		Progestin-only pill/injection		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
Thyroid disorders	Simple goiter/hyperthyroid/hypothyroid.	1		1		Yes
Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*		1*		Yes
	b) Pelvic	1*		1*		Yes
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	2*		2*		Yes
Uterine fibroids		1		1		Yes
Valvular heart disease	a) Uncomplicated	2		1		Yes
	b) Complicated‡	4		1		Yes
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		2		Yes
	b) Heavy or prolonged bleeding	1*		2*		Yes
Viral hepatitis	a) Acute or flare	3/4*	2	1		Yes
	b) Carrier/Chronic	1	1	1		Yes
Antiretroviral therapy (All other ARVs are 1 or 2 for all methods)	Fosamprenavir (FPV)		3*		2*	Yes
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)		3*		3*	Yes
	b) Lamotrigine		3*		1	Yes
Antimicrobial therapy	a) Broad spectrum antibiotics		1		1	Yes
	b) Antifungals		1		1	Yes
	c) Antiparasitics		1		1	Yes
	d) Rifampicin or rifabutin therapy		3*		3*	Yes
SSRIs			1		1	Yes
St. John's Wort			2		2	Yes

I = initiation of contraceptive method; C = continuation of contraceptive method; NA = Not applicable

\* Please see the complete guidance for a clarification to this classification:

[www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm)

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