Questionnaire for low dose oral contraceptive pills

Name_________________ Age____ Height____ Weight____ Single_____ Married_____

1. Do you smoke?    Yes • No
   If so, how many cigarettes do you smoke per day?  __________

2. Have you ever had any allergic reactions (oral contraceptive pills or hormone pills)?   Yes • No

3. Do you have a family history of breast cancer?  Yes • No

4. Have you ever found lumps on your breasts?   Yes • No

5. Have you experienced irregular bleeding?   Yes • No

6. Do you have shortness of breath, chest pains, headaches, fatigue, swelling, vision problems or speech impairment?   
   Yes • No

7. Have you ever had thrombophlebitis, lung thrombosis, cerebralvascular accident or coronary artery?   Yes • No

8. Have you ever had congenital thrombosis?   Yes • No

9. Do you have a family history of thrombosis?   Yes • No

10. Please check the following if you’ve ever experienced;
    ___ Antiphospholipid antibody syndrome
    ___ High blood pressure
    ___ Autoimmune disease
    ___ Diabetes
    ___ Malignant disease
    ___ Hyperlipidemia
    ___ Hemolytic
    ___ Hypohydration
    ___ Cystocele
    ___ Severe infection

11. Have you ever had a miscarriage or still born birth?    Yes • No

12. Have you ever had high blood pressure?    Yes • No

13. Have you ever had high blood pressure during pregnancy?    Yes • No

14. If you ever became pregnant, have you had jaundice, constant pain or herpes during pregnancy?    Yes • No

15. Are you planning to have(or had) major surgery?    Yes • No

16. Are you pregnant now or possibly pregnant?    Yes • No

17. Have you delivered a baby lately?    Yes • No

18. Have you ever had heart disease or kidney problems?    Yes • No

19. Do you have hyperlipidemia?    Yes • No

20. Do you have diabetes?    Yes • No

21. Have you ever had liver disease?    Yes • No

22. Have you ever had epilepsy or experienced numbness?    Yes • No

23. Are you under doctor’s care?    Yes • No

24. Are you taking any medications or supplements?    Yes • No

25. Do you wear contact lenses?    Yes • No

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