

DMPA INJECTION STUDENT QUESTIONNAIRE

Name _____ Social Security # _____

Date _____

When was your last Pap smear? _____

Since your last visit, whether it was an exam or an injection visit, have you experienced any of the following?

YES NO

____ Changes in weight, and/or clothing size since your last visit? _____
____ Do you know it is normal to have a change in your period/menstrual pattern on Depo-Provera?

What is your bleeding pattern?

- No bleeding at all.
- Spotting.
- Increase in your period.
- Other. Describe : _____

____ Depression/mood changes
____ Asthma. If yes, has there been any increase in number or severity of your attacks?

____ Migraine Headache. If yes, has there been an increase in number of or severity of your headaches?

____ Changes in health/medication since your last visit? _____

____ Changes in health of family (new diabetes, heart disease, high blood pressure, high blood fats-cholesterol, etc.) since your last visit? _____

____ Do you know that Depo-Provera does not protect you against sexually transmitted diseases and that you must use a condom to obtain any protection?

____ Do you use condoms? every time sometimes occasionally

____ Do you know that condoms are not completely effective against sexually transmitted diseases?

____ Do you know that your chances/risk of becoming pregnant increases after 12 weeks from your last Depo-Provera injection?

____ Do you know it is your responsibility to make your next appointment for Depo-Provera in 12 weeks?

____ Do you have any questions about Depo-Provera?

Patient's signature: _____

Clinician's signature: _____