SECTION 2.3
ORTHO EVRA®

Ortho Evra® is a transdermal contraceptive patch that releases 150ug of norelgestromin and 20ug of ethinyl estradiol to the blood stream every 24 hours. However, the bioavailability via the transdermal route is greater (than via the oral route) and results in a 60% increase in exposure to estrogen than from a birth control pill containing 35 mcg of estrogen. It is unproven, but theoretically possible that this increase in estrogen exposure may increase the risk of blood clots. Taken correctly, Ortho Evra is 99% effective in preventing pregnancy.

I. Client Selection - Clinical trials suggest Ortho Evra may be less effective in women weighing more than 198 pounds.

A. Indications - Ortho Evra may be provided:

1. When contraindications do not exist;
2. Post-pregnancy:
    a. Immediately after a first or second trimester abortion;
    b. May initiate 3-4 weeks after delivery if non-lactating and no risks for venous thromboembolism (VTE);
    c. Should exercise caution in nursing women less than six months postpartum. Document discussion of potential risks/benefits such as decrease in milk supply.

B. Contraindications – do not provide. Conditions that represent an unacceptable health risk if the contraceptive method is used (Category 4). (Based on Centers for Disease Control and Prevention (CDC) U.S. Medical Eligibility Criteria (USMEC 2010) for Contraceptive Use, 2010 MMWR Early Release 2010; 59 May 28, 2010)

1. History of deep vein thrombosis or pulmonary embolism; known thrombogenic mutations such as Protein C or S deficiencies, Factor V Leiden and antithrombin deficiencies (USMEC 2010) or EXTENSIVE familial history of deep vein thrombosis or family history of unexplained venous thromboembolism at a young age (Thrombosis related to either a known trauma or an IV needle is not necessarily a reason to avoid use of Ortho Evra.);
2. History of systemic lupus erythematosus (SLE) with positive (or unknown) antiphospholipid antibodies;
3. History of cerebrovascular accident (stroke);
4. Vascular, coronary artery, ischemic heart disease, myocardial infarction or current angina pectoris, or history thereof; complicated valvular heart disease, such as pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis; history of peripartum cardiomyopathy;
5. Age $\geq$35 years old and smoking $\geq$15 cigarettes per day;
6. Hypertension: systolic $\geq$160 or diastolic $\geq$100;
7. Diabetes mellitus with clinically manifested vascular disease (diabetic nephropathy, retinopathy, neuropathy or peripheral vascular disease); diabetes of > 20 years duration;
8. Known or suspected carcinoma of the breast or endometrium, or other estrogen-dependent neoplasia. Ortho Evra use may be considered, in consultation with

the physician, for women with a past history of breast cancer but no evidence of estrogen dependence in the cancer and no recurrence for 5 years;

9. Hepaticellular adenoma, liver cancer, or history thereof; active viral hepatitis, severe cirrhosis or markedly impaired liver function currently;
10. Migraine headaches with focal neurological symptoms (aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities); development of migraine headaches without aura while on estrogen containing contraceptives and age ≥ 35 years;
11. Solid organ transplant with complicated graft failure, rejection, cardiac allograft vasculopathy;
12. Unexplained abnormal vaginal or uterine bleeding, NOT including irregular menses;
13. Planned major surgery with prolonged immobilization or any surgery on the legs;
14. Suspected pregnancy;
15. Less than 21 days postpartum;
16. Postpartum between 21 - 42 days if clients has other risk factors for VTE such as age ≥ 35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30, postpartum hemorrhage, post cesarean delivery, pre-eclampsia, or smoking; plus other risk factors such as smoking, deep venous thrombosis/pulmonary embolism, known thrombogenic mutations, and peripatum cardiomyopathy. (Update to CDC USMEC MMWR Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period; 60 July 8, 2011);
17. Hypersensitivity to any of the components of Ortho Evra.

C. Special Conditions Requiring Further Evaluation: In light of the updated labeling regarding increased estrogen exposure, pay particular attention to any of the following conditions that could increase the risk of blood clots. The theoretical/proven risks usually outweigh the advantages of using the method (Category 3). The client must be provided with information regarding the way in which these conditions may add to a health risk for her. This discussion must be documented. (Based on USMEC 2010)

1. Adverse cardiovascular risk profile (see V. Management of Women with Special Conditions Requiring Further Evaluation, of this Section);
2. Active or medically treated gallbladder disease, history of combined hormonal contraceptive (COC)-related cholestasis;
3. Migraine headaches without focal neurological symptoms (aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities) and ≥ 35 years old [see V. Management of Women with Special Conditions Requiring Further Evaluation of this Section];
4. Elevated blood pressure measurements – 140-159/90-99 on three separate visits within a two week period. (See Flow Chart for Management of Clients Using Ortho Evra Who Develop High Blood Pressure of this Section);
5. Age ≥35 years old and smoking <15 cigarettes per day;

6. Seizure disorder, currently taking anticonvulsants that affect liver enzymes (see V. Management of Women with Special Conditions Requiring Further Evaluation of this Section);
7. History of inflammatory bowel disease (IBD) (ulcerative colitis, Crohn's disease) and at increased risk for VTE (e.g. those with active or extensive disease, surgery, immobilization, corticosteroid use, vitamin deficiency, or fluid depletion). For women with mild IBD and no other risk factor for VTE, the benefits of an estrogen containing method generally outweigh the risks. (USMEC 2010);
8. Postpartum between 21 - 42 days if clients has other risk factors for VTE such as age $\geq$ 35 years, previous VTE, thrombophilia, immobility, transfusion at delivery, BMI $\geq$ 30, postpartum hemorrhage, post cesarean delivery, pre-eclampsia, or smoking. (Update to CDC USMEC MMWR Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period; 60 July 8, 2011);
9. 21 to 30 days postpartum and breastfeeding.

II. Client Education/Informed Consent:

A. All clients choosing to use Ortho Evra must receive the following information:

1. Fact sheet on all contraceptive options available, if she is a new client or is undecided as to what method she wishes to use;
2. A copy of the FDA approved detailed client labeling pamphlet. The importance of reading the FDA pamphlet must be explained to the client. Clients must be counseled that Ortho Evra results in an increased exposure to estrogen when compared to the average oral contraceptive. It is unproven, but theoretically possible that this increased exposure may increase the risk of blood clots. Danger signs indicative of blood clots and emergency phone numbers must be discussed/given/documented;
3. Instructions on how to apply and remove Ortho Evra. (For instructions, see Contraceptive Technology, **20**th Edition, pp. **353-355**);
4. Information that the effectiveness of Ortho Evra may be decreased by some medications (See V. F Drug Interactions, of this Section);
5. The importance of scheduled follow-up visits (See VII. Follow Up, of this Section);
6. Importance of informing their other providers of their use of Ortho Evra;
7. Information regarding discontinuation of the method, and the recommendation that she complete the cycle she is taking. If she does not wish to become pregnant, she should start using another method before the day she was due to apply a new patch.
8. Information regarding sexually transmitted infections (STIs), including counseling that Ortho Evra provides no protection. Use of either male or female condoms should be recommended for clients in need of protection from STIs.

B. All clients choosing to use Ortho Evra must sign the following:

1. General family planning program consent
2. Hormonal contraceptive consent for the provision of Ortho Evra (does not need to be re-initialed every year unless there is a change in health status)

III. Medical Screening and Evaluation

A. History – as per Title X Guidelines (See Section 1.4 - Health Care Services of the Nursing Manual)

B. Examination – as per Title X Guidelines (See Section 1.4 - Health Care Services of the Nursing Manual)

C. Laboratory – tests per Title X Guidelines (See Section 1.4 - Health Care Services of the Nursing Manual)

D. Provision of Ortho Evra through Delayed Exam (See Section 2.10 – Delayed Exam of the Nursing Manual)

IV. Provision of Ortho Evra

CURRENT METHOD	APPLY PATCH	BACK UP
No effective contraception in preceding cycle	On or prior to day 5 of cycle, OR apply patch during this office visit if pregnancy can be ruled out (Quick Start), OR apply patch the day after taking emergency contraceptive pills (ECPs). (Jump Start)	Back up method recommended for 7 days
COC's or NuvaRing in preceding cycle	Anytime within 7 days of the last COC tablet taken or NuvaRing removed (no later than when a new cycle would have been started) or start Ortho Evra immediately if the client has been using her method correctly and consistently, or if it is reasonably certain she is not pregnant.	**None**
Progestin-only pills (POPs) in preceding cycle	Any day of the month. There should be no skipped days between last pill and first day of Ortho Evra use.	**Back up method recommended for 7 days**
Implanon® implant in preceding cycle	On the same day the implant is removed	**None**
DMPA in preceding cycle	On or before the day when the next injection is due.	**None**
ParaGard® or Mirena® in place	On the same day that the IUD is removed. Consider starting a hormonal method before the IUD is removed.	Back up method recommended for 7 days

CURRENT METHOD	APPLY PATCH	BACK UP
After first or second trimester (less than 24 weeks gestation) loss or termination	Immediately or within 5 days of loss or termination.	None
Postpartum	At 21 days postpartum in women who elect not to breastfeed and have no risk factors for VTE (Category 2); 30 – 42 days postpartum if no risk factors for VTE in lactating women (Category 2).	Back up method should be considered for 7 days
Any other contraceptive method	On first day of cycle. On days 2-5 of cycle.	No back up method is needed Back up method should be used for 7 days

V. Management of Women with Special Conditions Requiring Further Evaluation

A. Adverse Cardiovascular Risk Profile

If a woman has two or more risk factors, the case must be evaluated by, and use of Ortho Evra approved by a physician:

1. Age ≥35;
2. Smoking cigarettes;
3. High cholesterol levels;
4. Diabetes;
5. Chronic hypertension.

B. Diabetes mellitus

1. Ortho Evra use in women with diabetes must be individualized. As risk factors increase in number or severity, it may become less appropriate to prescribe Ortho Evra.
2. Consider involving the primary care provider managing the client's diabetes if she is initiated on Ortho Evra.

C. High Blood Pressure

1. If hypertension is controlled with diet or medication, the complete cardiovascular risk profile (A.1 – 5 above) must be considered.
2. Ortho Evra may induce hypertension in a very small percentage of previously normotensive women. If an Ortho Evra user is found to have a significant rise in blood pressure to 140 systolic or above/ 90 diastolic or above, the rise could be due to Ortho Evra.
3. Management - Please refer to the flow chart on the next page for management of hypertension that occurs in women using Ortho Evra.

Flow Chart for the Management of Clients Using Ortho Evra Who Develop High Blood Pressure

SYSTOLIC 140 or above
or
DIASTOLIC 90 or above

↓

Have client return two or more times within two weeks in a resting state for reevaluation.

If any two or more readings on at least two different visits are ≥140 systolic or ≥90 diastolic, consider the following options:

+Physician consultation
+Referral for medical evaluation
+Switch to another method (progestin-only is OK)

Diastolic of ≥100 on any one occasion - stop Ortho Evra immediately. Initiate interim method of contraception; client must be referred for a medical evaluation.

Continuation of Ortho Evra requires documentation of physician approval and a plan for follow-up.

▼

If Ortho Evra is discontinued, re-check BP within three months.

- If still ≥140 systolic or ≥90 diastolic, refer for evaluation.
- If <140 systolic or <90 diastolic, may then try a very low dose (20 ug estrogen) combination pill or progestin-only method.

If very low dose (20 ug estrogen) combination pill or progestin only method is initiated:

- Monitor BP monthly for three months. If BP rises to ≥140 systolic or ≥90 diastolic at any time, discontinue estrogen containing methods.
- Offer alternative method.
- Recheck BP within three months. See first bullet in this box.

D. Headaches

1. Management of headaches that start or worsen after the initiation of Ortho Evra is up to the discretion of the practitioner and client and may include any of the following:

   a. Referral for headache evaluation;

   b. Change in birth control method, including very low dose COCs (20 ug) or progestin only methods;

   c. For headaches during the hormone free interval, discuss with the client extended use regimen of combined oral contraceptives or the extended use of NuvaRing® (off-label).

2. Common Migraine Headaches (without focal neurologic symptoms [aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities])

   a. A trial of Ortho Evra may be provided for women with a history of migraine headaches without focal neurological symptoms. The client must be advised to report any increase in the frequency and severity of such headaches. The initiation of an estrogen containing method to women ≥ 35 years old with a history of migraine headaches without focal neurological symptoms is a category 3, a condition for which the theoretical or proven risks usually outweigh the advantages of using the method.

   b. If migraines worsen in frequency or severity, or if focal neurological symptoms or signs occur (aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities), Ortho Evra must be discontinued. Women who develop focal neurological symptoms or signs should be referred promptly for neurologic evaluation. If a woman ≥ 35 years old develops migraine headaches without aura or other neurological symptoms, Ortho Evra must be discontinued.

E. Seizure Disorders

1. A large majority of women with seizure disorders will notice no change in the frequency or severity of seizure activity as a result of initiating Ortho Evra.

2. Concurrent use of anti-seizure drugs that induce hepatic enzymes may reduce effective plasma steroid levels in Ortho Evra users. It is the responsibility of the provider to review a client's anti-seizure medication(s) for potential drug interaction with Ortho Evra.

3. Use of backup barrier methods, and the benefits and risks of using Ortho Evra in women with seizure disorders should be discussed with women who use anti-seizure drugs but who need a high degree of protection. Women who are on certain anti-seizure medications and choose to use Ortho Evra should be advised to use a back up method, such as condoms. Any breakthrough bleeding during this time may indicate a decrease in circulating levels of estrogen and progestin. Such a decrease could result in ovulation. Continued use of a barrier method with the patch (dual method use) or switching to Depo Provera® or an IUD may be advised.

F. Drug Interactions

1. Anti-seizure medications: Concurrent use of anti-seizure drugs that induce hepatic enzymes may reduce effective plasma steroid levels in Ortho Evra users. (See V. E. on previous page). These medications include phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine (USMEC 2010).

2. Gabapentin (Neurontin®), vigabatrin, ethosuximide and lamotrigine (Lamictal®) have no effect on this enzyme system and do not interfere with contraceptive effectiveness. Valproate/Valproic Acid (Depakote®) and felbamate (Felbatol®) do not increase breakdown of hormones and may even increase hormone levels. Pharmacokinetic studies show levels of lamotrigine decrease significantly during COC use. This may result in an increase in seizure activity (USMEC 2010). There is no data available for Ortho Evra and lamotrigine, assume the same precaution for Ortho Evra.

3 Rifampin increases hepatic clearance of estrogens and progestins; it is recommended that clinicians not prescribe Ortho Evra for women on this drug (USMEC 2010).

4. Antibiotics: **In one pharmacokinetic study, a short course of oral tetracycline did not significantly affect the pharmacokinetics of norelgestromin or EE.** (Contraceptive Technology, **20**th Edition, p. **353**)

5. Ortho Evra can decrease clearance of benzodiazepines such as diazepine (Valium®), nitrazepine, chlordiazepine, alprazolam, which suggests the need for lower doses of these medications. Clearance of bronchodilators such as theophylline, aminophylline and caffeine as well as anti-inflammatory corticosteroids may also be reduced.

6. More rapid clearance of acetaminophen and aspirin is also reported.

7. The FDA has alerted providers that the use of St. John's Wort may decrease the therapeutic effect of Ortho Evra.

8. **Antiretroviral (ARV) drugs have the potential to either decrease or increase the bioavailability of steroid hormones in hormonal contraceptives. Limited data suggest potential drug interactions between many ARV drugs (particularly some NNRTIs and ritonavir-boosted protease inhibitors) and hormonal contraceptives. These interactions may alter the safety and effectiveness of both the hormonal contraceptive and the ARV drug. Thus, if a woman on ARV treatment decides to initiate or continue hormonal contraceptive use, the consistent use of condoms is recommended to both prevent HIV transmission and compensate for any possible reduction in the effectiveness of the hormonal contraceptive. (USMEC 2010)**

VI. Guidelines For Ortho Evra Use And Management Of Problems/Side Effects

A. The Ortho Evra product should be stored below 85 degrees F.

B. Ortho Evra may be applied to the abdomen, buttock, upper outer arm or upper torso (excluding the breast).

C. One Ortho Evra patch is applied weekly for 3 weeks. It is applied on the same day of the week each week – the "patch change day."

D. It is preferable for the client to place the new patch on a fresh area of skin to avoid skin reactions.

E. There is a one-week patch free period. There should never be more than 7 consecutive patch-free days.

F. Following application of the patch the hormones reach reference levels within 48 hours. The patch can maintain serum concentrations in the target range through nine days. Hormone concentrations are not affected by hot tubs, saunas, swimming or sweating.

G. Patch detachment is uncommon, with complete detachment occurring in 2% of clients overall.

1. If a patch is partially or completely detached for less than one day (up to 24 hours) the client should try to reapply it to the same place or replace it with a new patch immediately. No back-up contraception is needed and her "patch change day" remains the same.

2. If the client's patch has been completely or partially detached for more than one day or an undetermined amount of time, she may not be protected from pregnancy. The client should apply a new patch (which changes her "patch change day") and use back-up contraception for the first week of this new cycle.

H. If the client forgets to apply or change patch in any patch cycle:

1. At the start of any patch cycle (week 1 / day 1): Use back up contraception for one week. The client can apply the first patch of her new cycle as soon as she remembers. This will give the client a new day 1 and a new "patch change day".

2. In the middle of a patch cycle:

a. If the client has forgotten to change her patch for one or two days, she can apply a new patch as soon as she remembers. She should apply her next patch on her normal "patch change day". No back up contraception is needed.

b. If the client has forgotten to change her patch for more than two days, she should start a new four week cycle as soon as she remembers by putting on a new patch. She will have a new day 1 and a new "patch change day". She should use back up contraception for the first week of her new cycle.

3. At the end of a patch cycle (week 4) – if the client has forgotten to remove her patch, she can take it off as soon as she remembers. She should start her next cycle on her normal "patch change day" and no back up contraception is needed.

I. Emergency contraception should be considered for a woman who has not used her method correctly and has had unprotected intercourse in the last five days.

J. Missed period.

Rule out pregnancy if:

1. Ortho Evra patch detached for more than 3 hours.

2. There was a delay of longer than one week in applying new patch.
3. There were two missed periods in a row.

VII. Follow Up

A. The new combined hormonal contraceptive user must be reassessed within 3 months after beginning Ortho Evra and at least annually thereafter.

B. Please refer to Section 1.4 - Health Care Services in the Nursing Manual for a complete review of the requirements for revisits for contraceptive patch users.

C. At each Ortho Evra related medical visit, the client should be asked about changes in personal history, possible side effects, and her menstrual cycle/bleeding pattern.

SCHEDULE FOR APPLYING THE TRANSDERMAL PATCH

SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY
Patch #1	**Patch #2**	**Patch #3**	**Patch-free**	**Start next cycle**
28 day cycle				**28-day cycle**

One contraceptive patch will be applied each week on the same day for 3 weeks, followed by a patch-free week.

The following is a sample of a Hormonal Consent Form. This form can be downloaded from the CDPHE Family Planning Program website at:
http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618366665

HORMONAL CONSENT

• **ORAL CONTRACEPTIVE (Combined and POP) • ORTHO EVRA • NUVARING**

I have been given information about and have had a chance to ask questions about:

☐ Birth control pills: ☐ Combined ☐ Progesterone Only ☐ Ortho Evra patch ☐ NuvaRing

I know that:

- Birth control pills and Ortho Evra patch do not require a back up method if I start on the first day of my period.
- Progesterone only pills (POP) only have the hormone progesterone. This may make the effectiveness slightly lower than combined birth control pills. I know that I need to take a pill every day without a break. There is no hormone-free week like there is with combined pills. My periods might be irregular.
- NuvaRing is left in the vagina for three weeks from the day I insert it, and is then removed and thrown away. A new ring is inserted one week (7 days) after removal of the old one.
- Ortho Evra (the patch) results in a 60% increase in exposure to estrogen compared to the average birth control pill. It is not known whether this results in a significant increased risk of blood clots.
- The hormonal methods listed above do not provide me with protection from sexually transmitted diseases. If I need this protection, I have been advised to use condoms PLUS this method.

I have been told that there may be some medical risks when using any of the combined hormonal methods that could include such things as stroke, blood clots, or liver tumors. I have been given a copy of the "Detailed Patient Labeling" which tells how often these problems happen.

I understand that the cardiovascular risks of this method may get worse with age, especially over 35 years of age, and with smoking. I know that the serious health problems that this method can cause are rare. I know to call the clinic or my private doctor, or to go to the emergency room if I have any of these danger signs:

- Severe abdominal pain;
- Chest pain;
- Severe headaches;
- Changes in my vision;
- Severe leg pain.

If I wish to discontinue my method, I have been advised that it is better for me to finish the cycle I am taking before stopping the method. If I do not wish to become pregnant, I must start on another method immediately.

Patient signature **Date**

Staff signature **Date**

Interpreter's Statement

I have translated the information and advice presented orally to the client who has chosen:

☐ Combined birth control pills ☐ Progesterone only birth control pills
☐ Ortho Evra Patch ☐ NuvaRing

I have also read the consent form to her in a language she understands and explained its contents to her. To the best of my knowledge and belief, she understands this explanation and voluntarily consents to the use of the method marked above.

Interpreter's signature **Date**

The following is a sample of a Hormonal Evaluation Form. This form can be downloaded from the CDPHE Family Planning Program website at:
http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618366665

HORMONAL METHOD EVALUATION
ORAL CONTRACEPTIVES (Combined and POP),
EVRA PATCH, NUVARING, IMPLANON (rod implant)

Name _____ Today's date _____

Date of birth _____ Age _____

First day of last period _____

1. **Please check your current method:**

   ☐ Birth control pill (Combined)
   ☐ Evra
   ☐ Implanon
   ☐ Birth control pill (Progesterone only)
   ☐ Nuvaring

2. **Are you having any problems with your method?** ☐ No ☐ Yes
   Explain: _____

3. **Do you have any questions?** ☐ No ☐ Yes
   Explain: _____

4. **Have you had any health problems or seen a physician since your last visit?**
   ☐ No ☐ Yes Explain: _____

5. **Are you taking any other medications?** ☐ No ☐ Yes
   List: _____

6. **Check if you have had any of the following since you started your method:**

   ☐ Severe headaches
   ☐ Dizziness
   ☐ Vision changes
   ☐ Chest pain
   ☐ Severe leg pain
   ☐ Severe abdominal pain
   ☐ Depression
   ☐ Nausea or vomiting
   ☐ Heavy bleeding
   ☐ Weight gain

Client Signature **Date**

TO BE COMPLETED BY STAFF

S:

O: B/P____ WT____

A:

P:

Staff signature **Date**

The following is a sample of a Headache Evaluation Form. This form can be downloaded from the CDPHE Family Planning Program website at:
http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618366665

Headache Evaluation Form

Client #_____ Name _____ Age_____

When you have headaches, how often do you…… (Circle one answer per question)

1. Feel them coming on before they become headaches?	Never	Rarely	Usually	Always
2. Have moderate to severe pain?	Never	Rarely	Usually	Always
3. Have pulsating, pounding, or throbbing pain?	Never	Rarely	Usually	Always
4. Have worse pain on one side of your head?	Never	Rarely	Usually	Always
5. Have worse pain when you move, bend over or walk stairs?	Never	Rarely	Usually	Always
6. Have nausea?	Never	Rarely	Usually	Always
7. Have vomiting?	Never	Rarely	Usually	Always
8. Feel bothered by light?	Never	Rarely	Usually	Always
9. Feel bothered by sound?	Never	Rarely	Usually	Always
10. Need to limit or avoid daily activities?	Never	Rarely	Usually	Always
11. Want to lie down in a quiet, dark room?	Never	Rarely	Usually	Always
12. See zigzag lines, spots, or light flashes?	Never	Rarely	Usually	Always

To give your healthcare provider more complete information, please answer these additional questions:

1. Do any immediate family members also suffer from headaches?	Yes	No
2. In your lifetime, have you had at least 5 headaches with the symptoms noted above?	Yes	No

3. At what age did you first experience these headaches?_____
4. On average, how often do you get these headaches? _____
5. Which medicine(s) do you take for your headaches? _____

Check all of the statements that are true:

1. My headache medicine does not make me pain free.	____
2. My headache medicine does not treat other symptoms (e.g., nausea, sensitivity to light).	____
3. I take my headache medicine more than 2 or 3 times per week.	____
4. My headache medicine makes me drowsy.	____
5. I take more than one kind of medicine for my headaches.	____
6. My headache may last 4 to 72 hours (untreated or unsuccessfully treated).	____

Check any of the following that ever bring on one of these headaches:

___Intense lights, smells, or sounds	____Too little sleep or too much sleep
___Weather changes	____Missed meals
___Allergies or sinus pain/pressure	____Lack of caffeine or too much caffeine
___Stress or tension	____Changes in mood/excitement
___Monthly menstrual cycle/hormonal changes	____Foods or alcoholic beverages

Client's Signature:_____Date:_____

TO BE COMPLETED BY STAFF
Assessment:

_____

Clinician Signature Date Agency Name