

**CHECKLIST FOR EACH RETURN VISIT
FOR WOMEN USING CONTRACEPTIVE INJECTION/SHOT
(DEPO-PROVERA/MEDROXPROGESTERONE ACETATE)**

Before you are seen by a counselor or clinician, please tell us your response to the following questions. Please check yes or no. Tell us if you have:

Any problem you think could be caused by shot Yes _____ No _____

Are you taking calcium daily? If **NO**,
Would you like to start calcium today? Yes _____ No _____
Yes _____ No _____

Spotting or irregular vaginal bleeding Yes _____ No _____

Have you missed periods (no bleeding) Yes _____ No _____

Have you had very light periods Yes _____ No _____

Are you concerned about your pattern of bleeding? Yes _____ No _____

Did you have pus, prolong pain, redness, itching, or bleeding
at the injection site after previous injection (shot)? Yes _____ No _____

Depression, severe anxiety or mood changes Yes _____ No _____

Have you had the feeling that you may be pregnant Yes _____ No _____

Gained 5 pounds or more Yes _____ No _____

Do you have any increase in your headaches Yes _____ No _____

Did you have any problems returning on time for this
injection? Yes _____ No _____

Do you plan to have children? **OR** Yes _____ No _____
Do you plan to have more children? Yes _____ No _____

What are you doing to protect yourself from STDs? _____

Please explain any question you have answered “yes” to: