



| To be completed by the patient. Private and confidential. | | |
|--|----------|-------------------------|
| Answer as many questions as possible by ticking the boxes. If you get stuck on a question, leave it blank and ask the pharmacist to help you. | | |
| 1/ Are you over 16? | ☐ YES | \square NO |
| Pharmacists are not allowed to sell morning after pill to women under 16. But it is possible to all women to be prescribed the pill on the prescription under medical supervision from a doctor. | | |
| 2/ Is Escapelle/Postinor-2 for your own use? | ☐ YES | □NO |
| 3/ Have you had unprotected sex within the last 72 hours (3 days)? | ☐ YES | \square NO |
| 4/ Have you had unprotected sex earlier in this cycle? | ☐ YES | \square NO |
| 5/ Was your last period late, lighter/shorter or unusual in any way? | ☐ YES | \square NO |
| 6/ Have you already used Escapelle/Postinor-2 since your last period? | ☐ YES | \square NO |
| 7/ Are you currently taking any other medicines, including herbal remedies (e. g. St. John's wort)? | | |
| Please write down the name(s) of any medicines you are currently taking | ☐ YES | □ NO |
| | | |
| 8/ Do you suffer from bowel disease (e.g. Crohn's disease) or liver problems? | ☐ YES | \square NO |
| 9/ Have you ever had a disease called salpingitis (inflammation of the Fallopian tubes)? Have you ever had an ectopic pregnancy (where the baby develops somewhere outside the womb)? \Box YES \Box NO | | |
| 10/ Have you ever had an allergy to levonorgestrel (a hormone commonly used in the pill)? | combined | l contraceptive □ NO |
| 11/ Have you ever had an allergy to lactose? | ☐ YES | \square NO |
| Always read the in-pack leaflet. Ask your pharmacist for further information. | | |