

## SECTION 2.4 NUVA RING®

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The Nuva Ring® is a flexible, transparent, colorless vaginal ring containing a combination of etonogestrel and ethinyl estradiol. The Nuva Ring is placed anywhere in the vagina for 3 weeks of continuous use. It is then removed for a one week break during which withdrawal bleeding occurs. A new ring is inserted one week after the last ring was removed. It is 98.8% effective in preventing pregnancy if used correctly.

### I. Client Selection

- A. Indications - Nuva Ring 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 – refrain from providing. Conditions that represent an unacceptable health risk if the contraceptive method is used (Category 4). (Based on Centers for Disease Control and Prevention U.S. Medical Eligibility Criteria for Contraception, 2010 (USMEC) 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 Nuva Ring);
  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; Nuva Ring use may be considered, in consultation with the physician, for women with a past history of breast

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- cancer but no evidence of estrogen dependence in the cancer and no recurrence for 5 years.
9. Hepatocellular 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  $\geq 35$  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  $\geq 35$  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 peripartum 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 Nuva Ring.
- C. Special Conditions Requiring Further Evaluation: 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-related cholestasis;
  3. Migraine headaches without focal neurological symptoms (aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities) and  $\geq 35$  years old (see V. Management of Women with Special Conditions Requiring Further Evaluation, below);
  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 Nuva Ring Who Develop High Blood Pressure, below);
  5. Age  $\geq 35$  years old and smoking <15 cigarettes per day;

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6. Seizure disorder, currently taking anticonvulsants that affect liver enzymes (see V. Management of Women with Special Conditions Requiring Further Evaluation, below);
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 - Must Include:

- A. All clients choosing to use Nuva Ring 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;
  3. Instructions on when to insert and remove Nuva Ring. (For instructions, see Contraceptive Technology, 20<sup>th</sup> Edition, pp. **360-365**);
  4. Information that the effectiveness of Nuva Ring may be decreased by some medications (See V. F. Drug Interactions, below);
  5. The importance of scheduled follow-up visits (See VII. Follow UP, below);
  6. Importance of informing their other providers of their use of Nuva Ring;
  7. Information regarding discontinuation of the Nuva Ring, 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 insert another ring;
  8. Information regarding sexually transmitted infections (STIs), including counseling that Nuva Ring 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 Nuva Ring must sign the following:
  1. General family planning program consent;
  2. Hormonal contraceptive consent for the provision of Nuva Ring (does not need to be re-initialed every year unless there is a change in health status).

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**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 Nuva Ring through Delayed Exam - See Section 2.10 - Delayed Exam of the Nursing Manual).

**IV. Provision of Nuva Ring**

CURRENT METHOD	INSERT RING	BACK UP
No effective contraception in preceding cycle	On or prior to day 5 of cycle, OR during this office visit if pregnancy can be ruled out (Quick Start), OR the day after taking emergency contraceptive pills (ECPs) (Jump Start)	Back up method recommended for 7 days
COC's or Ortho Evra® in preceding cycle	Anytime within 7 days of the last COC tablet taken or Evra patch removed (no later than when a new cycle would have been started) or start Nuva Ring immediately if the client has been using her method correctly and consistently, or if it is reasonably certain she is not pregnant.	<b>None</b>
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 Nuva Ring use	Back up method recommended for 7 days
Implanon® implant in preceding cycle	On the same day the implant is removed	<b>None</b>
DMPA in preceding cycle	On or before the day when the next injection is due	<b>None</b>
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
After first or second (<24 weeks gestation) trimester loss or termination	Immediately or within 5 days of the 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

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**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 Nuva Ring approved by a physician:

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

**B. Diabetes mellitus**

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

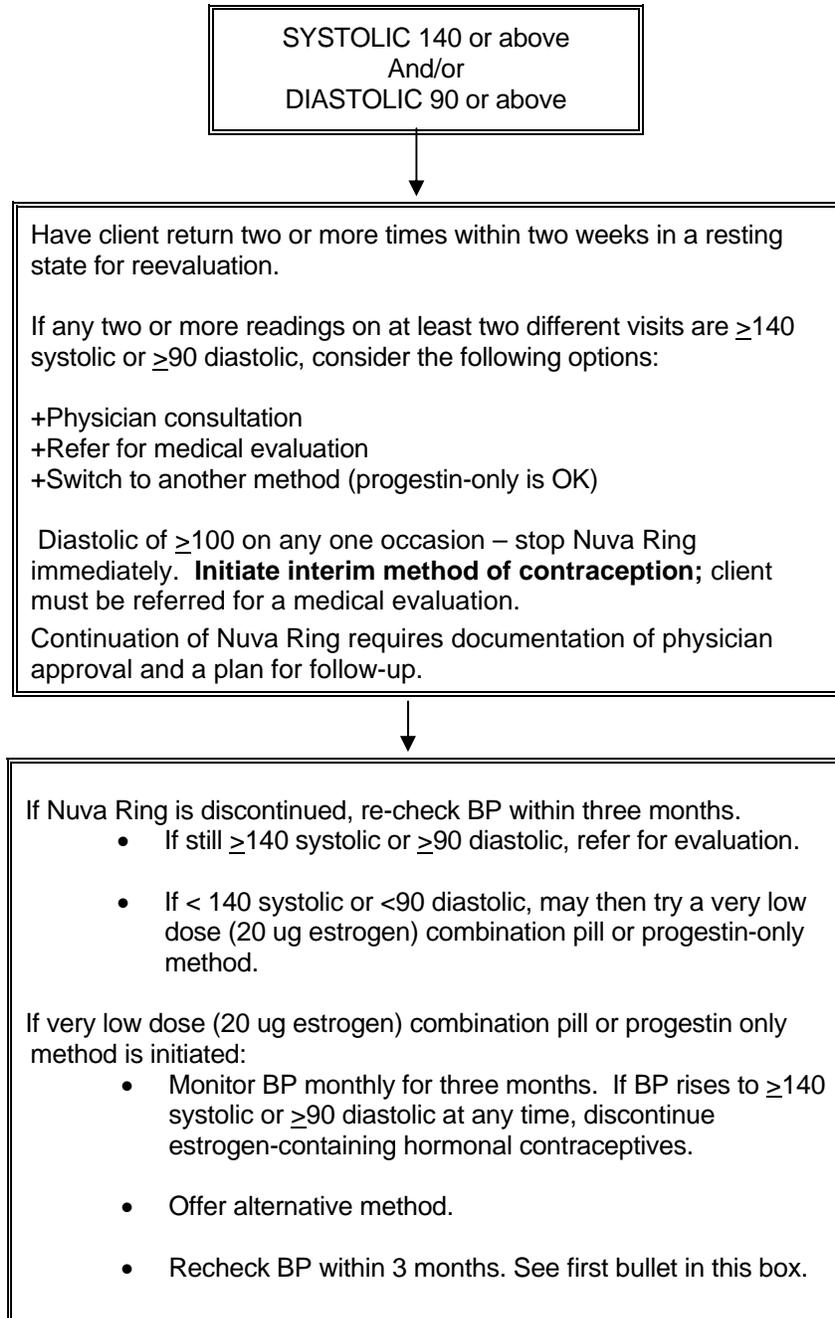
**C. High Blood Pressure**

1. If hypertension is controlled with diet or medication, the complete cardiovascular risk profile (A.1 - 5 above) must be considered.
2. Nuva Ring may induce hypertension in a very small percentage of previously normotensive women. If a Nuva Ring 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 the Nuva Ring.
3. Management - Please refer to the flow chart on the next page for management of hypertension that occurs in women using Nuva Ring:

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**Flow Chart for the Management of Clients Using Nuva Ring  
Who Develop High Blood Pressure**



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### D. Headaches

1. Management of headaches that start or worsen after the initiation of Nuva Ring 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 the off-label use of leaving the Nuva Ring in for one calendar month (per ring) with no ring-free period.
2. Common Migraine Headaches (without focal neurologic symptoms [aura, visual changes, scotoma, flashing lights, dysphasia, numbness of face/extremities])
  - a. A trial of Nuva Ring 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  $\geq$  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), Nuva Ring must be discontinued. Women who develop focal neurological symptoms or signs should be referred promptly for neurologic evaluation. If a woman  $\geq$  35 years old develops migraine headaches without aura or other neurological symptoms, Nuva Ring 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 the Nuva Ring.
2. Concurrent use of antiseizure drugs that induce hepatic enzymes may reduce effective plasma steroid levels in Nuva Ring users. It is the responsibility of the provider to review a client's anti-seizure medication(s) for potential drug interaction with Nuva Ring.
3. Use of backup barrier methods, and the benefits and risks of using Nuva Ring in women with seizure disorders should be discussed with women who use antiseizure drugs but who need a high degree of protection. Women who are on certain anti-seizure medications and choose to use Nuva Ring should be advised to use a back up method, such as condoms. Any breakthrough bleeding with the use of Nuva Ring 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 Nuva

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Ring (dual method use) or switching to Depo Provera®, Implanon, 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 Nuva Ring users. (See V. E. above). 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 Nuva Ring and lamotrigine, assume the same precaution for the Nuva Ring.
3. Rifampin increases hepatic clearance of estrogens and progestins; it is recommended that clinicians not prescribe Nuva Ring for women on this drug (USMEC 2010).
4. Antibiotics: **Serum concentrations of etonogestrel and EE were also not affected by concomitant administration of 10 days of oral amoxicillin or doxycycline in standard dosages.** (Contraceptive Technology, 20th Edition, p. 363-364)
5. Nuva Ring can decrease clearance of benzodiazepines such as diazepam (Valium®), nitrazepam, chlorthalidone, 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 Nuva Ring.
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 Ring Use And Management Of Problems/Side Effects

- A. The Nuva Ring must be stored in a refrigerator at 36-46 degrees F° prior to

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dispensing. The Nuva Ring may be stored by the client for up to 4 months at or below 77 degrees F<sup>o</sup> (room temperature). The client label should have an expiration date that does not exceed 4 months from the date of dispensing or the product expiration date, whichever comes first.

- B. The exact position of Nuva Ring in the vagina is not important for efficacy.
- C. If the client feels discomfort, Nuva Ring is probably not inserted far enough in the vagina. The client should use her finger to gently push Nuva Ring further into her vagina.
- D. The Nuva Ring should be inserted and removed on the same day of the week (three weeks apart) and at about the same time.
- E. Place used ring in the foil pouch it came in and dispose of it in a waste receptacle. Do not throw it in the toilet.
- F. The menstrual period will usually begin two to three days after the ring is removed and may not have finished before the next ring is inserted.
- G. If Nuva Ring slips out of the vagina:
  - 1. Rinse Nuva Ring with cool to lukewarm (not hot) water and reinsert as soon as possible.
  - 2. If the client completely lost Nuva Ring, a new one is inserted and she continues on the same schedule she would have used before the ring was lost.
  - 3. If the ring has been out of the vagina for more than 3 hours a back up method is recommended for 7 days.
- H. If Nuva Ring is in the vagina for too long
  - 1. Ring is left in for an extra week or less: Remove ring and insert a new ring after a one-week ring-free break;
  - 2. Ring is left in the vagina for more than 4 weeks: Remove ring, rule out pregnancy, insert new ring;
  - 3. Back up method recommended for 7 days.
- I. Missed period  
Rule out pregnancy if:
  - 1. Nuva Ring was out of the vagina for more than 3 hours during the three weeks of ring use.
  - 2. There was a delay of longer than one week in inserting new ring
  - 3. There were two missed periods in a row
  - 4. Nuva Ring was in place more than 4 weeks
- J. Extended Use or Continuous Cycling: Consider offering clients the opportunity of fewer withdrawal bleeds during the year by skipping the ring-free week, particularly if they experience estrogen withdrawal symptoms such as headache during the ring-free week. Each ring can be left in place for one calendar month, then removed and immediately replaced with a new ring on the first of each month. The prescription is still written for 12 or 13 rings/year.

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- K. Emergency contraception should be considered for a women who has not used her method correctly and has had unprotected intercourse in the last 5 days.

### VII. Follow Up

- A. The new combined hormonal contraceptive user must be reassessed within 3 months after beginning Nuva Ring and at least annually thereafter.
- B. Please refer to Section 1.4 - Health Care Services of the Nursing Manual for a complete review of the requirements for revisits for Nuva Ring users.
- C. At each Nuva Ring related medical visit, the client should be asked about changes in personal history, possible side effects, and her menstrual cycle/bleeding pattern.

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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  Ortho Evra patch  NuvaRing  
 Progesterone Only

**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**

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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 _____	
<b>1. Please check your current method:</b>	
<input type="checkbox"/> Birth control pill (Combined)	<input type="checkbox"/> Birth control pill (Progesterone only)
<input type="checkbox"/> Evra	<input type="checkbox"/> Nuvaring
<input type="checkbox"/> Implanon	
<b>2. Are you having any problems with your method?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	
<b>3. Do you have any questions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	
<b>4. Have you had any health problems or seen a physician since your last visit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	
<b>5. Are you taking any other medications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes List: _____	
<b>6. Check if you have had any of the following since you started your method:</b>	
<input type="checkbox"/> Severe headaches	<input type="checkbox"/> Severe abdominal pain
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Depression
<input type="checkbox"/> Vision changes	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Heavy bleeding
<input type="checkbox"/> Severe leg pain	<input type="checkbox"/> Weight gain
Client Signature _____	Date _____
<b>TO BE COMPLETED BY STAFF</b>	
S:	
O: B/P _____ WT _____	
A:	
P:	
Staff signature _____	Date _____
_____	
CDPHE WH FPP • REVIEWED 8/11	

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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>

<b>Headache Evaluation Form</b>				
Client # _____	Name _____	Age _____		
<b>When you have headaches, how often do you..... (Circle one answer per question)</b>				
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
<b>To give your healthcare provider more complete information, please answer these additional questions:</b>				
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?	_____			
<b>Check all of the statements that are true:</b>				
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).	_____			
<b>Check any of the following that ever bring on one of these headaches:</b>				
<input type="checkbox"/> Intense lights, smells, or sounds	<input type="checkbox"/> Too little sleep or too much sleep			
<input type="checkbox"/> Weather changes	<input type="checkbox"/> Missed meals			
<input type="checkbox"/> Allergies or sinus pain/pressure	<input type="checkbox"/> Lack of caffeine or too much caffeine			
<input type="checkbox"/> Stress or tension	<input type="checkbox"/> Changes in mood/excitement			
<input type="checkbox"/> Monthly menstrual cycle/hormonal changes	<input type="checkbox"/> Foods or alcoholic beverages			
Client's Signature: _____		Date: _____		
<b>TO BE COMPLETED BY STAFF</b>				
<b>Assessment:</b>				
_____ Clinician Signature	_____ Date	_____ Agency Name		