FREE DOCTOR VISIT COMPANION

The Birth Control Pill Doctor Questions Guide

Prepare. Ask. Leave with a clear plan.

A US-focused appointment guide for people using, starting, switching or considering birth control pills, including prescription pills and the over-the-counter norgestrel pill.

WHAT THIS HELPS YOU DO

PREPARE	Bring the details that change the advice: pill name, timing, symptoms, health history, medicines and recent pregnancy risk.
ASK	Use evidence-informed questions about side effects, missed pills, safety, interactions, emergency contraception, STIs and access.
RECORD	Leave with exact instructions for your pill, your backup plan and your follow-up date.

Bring the actual pill pack, box or Drug Facts label

The safest missed-pill and interaction advice depends on the exact product.

Your one-page pre-visit snapshot

Fill in what you can. Your clinician can help with the rest. Exact names, dates and timing make the advice much more useful.

MY PILL AND ROUTINE

Pill name / brand _____ **Dose, if known** _____

Started / restarted on _____ **Usual time taken** _____

I think it is: ☐ Combined pill ☐ Progestin-only pill ☐ OTC Opill / norgestrel ☐ Not sure

Why I use it _____

MY TOP PRIORITIES

Choose up to three

☐ Prevent pregnancy as reliably as possible

☐ Fewer or no periods

☐ Improve cramps, heavy bleeding, acne, PMS, PMDD, PCOS or endometriosis symptoms

☐ Avoid estrogen

☐ Reduce mood, libido or other side effects

☐ Fit shift work, travel or ADHD/executive function challenges

☐ Keep it private or affordable

☐ Plan for pregnancy in the future

Something else _____

DATES THAT MAY MATTER

Last period / withdrawal bleed _____ **Date of last sex without a condom** _____

Late or missed pill dates _____ **Vomiting / severe diarrhea dates** _____

Emergency contraception used _____ **Pregnancy test date / result** _____

SYMPTOMS OR CHANGES I WANT TO DISCUSS

Most important change _____

When it started / pattern _____

Safety questions that change the answer

The right pill depends on your health history and goals. These prompts are not meant to diagnose you; they help your clinician assess safety and options.

HEALTH HISTORY TO MENTION

- [ ] Migraine, especially migraine with aura
- [ ] Smoking or nicotine use, especially age 35 or older
- [ ] Breast cancer now or in the past
- [ ] Diabetes with kidney, eye, nerve or blood-vessel complications
- [ ] Recent birth, breastfeeding, miscarriage, abortion or possible pregnancy
- [ ] Bariatric surgery or absorption concerns
- [ ] High blood pressure or no recent blood pressure check
- [ ] Blood clot, stroke, heart attack, thrombophilia or strong family clot history
- [ ] Liver disease, liver tumor or gallbladder concerns
- [ ] Systemic lupus, antiphospholipid antibodies or sickle cell disease
- [ ] Upcoming surgery, immobilization, long flight or recent major injury
- [ ] Seizures, HIV treatment/prevention, TB treatment or pulmonary hypertension meds

ASK THIS DIRECTLY

Based on the 2024 CDC U.S. Medical Eligibility Criteria, is this pill a safe choice for me now? If not, which safer options still match my goals?

SPECIFIC SAFETY QUESTIONS

- [ ] Do I need a blood pressure reading today or before refills?
- [ ] Does my migraine, headache pattern or aura history affect whether I can use estrogen?
- [ ] Does my postpartum or breastfeeding status affect which pill I can start and when?
- [ ] Does my clot, heart, liver, breast cancer, diabetes, lupus, sickle cell or surgery history change my safest options?
- [ ] If pregnancy would be medically high-risk for me, what backup or longer-acting option should we discuss?
- [ ] Which warning symptoms should make me seek urgent care rather than wait for a routine visit?

Understand the pill you are using or considering

Use this page to get exact, product-specific answers. A pill can be a great fit for one person and a poor fit for another.

PRESCRIPTION, PROTECTION AND ROUTINE

- [ ] What exact type of pill is this: combined estrogen-progestin, norethindrone POP, norgestrel POP, drospirenone POP or something else?
- [ ] How strict is the timing window for this specific pill, and what counts as late versus missed?
- [ ] When am I protected after starting, restarting, switching brands or switching from another method?
- [ ] Does my pack have placebo/inactive pills, estrogen-only pills or a hormone-free interval, and how should I handle them?
- [ ] Can I take this continuously, shorten the hormone-free interval or skip withdrawal bleeds safely?
- [ ] What should I do if I lose a pack, run out, cannot refill on time or travel across time zones?

FIT WITH MY GOALS

- [ ] Is this the best pill for my priorities: pregnancy prevention, bleeding control, acne, cramps, PMS/PMDD, PCOS, endometriosis symptoms or privacy?
- [ ] Would a different estrogen dose, progestin, formulation or non-pill method be more likely to help?
- [ ] How long should I try this pill before deciding whether side effects are settling or not?
- [ ] What side effects are common and expected, and which are not normal for me?
- [ ] Could this pill affect mood, libido, appetite, weight perception, skin, headaches or nausea - and how would we troubleshoot?
- [ ] If I want to stop, how quickly could fertility return and what symptoms might change?

GOOD APPOINTMENT PHRASE

I know there may be more than one medically safe option. Can we choose based on what matters most to me and what I can realistically use every day?

Late pills, illness and emergency contraception

This is where people most need exact instructions. Ask your clinician to write a rule for your pill, your pack and your situation.

THE EXACT MISSED-PILL PLAN

- [ ] If I am late by 1 hour, 3 hours, 12 hours or 24 hours, what exactly should I do for this pill?
- [ ] If I miss one pill, two pills or more than two pills, which pill do I take, which do I skip and when do I resume?
- [ ] When do I need condoms or no sex, and for how many days?
- [ ] When should I consider emergency contraception based on missed pills and where I am in the pack?
- [ ] When should I take a pregnancy test after missed pills, late pills or unprotected sex?
- [ ] What if I miss pills during the first week, last week or placebo week?
- [ ] Can I use an app reminder, alarm, travel-time conversion or pharmacy refill strategy to reduce risk?

WHY EXACT PRODUCT MATTERS

CDC guidance differs for combined pills, norethindrone/norgestrel progestin-only pills and drospirenone progestin-only pills. Vomiting and severe diarrhea guidance also differs by pill type and duration.

VOMITING, DIARRHEA AND ABSORPTION

- [ ] If I vomit within a few hours after taking my pill, should I take another pill?
- [ ] If vomiting or severe diarrhea continues, how long do I need backup contraception?
- [ ] Do any stomach conditions, bariatric surgery or medications affect how well oral contraception is absorbed?
- [ ] If I use tirzepatide or another medication that affects stomach emptying, should I use a non-oral method or backup?

EMERGENCY CONTRACEPTION QUESTIONS

- [ ] Which emergency contraception option is best for me: levonorgestrel, ulipristal acetate or a copper IUD?
- [ ] Does my weight, timing since sex, current pill type or use of enzyme-inducing medications affect the best EC choice?
- [ ] If I take ulipristal acetate, when should I restart my hormonal pill and how long do I need backup?
- [ ] Can you prescribe ulipristal in advance, and where can I access same-day EC if I need it?

Side effects, bleeding and sexual health

The goal is not to tolerate a bad fit forever. Ask what is expected, what should be checked, and what can be changed.

BLEEDING AND CYCLE QUESTIONS

- [ ] What bleeding pattern is expected with this pill during the first few months?
- [ ] What bleeding is not expected and should be evaluated: very heavy bleeding, bleeding after sex, bleeding after months of stability or no bleeding with pregnancy concern?
- [ ] Can I safely skip periods or use this pill for menstrual suppression?
- [ ] Could another pill, ring, patch, IUD, implant or shot better address heavy bleeding, cramps, PMS, PMDD, PCOS or endometriosis symptoms?
- [ ] Should I be tested for pregnancy, infection, anemia, thyroid issues or another cause of bleeding or fatigue?

MOOD, BODY AND QUALITY OF LIFE

- [ ] Could my mood, anxiety, depression, irritability or libido changes be related to this pill, another health issue or both?
- [ ] If symptoms started after a pill change, what are the options: observe, switch formulation, stop, or use a nonhormonal method?
- [ ] What should I do if side effects affect eating, sleep, relationships, sex, work or school?
- [ ] How should we track symptoms so we can make a decision instead of guessing?
- [ ] If I have a history of depression, PMDD, migraine or eating disorder concerns, does that change our plan?

STIS, HIV AND PREGNANCY GOALS

- [ ] What STI tests do you recommend based on my sexual history, partners and symptoms?
- [ ] Do I need condoms, internal condoms, dental dams or PrEP in addition to pregnancy prevention?
- [ ] If I am planning pregnancy later, when should I stop the pill and should I start prenatal vitamins or preconception care?
- [ ] If privacy or partner pressure affects my contraception choices, what discreet or longer-acting options can we discuss?
- [ ] If I have pain with sex, pelvic pain or bleeding after sex, what evaluation is appropriate?

STI REMINDER

Hormonal pills prevent pregnancy but do not protect against HIV or other STIs. CDC notes condoms can reduce STI/HIV risk when used correctly and consistently.

Interactions, refills, cost and privacy

US access can depend on prescriptions, insurance, pharmacy rules, confidentiality needs, state policy and whether OTC Opill is right for you.

MEDICATION AND SUPPLEMENT INTERACTIONS

- [ ] Do any of my prescriptions, OTC medicines or supplements reduce pill effectiveness or increase side effects?
- [ ] Do seizure medicines, rifampin/rifabutin, HIV medicines, pulmonary hypertension medicines or St John's wort affect this pill?
- [ ] Does this pill affect another medicine I take, such as lamotrigine or another medication with narrow dosing needs?
- [ ] If I use tirzepatide, weight-loss medications or medicines that cause vomiting/diarrhea, should I use backup or a non-oral method?
- [ ] Are routine antibiotics actually a concern for this pill, or only specific antibiotics such as rifampin/rifabutin?
- [ ] Should my pharmacist review interactions every time I start a new medicine?

ACCESS, REFILLS AND INSURANCE

- [ ] Can you prescribe a 12-month supply or enough refills so I do not run out?
- [ ] Can I use mail order, automatic refills or a pharmacy that offers reminder texts?
- [ ] Will my plan cover this pill without cost-sharing if prescribed, or is there a covered equivalent?
- [ ] If insurance denies this brand, what wording or alternatives should we use?
- [ ] If I need privacy, could an explanation of benefits, pharmacy text or insurance portal disclose this care?
- [ ] Where can I get low-cost or confidential contraception if I cannot use insurance?

OTC OPILL / NONPRESCRIPTION NORGESTREL

- [ ] Is OTC norgestrel a medically appropriate option for me, or would prescription care be safer?
- [ ] Does my breast cancer history, possible pregnancy, current hormonal method or medication list mean I should avoid it or ask first?
- [ ] If I choose OTC norgestrel, what missed-pill and backup rules should I follow from the Drug Facts label?
- [ ] How should I transition from my current pill to OTC Opill or from Opill to another method?

US RESOURCE

The HHS Title X clinic locator can help people find family planning clinics. Marketplace plans generally must cover prescribed FDA-approved contraceptive methods and counseling when provided in-network, with important exceptions.

Leave with a clear plan

Before the appointment ends, ask your clinician to make the plan specific enough that you can follow it at home.

WHAT WE DECIDED

I will start / continue / switch / stop: _____

Pill or method name: _____

Why this plan fits me: _____

EXACT INSTRUCTIONS

How and when to take it: _____

If I am late or miss pills: _____

If I vomit or have severe diarrhea: _____

When to use backup: _____

When to use EC or test: _____

When to call you: _____

BEFORE I LEAVE

- ☐ I know my pill type and active/inactive pills.
- ☐ I know my late/missed-pill rule.
- ☐ I know if my medicines or supplements interact.
- ☐ I know how to refill before I run out.
- ☐ I know where to get urgent advice or EC.
- ☐ I know when pregnancy protection starts.
- ☐ I know my vomiting/diarrhea rule.
- ☐ I know which side effects need review.
- ☐ I know my next follow-up or check-in.
- ☐ I know how to protect against STIs/HIV.

Trusted US resources and urgent help

Use this page for follow-up after the appointment. If something feels urgent, do not wait for routine scheduling.

TRUSTED US SOURCES

CDC CONTRACEPTION GUIDANCE	cdc.gov/contraception
CDC U.S. MEC AND U.S. SPR	cdc.gov/mmwr
ACOG PATIENT FAQS	acog.org/womens-health
FDA OPILL INFORMATION	fda.gov
TITLE X FAMILY PLANNING CLINIC LOCATOR	reproductivehealthservices.gov
HEALTHCARE.GOV CONTRACEPTION COVERAGE	healthcare.gov
CDC STI AND HIV PREVENTION	cdc.gov/sti and cdc.gov/hiv
POISON CONTROL, MEDICINE QUESTIONS	poison.org or 1-800-222-1222

SEEK URGENT HELP

Get urgent medical care for possible blood clot, stroke or heart symptoms such as chest pain, shortness of breath, one-sided leg swelling or pain, sudden severe headache, weakness, vision loss or trouble speaking.

ABOUT THIS GUIDE

Prepared using CDC, ACOG, FDA, HHS and HealthCare.gov sources accessed July 18, 2026. This Estroclic resource is informational and has not been presented as clinician-reviewed. It is designed to support patient-clinician conversations, not replace personalized medical advice.