18. Before prescribing the pill, did the doctor recommend or describe any other form of contraception to you? Yes ☐ No ☐.

19. Did the doctor warm you of any possible side effects which might result from the pill before he prescribed it for you? Yes ☐. No ☐. If yes, what side effects were mentioned? _____
Did he tell you to contact him if any of these occurred? Yes ☐. No ☐.

20. What kind(s) -- brand name -- of pill have you used? _____

21. Have you had any side effects from the pill? Yes ☐. No ☐. If yes, please check any of the following which you have had:

___ headache
___ nausea
___ skin blemish
___ bleeding gums
___ blood clots
___ infertility
___ stroke
___ jaundice
___ weight gain
___ epilepsy
___ swollen breasts
___ skin discoloration
___ cervicallesions
___ cystic ovary
___ enlarged uterus
___ cancer of cervix
___ cervisitis
___ cancer of breast
___ cancer of uterus
___ genetic defects
___ breathing difficulty
___ hair loss
___ depression
___ irritability
___ changes in metabolism
___ high blood pressure
___ changes in thyroid function
___ chemically induced diabetes
___ loss of libido
___ changes in sensory perception
OTHER _____

22. Have you ever stopped taking the pill for a month or longer and then started taking it again? Yes ☐. No ☐. If yes, why? _____ Did you consult your doctor? Yes ☐ No ☐.

23. Have you now stopped taking the pill permanently? Yes ☐. No ☐. Did you consult your doctor about the decision to go off the pill? Yes ☐. No ☐. If you are NOT now using the pill, what form of contracention, if any, are you using? _____

24. If you have ever gone off the pill, did you notice any body changes? Yes ☐. No ☐. If yes, was it: loss of hair ☐. weight loss ☐. skin problems ☐. disappearance of unpleasant side effects ☐. OTHER _____

25. What is your own personal evaluation of your experience with the pill? Please use another sheet of paper for your reply, if necessary.

Do you have any further comments or suggestions? Do you have any questions you would like to see raised at the Women's pill hearings? Please let us know.

THANK YOU FOR TAKING THE TIME TO HELP US IN THIS SURVEY.