



Name _____

Date _____

Questions about THE HEALTH OF YOUR CERVIX

**Please answer these questions.
Mark an "X" in one of the boxes at the left.**

Yes No

1. Have you had an abnormal pap test?
2. Has your clinician asked you to come back for another Pap test in less than a year?
3. Have you ever had cancer of the cervix?
4. Have you ever had abnormal cells on the cervix?
5. Have you ever been treated for cancer or precancer?
6. Have you had sex with more than one person in your life?
7. Do you think your sex partner(s) has ever had sex with someone else besides you?
(That means in his or her life - not just right now.)
8. Did you smoke cigarettes in the last year?
9. Have you taken a steroid medicine for an illness?
(Prednisone is one you may have used.)
10. Have you ever been given an organ?
(Like a kidney, a heart or a liver.)
11. Has anyone ever told you that you have an STD (Sexually Transmitted Disease)?
(An STD is any of the diseases that people get from having sex, like syphilis, chlamydia, or herpes.)
12. Has anyone ever told you that you have genital herpes or genital warts?
(The kind that is below your waist and above your knees)
13. Has anyone ever told you that you have HIV or AIDS?
14. Did you have sex before you turned 18?

I have talked about this questionnaire with the patient _____ / ____ / ____
Clinician initials Date

Please keep a copy of this questionnaire in the medical record for as long as the patient takes part in BCCCP.