GUILDHALL SURGERY HIGH STREET CLARE CO10 8NY

Cervical Screening Questionnaire

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer questions prior to attending for your cervical screening (smear).

Please either print them out or write the answers down and bring them with you. The nurse may ask you to clarify any answers or discuss further at the appointment or by telephone beforehand.

Please answer all questions:-

|  |  |
| --- | --- |
| Do you have a previous surname? If so what is it? |  |
| Are you post-menopausal | YES / NO / NOT SURE |
| What is the date of your first day of your last period? |  |
| Are your periods regular?*If ‘NO’ please give details* | YES / NO / NOT SURE  |
| Do you have any unusual bleeding? (Bleeding post menopause, between periods or unusual for you?*If ‘YES’ please give details* | YES / NO |
| Do you/ have you had any bleeding after sex?*If ‘YES’ please give details* | YES / NO |
| Have you had a termination / miscarriage in the last 12 weeks? | YES / NO |
| Have you had a baby in the last 12 weeks | YES / NO |
| Are you pregnant? | YES / NO |
| Do you have a coil fitted? | YES / NO |
| Do you have a hormonal coil fitted e.g. Mirena or Jaydess coil? | YES / NO |
| Have you had a coil removal or insertion in the last 12 weeks? | YES / NO |
| Do you take oral contraceptives? | YES / NO |
| Do you have a contraceptive implant? | YES / NO |
| Do you receive contraceptive Depo injections? | YES / NO |
| Do you take HRT in any form? | YES / NO |
| Have you had any previous abnormal smear test results? | YES / NO |
| Have you had any previous abnormal smear test results? *If ‘YES’ please give details* | YES / NO |
| Have you had any previous treatment for an abnormal smear result?*If ‘YES’ please give details* | YES / NO |
| Do you have any unusual discharge at present?*If ‘YES’ please give details* | YES / NO |
| Please add any further comments/information if required |  |