Contact Sheet

Name: Phone Number:

Email Address:

Have you had a Pap test in the last 3 years? q Yes q No q Not sure

Have you had an HPV test in the last 5 years? q Yes q No q Not sure

Have you had a combined test (Pap and HPV)
in the last 5 years? q Yes q No q Not sure

After this meeting, what is your plan for getting screened? (Mark one only.)

q Continue getting screened regularly.

q Not ready to get screened yet.

q Think about getting screened.

q Call for an appointment to get screened.

Promises to myself include:

**Follow-Up (for Program Use Only)**

Date: Location:

Number of Participants: Community Health Worker:

Notes: