

Cancer Screening Questionnaire

Personal Cancer Screening History

Use the table below to record your screening history. Depending on your age and other factors, you may not have experience with some or all of the screenings listed. Regardless of screening history, it is important to be aware and in touch with changes your body is experiencing. Talk to your doctor about which screenings are right for you.

Type of Cancer	Screening Tests	Most Recent	How Often	Age Started	Comments
FOR WOMEN					
Breast	Clinical Breast Exam				
	Mammogram				
Cervical	PAP Smear				
	Pelvic Exam				
FOR MEN					
Prostate	Digital Rectal Exam				
	PSA Blood Test				
FOR MEN & WOMEN					
Colorectal	Colonoscopy				
	Sigmoidoscopy				
	At home stool test				
	Other:				

Personal Cancer History

If you have ever been diagnosed with cancer, please fill in the chart below with as much information as you know.

Type of Cancer	AGE at diagnosis	Comments
<i>SAMPLE: Breast</i>	<i>50</i>	<i>Estrogen positive cancer, remission for 5 years.</i>
Uterine		
Ovarian		
Colorectal		
Breast		
Prostate		
Cervical		
Other		

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Personal Symptoms

If you are experiencing any of the conditions below, it is important to share them with your doctor. Select any symptoms you have and capture any additional information in the “comments” column.

YES	NO	Condition	Comments
FOR MEN & WOMEN			
		A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days	
		Rectal bleeding	
		Dark stools, or blood in the stool (poop)	
		Cramping or abdominal pain	
		Weight loss	
		Fatigue, lack of energy	
		New back pain	
		Changes in appearance of one or both nipples	
		Nipple discharge	
		General pain in/on any part of the breast	
		Irritated or itchy breasts	
		Change in breast color, size, shape, or touch?	
		Peeling or flaking of the nipple skin	
FOR WOMEN			
		Vaginal bleeding	
		Unusual vaginal discharge or odor	
		Pelvic Pain	

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Family Cancer History

When it comes to cancer, knowing your family history is important. Find out all you can about your whole family. Don't just stop at parents and siblings. It's also important to know which side of your family the relative is on. Fill out the chart below with as much detail as you can.

Type of Cancer	RELATION	AGE at diagnosis	AGE at death	COMMENTS
<i>SAMPLE: Breast</i>	<i>Aunt on mother's side</i>	<i>50</i>	<i>59</i>	
Uterine				
Ovarian				
Colorectal				
Breast				
Prostate				
Cervical				
Other				