

# Contact Sheet



Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

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

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

- Continue getting screened regularly.
- Not ready to get screened yet.
- Think about getting screened.
- Call for an appointment to get screened.

Promises to myself include:

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## Follow-Up (for Program Use Only)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Community Health Worker: \_\_\_\_\_

Notes: \_\_\_\_\_

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