CONTACT SHEET

A. Name: ___________________________ Phone Number: ___________________________

B. Have you had a Pap test in the last 3 years?  □ Yes  □ No

C. After this meeting, what is your plan for getting a Pap test? (Mark one only.)
   □ Continue getting a Pap test regularly.
   □ Not ready to get a Pap test yet.
   □ Think about getting a Pap test.
   □ Call for an appointment to get a Pap test.

D. Promises to myself include the following:
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________

Follow-Up (for Program Use Only)

Date: ____________________  Location: _____________________________

Number of Participants: _________________  Promotora: _________________

Notes: ........................................................................................................

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion