

Cervical screening plan

Is this your first cervical screening?

Yes No

Would you prefer a chaperone?

Yes No

Are you nervous about getting your smear test?

Yes No

Preferred sex of sampler
(Person who performs the test)

Male Female Don't mind

Do you want the door locked or unlocked?

Locked Unlocked

Are you going through the menopause?

Yes No

Do you require a different sized speculum (smaller)?

Yes No

Do you want to insert the speculum yourself?

Yes No

Which position would you like to be in?

On your back On your side

Would you like extra lubrication?

Yes No

Are you comfortable discussing this document with the person conducting your test today?

Yes No

Do you want to see the equipment used before the test (speculum and brush)?

Yes No

Would you like a tissue, wipe or a sanitary pad after the test?

Yes No