



Expert care with a personal touch

Track Your Cervical Health

Use this checklist to track symptoms and share with your provider. Tracking when symptoms start, how long they last, and how often they occur helps your provider better understand your concerns and determine next steps.

When did your symptoms start?

Date first noticed: _____

Have symptoms: Stayed the same Improved Worsened

Vaginal bleeding changes

(Check any that apply)

- Bleeding between periods
- Bleeding after sex
- Bleeding after menopause
- Heavier or longer periods

How often? Occasional Weekly Daily

How long? <1 month 1-3 months

- 3-6 months 6+ months

Pain or bleeding with sex

- Pain
- Bleeding

How often? Sometimes Most times

- Every time

Other symptoms

(Check any that apply)

- Urinary or bowel changes
- Unexplained fatigue or weight loss

Vaginal discharge changes

- Increased amount
- Unusual color or odor

Started on: _____

- Constant Comes and goes

Pelvic or lower abdominal pain

- No Yes

Location: Pelvis Lower abdomen Lower back

How often? Occasional Weekly Daily

Screening history (if known)

Last Pap test: _____

History of abnormal Pap or HPV?

- Yes No Unsure

Family History of Cervical Cancer?

- Yes No Unsure

If yes, who (for example, mother, sister, aunt): _____

Notes for your provider:

Disclaimer: This checklist is for informational purposes only and is not intended to diagnose any condition. Please share this information with your healthcare provider for medical evaluation and guidance.

