



## 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):

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### Notes for your provider:

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