

Colorectal Cancer Screening Questionnaire

Name _____ Birth Date _____ Today's Date _____

Are you 50 years of age or older?

Yes No

Has a parent, brother, sister, or child of yours ever had colorectal cancer or precancerous polyps?

Yes No Do not know

Have you ever had polyps, inflammatory bowel disease, ovarian or endometrial cancer, or radiation to your lower abdomen or pelvis?

Yes No Do not know

Have you ever been screened for colon or rectal cancer before?

Yes No Do not know

If yes, check the box if you have ever had one of these screenings:

Colonoscopy: A doctor looked at your entire colon and rectum with a special instrument while you were asleep (with anesthesia). You had a liquid diet and took medication to clean out your bowels before the test.

Fecal Occult Blood Test: You used a flat stick to put samples of a bowel movement on a special card and returned it to your doctor or a laboratory for testing.

Flexible Sigmoidoscopy: A doctor looked at the lower part of your colon and rectum with a special instrument. You had a liquid diet and took medication to clean out your bowels before the test.

What questions do you have about colorectal cancer screening?

Colorectal cancer can affect any of us. Screening can prevent colorectal cancer by removing precancerous polyps early! Early detection saves lives. Talk to your provider today about screening!

To be completed with your healthcare provider:

Today, _____, your provider recommended that you have:
(Date)



Colorectal cancer screening with a _____
(Recommended screening method)

Breast cancer screening with a Clinical Breast Exam Mammogram

Cervical cancer screening with a Pap test Pap with HPV co-test

Your next steps are:

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Breast & Cervical Cancer Screening Questionnaire

Name _____ Birth Date _____ Today's Date _____

Are you 40 years of age or older? Yes No

Has your mother, sister, or daughter ever had breast cancer? Yes No Do not know

Have you ever had breast cancer? Yes No Do not know

Have you ever had a mammogram? Yes No Do not know

If yes, when was the mammogram done? _____

Where was the mammogram done? _____

What were the results? Normal Abnormal Do not know

Have you ever had cervical cancer? Yes No Do not know

Have you ever had a Pap test? Yes No Do not know

If yes, when was the Pap test done? _____

Who did the Pap test? _____

What were the results? Normal Abnormal Do not know

What questions do you have about breast and cervical cancer screenings?

As women get older, they are at greater risk of breast and cervical cancer. Regular screening can help find cancer early when it is the most easily treated. Talk to your provider today about screening!

If you need help paying for screening or want more information, please call to learn about programs that could help you get screened!

1-800-477-9774

Maryland Cancer Hotline (toll free)



Maryland Colorectal Cancer Control Program
Funded by the Centers for Disease Control and Prevention



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