

Cervical screening: extra support required

Dear nurse, some things listed on this page may affect my experience. I may need extra support because *(tick any boxes that describe your situation)*:

- ☐ I have a mental health condition
- ☐ My medication makes me shake
- ☐ I find it hard to leave my house
- ☐ I sometimes find it hard to process information
- ☐ I don't like to feel exposed or naked
- ☐ I am embarrassed about my body
- ☐ I have scars
- ☐ I feel judged
- ☐ I feel like a burden
- ☐ I am afraid it will hurt
- ☐ I may start to cry or freeze up
- ☐ I may pass out or faint
- ☐ I may have a panic attack
- ☐ I get distressed during a physical examination
- ☐ I have had a bad smear test experience
- ☐ I have experienced trauma
- ☐ I am a survivor of sexual violence
- ☐ I am a survivor of female genital mutilation/cutting (FGM/C)
- ☐ I want to be warned before the nurse touches me
- ☐ Waiting rooms make my symptoms worse
- ☐ These words can trigger attacks or flashbacks *(please list those words here)*:

- ☐ Other

If you have any other comments, please add them below: