

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: