

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
- I hear voices
- 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