



Name \_\_\_\_\_ Date \_\_\_\_\_  
Instructor \_\_\_\_\_ Section \_\_\_\_\_

## Early Detection

Early detection of cancer is very important in getting prompt and effective treatment. Several screening procedures outlined in this chapter are recommended for early detection of cancer. The purpose of this lab is to assess your behaviors related to early detection of cancer. Check the appropriate box to indicate your current level of participation for each screening.

|                          | Never | Sometimes | As Recommended | N/A |
|--------------------------|-------|-----------|----------------|-----|
| Breast self-exam         |       |           |                |     |
| Clinical breast exam     |       |           |                |     |
| Mammogram                |       |           |                |     |
| Testicular self-exam     |       |           |                |     |
| Clinical testicular exam |       |           |                |     |
| Colon cancer screening   |       |           |                |     |
| PSA test                 |       |           |                |     |
| Pap test                 |       |           |                |     |
| Skin exam                |       |           |                |     |

1. Do you meet the recommendations for cancers screenings based on your age, sex, and risk level?  
\_\_\_\_\_
2. If not, what screenings do you need to start? Make a plan to begin the appropriate screenings recommended for early detection of cancer.

To submit the completed lab, save the form to your computer and email it to your instructor or upload it to their digital dropbox as directed.