



Early-Age-Onset Colorectal Cancer (EAO CRC) Screening Checklist

This form helps your healthcare team identify possible signs of colorectal cancer (colon or rectal cancer) in younger adults. Please check any boxes that apply to you. If you check any, share this form with your doctor or nurse.

Patient Name: _____ Date of Birth: _____

Please check all that apply:

- ☐ I have noticed blood in my stool or rectal bleeding
- ☐ I have abdominal pain or cramps that won't go away (more than 4 weeks)
- ☐ I have lost weight without trying
- ☐ My bowel habits have changed (diarrhea or constipation lasting more than 4 weeks)
- ☐ I have been told I have iron-deficiency anemia
- ☐ I have a family history of colon or rectal cancer
- ☐ I have been diagnosed with Crohn's disease or ulcerative colitis
- ☐ I feel unusually tired or weak

If you checked any boxes:

Tell your doctor or nurse. They may recommend screening or further tests. Early detection saves lives.

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