LONGEVITY · FREE TIMELINE

The Preventive Screening Timeline

USPSTF screening ages and intervals for average-risk adults in one age-ordered table, the questions that move you off the average-risk track, and a personal due-date tracker you review once a year.

USPSTF age-ordered table | Average-risk track | Risk-stratifier questions | Personal due-date tracker | 4-page A4 printable PDF

CLINICAL RATIONALE — WHY THIS SPECIFIC TOOL

Screening is for people without symptoms, and its value depends on age and risk. The USPSTF timeline is the average-risk spine; your job is to find out whether you are on it, because family and personal history move several screenings earlier or more often.

A timeline beats a memory. Screenings fail by omission, not refusal — nobody schedules what nobody remembers. An age-ordered list with intervals turns "I should get that checked" into a date.

Average risk is a starting point, not a verdict. A first-degree relative with colorectal or breast cancer before 50, a smoking history, or a personal history of polyps or precancer each changes an age or an interval. The risk questions on page 3 exist to catch exactly these.

Some "screenings" are conversations. Statin use, aspirin and prostate (PSA) testing are shared decisions, not automatic tests. The timeline flags them as "discuss", which is the correct instruction.

AUTHORITY / EVIDENCE BASE	WHAT IT ESTABLISHES FOR THIS TOOL
USPSTF recommendation statements	Age- and interval-based screening guidance for average-risk adults, graded by net benefit.
Family-history risk data	First-degree relatives with early-onset colorectal or breast cancer shift screening to earlier ages and shorter intervals.
Immunization schedules	Influenza annually; Tdap then boosters; recombinant zoster from 50; pneumococcal from 65.

QUICK START — THE NEXT TEN MINUTES

1. **Find your row**
   Scan the age-ordered table for your current age and note every screening due now or within the year.
2. **Run the risk questions**
   Page 3. Any "yes" moves you off the average-risk track — write which screening it changes.
3. **Fill the due-date tracker**
   One line per screening with the date done and the date next due. This becomes your annual checklist.
4. **Book, do not browse**
   A tracker without appointments is a wish list. Schedule the two most overdue items this week.

SYMPTOMS ARE NOT SCREENING

This timeline is for people without symptoms. Rectal bleeding, a new lump, unexplained weight loss, a changing mole or persistent pain are diagnostic questions that get evaluated now, regardless of age or last screen. Screening schedules never override a symptom.

THE AVERAGE-RISK SPINE

Screening, age-ordered

Find your age and read down. "Discuss" means a shared decision with your clinician, not an automatic test. Intervals assume average risk and normal prior results.

AGE / GROUP	SCREENING	INTERVAL AND NOTE
18+	**Blood pressure**	Screen adults; re-check at least every 3–5 years if normal, annually if elevated.
18+	**Depression**	Screen all adults; follow positive screens with adequate diagnostic work-up.
18–79	**Hepatitis C**	One-time screen for all adults; repeat for ongoing risk.
15–65	**HIV**	One-time screen; earlier and more often with risk factors.
<25 (sexually active women)	**Chlamydia and gonorrhoea**	Annual screen for women under 25 and older women at risk.
21–65 (women)	**Cervical cancer**	Cytology every 3 years (21–29); 30–65 hrHPV every 5 years or cytology every 3.
35–70 (overweight)	**Prediabetes / type 2 diabetes**	Screen adults 35–70 with overweight or obesity; offer or refer to prevention.
40–74 (women)	**Breast cancer (mammography)**	Every 2 years across 40–74; individualise beyond.
45–75	**Colorectal cancer**	Screen all 45–75; 76–85 individualised. Colonoscopy 10-yearly or FIT yearly, among options.
40–75	**Statin prevention (discuss)**	Shared decision with one or more risk factor and elevated 10-year cardiovascular risk.
50–80 (20 pack-years)	**Lung cancer (LDCT)**	Annual low-dose CT for current or recent smokers with a 20 pack-year history.
50+	**Shingles vaccine**	Recombinant zoster vaccine, two doses, from age 50.
55–69 (men, discuss)	**Prostate (PSA)**	Shared decision; not routine screening for all.
65–75 (men, ever-smoked)	**Abdominal aortic aneurysm**	One-time ultrasound for men 65–75 who have ever smoked.
65+ (women)	**Osteoporosis (DEXA)**	Screen women 65+, and younger women at increased fracture risk.
65+	**Pneumococcal vaccine**	Vaccination from 65, or earlier with certain conditions.

THE ANNUAL FLOOR FOR EVERYONE

Whatever your age: blood pressure at least annually once it has ever been elevated, influenza vaccine every year, and a dental and eye check on their own cadence. These sit underneath the age-ordered list and never lapse.

How screenings actually get booked

Most of the table is orderable by your clinician in one visit: blood pressure and diabetes at any check, colonoscopy by referral, mammography and DEXA by request. Write the two most overdue into the tracker, then book them in the same week — a screening that is scheduled is the only one that counts.

Keep your own record

Results live in systems that change. Keep a personal copy of each report and the date done; the tracker on page 3 is the index. When a clinician asks "when was your last colonoscopy?", the binder answers in one second.

ARE YOU ACTUALLY AVERAGE RISK?

Five questions that change the table

Any "yes" moves a screening earlier or more often. Write the screening it changes, then ask your clinician to confirm the new schedule.

?	QUESTION	WHAT A "YES" CHANGES
Y/N	First-degree relative with colorectal cancer or polyps before 60, or two at any age?	Colorectal screening starts earlier (often 40 or 10 years before the relative) and repeats more often.
Y/N	First-degree relative with breast cancer before 50, or ovarian cancer?	Breast screening may start earlier and add MRI; consider genetic risk assessment.
Y/N	A smoking history of 20 pack-years or more, current or quit within 15 years?	Annual lung-cancer LDCT from 50, plus one-time AAA ultrasound for men 65–75.
Y/N	Personal history of precancer, polyps, or a prior cancer?	Most screening intervals shorten; the plan becomes surveillance, not average-risk screening.
Y/N	A condition or medication that suppresses immunity, or chronic kidney/liver disease?	Several screenings and vaccines shift earlier; the vaccine schedule changes.

MY PERSONAL DUE-DATE TRACKER

SCREENING	LAST DONE	NEXT DUE	BOOKED?

Annual review date (birthday) ..... Two booked this week .....

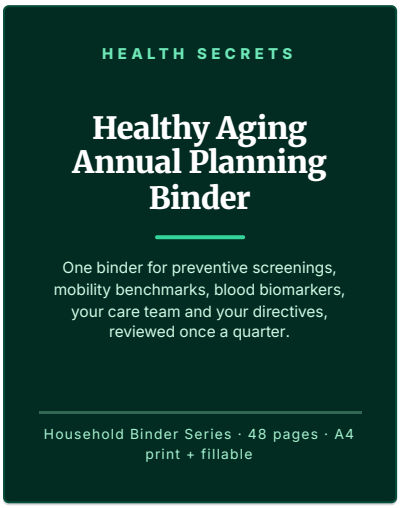
CONFIRM, DON'T ASSUME

The average-risk ages and intervals above are the public baseline. Your personal schedule is whatever your clinician sets after hearing your family and personal history — use the five questions as the agenda for that conversation, and write the agreed dates into the tracker so the plan survives the visit.

NEXT STEP

Ready for the Complete Step-by-Step Blueprint?

This timeline gives you the immediate tools to take action today. But long-term health requires a complete, structured daily system — one that tells you **what to do on the days this sheet does not cover**, in what order, and how to adjust when your body does not respond the way the chart says it should.



Healthy Aging Annual Planning Binder

Centralize preventive screenings, mobility benchmarks, blood biomarkers, and family directives into one household binder.

48 pages | Annual Household Binder | Household Binder Series | $29 one-time

WHAT IS INSIDE THE FULL EDITION

1. **The quarterly longevity roadmap** — a one-page cadence that spaces screenings, labs and mobility checks across the year.
2. **The CDC STEADI mobility matrix** — balance and strength benchmarks that predict falls, tested annually.
3. **The full USPSTF age-graded schedule** — every screening with grade, age and interval, plus what changes it.
4. **Care team and directives** — the contact and paperwork pages that make the binder a household system.

THIS FREE TOOL VERSUS THE COMPLETE SYSTEM

What this free timeline already gives you

- [ ] The age-ordered USPSTF average-risk table
- [ ] Five risk questions that move you off the track
- [ ] A personal due-date tracker

What only the 48-page edition has

- [ ] A quarterly roadmap that spaces the whole year of prevention
- [ ] Grades and intervals for every screening, not just the highlights
- [ ] Mobility and biomarker benchmarks beyond screening
- [ ] Care-team and directives pages for the whole household

Get the Complete Guide

AT HEALTHSECRETS.COM/PRODUCTS/HEALTHY-AGING-ANNUAL-PLANNING-BINDER

https://healthsecrets.com/products/healthy-aging-annual-planning-binder

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Review the tracker once a year on your birthday; book what is due.

USPSTF-based
Ages and intervals from current recommendation statements. Not individual medical advice.

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