

Health screenings by age and gender

Every adult screening the U.S. Preventive Services Task

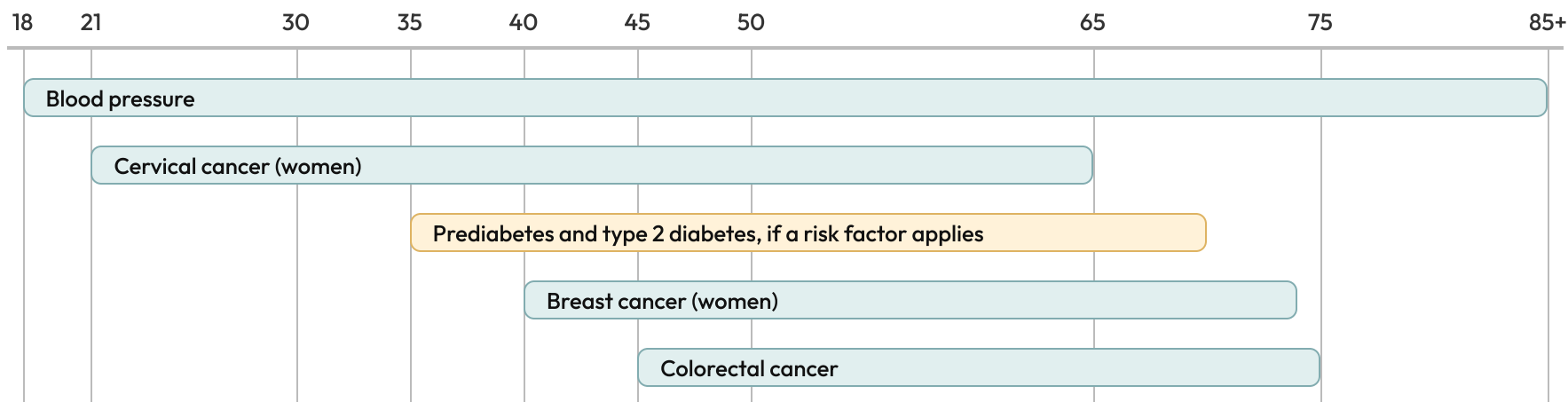
Force rates grade A or B, on one chart. (USPSTF A and B list)

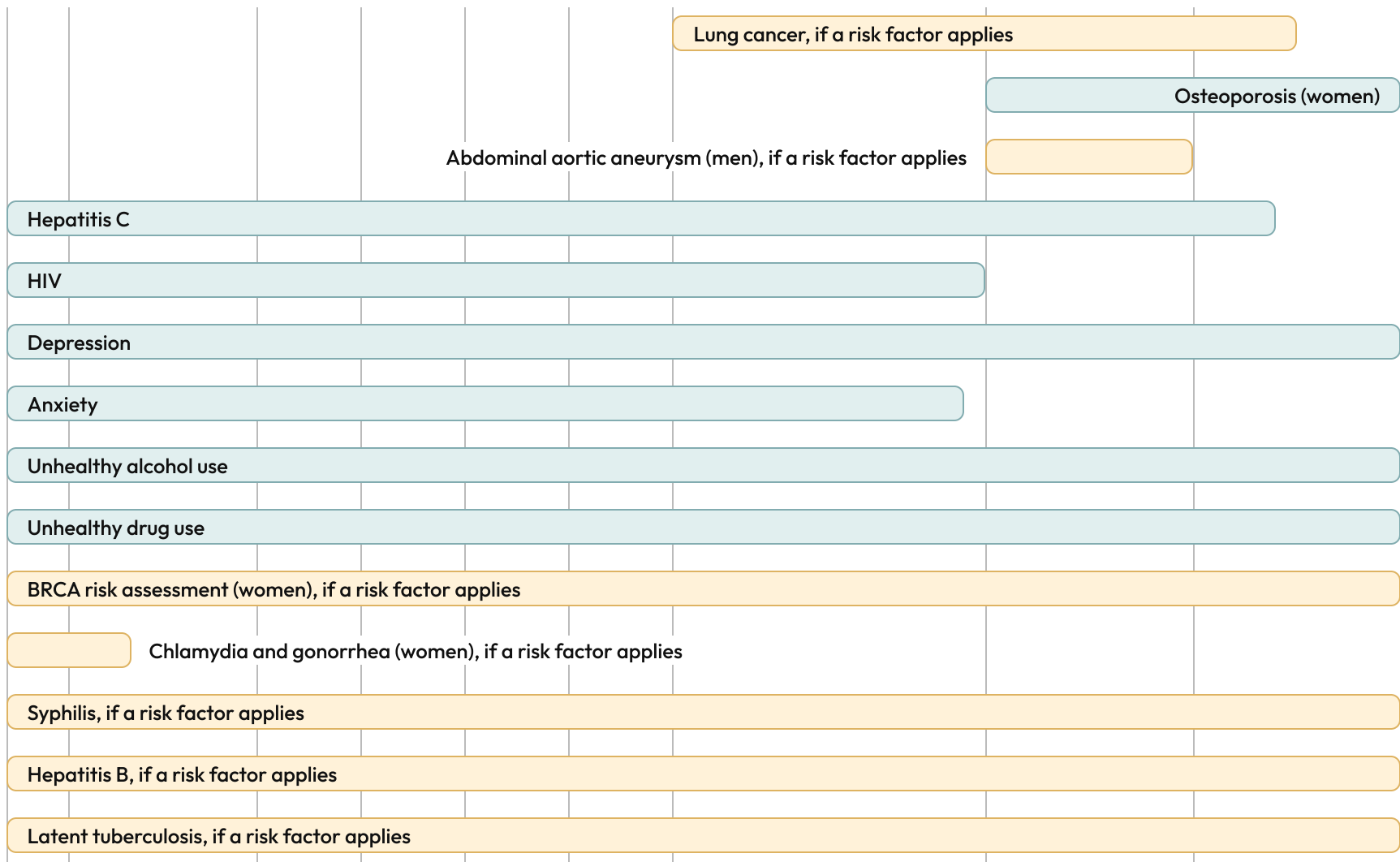
Table reviewed 2026-10-25.

The chart

Average-risk adults. Age ranges from the USPSTF.

● Everyone in range ● If a risk factor applies





Bars show the age range each recommendation covers, not how often to test. Open-ended ranges run to the edge of the chart. Tap a bar for the interval, test options and the USPSTF source.

Women

Screening	Ages	How often	Grade	Source
Blood pressure	18 and older	Every year from 40 or if at higher risk; every 3 to 5 years for adults 18 to 39 with normal readings and no added risk	A	USPSTF, 2021
Cervical cancer	21 to 65	Every 3 years (Pap test) from 21; from 30, every 3 years (Pap) or every 5 years (HPV test or cotest)	A	USPSTF, 2018
Prediabetes and type 2 diabetes Only if you have overweight or obesity	35 to 70	Every 3 years may be reasonable if results are normal	B	USPSTF, 2021
Breast cancer	40 to 74	Every 2 years	B	USPSTF, 2024
Colorectal cancer	45 to 75	Depends on the test: stool test every year, stool DNA-FIT every 1 to 3 years, CT colonography or flexible sigmoidoscopy every 5 years, colonoscopy every 10 years	A/B A at 50 to 75, B at 45 to 49	USPSTF, 2021
Lung cancer Only if you have a 20 pack-year history and smoke now or quit within 15 years	50 to 80	Every year	B	USPSTF, 2021
Osteoporosis	65 and older	Not set by the USPSTF; evidence on repeat intervals is limited	B	USPSTF, 2025

Screening	Ages	How often	Grade	Source
Osteoporosis (before 65) Only if you are past menopause and at increased risk	18 to 64	Not set by the USPSTF; evidence on repeat intervals is limited	B	USPSTF, 2025
Hepatitis C	18 to 79	Once for most adults; repeat if risk continues (for example, injection drug use)	B	USPSTF, 2020
HIV	18 to 65	At least once; repeat testing is reasonable for people at increased risk	A	USPSTF, 2019
Depression	18 and older	No set interval; screen if not screened before, then use clinical judgment	B	USPSTF, 2023
Anxiety	18 to 64	No set interval	B	USPSTF, 2023
Unhealthy alcohol use	18 and older	No set interval	B	USPSTF, 2018
Unhealthy drug use	18 and older	No set interval	B	USPSTF, 2020
BRCA risk assessment Only if you or your family have had breast, ovarian, tubal or peritoneal cancer	18 and older	Once, with genetic counseling if the risk tool is positive	B	USPSTF, 2019

Screening	Ages	How often	Grade	Source
Chlamydia and gonorrhea Only if you are sexually active	18 to 24	No set interval; test again if new or ongoing risk factors since the last negative test	B	USPSTF, 2021
Chlamydia and gonorrhea (25 and older) Only if you are sexually active and at increased risk (for example a new or more than one sex partner, or a past STI)	25 and older	No set interval; test again if new or ongoing risk factors since the last negative test	B	USPSTF, 2021
Syphilis Only if you are at increased risk (for example HIV or another STI, men who have sex with men, drug use, or past incarceration)	18 and older	Evidence on intervals is limited; at least yearly, or every 3 to 6 months, for men who have sex with men or people with HIV who stay at high risk	A	USPSTF, 2022
Hepatitis B Only if you are at increased risk (for example born where hepatitis B is common, HIV, injection drug use, or a household or sex partner with hepatitis B)	18 and older	Periodically for people whose risk continues	B	USPSTF, 2020
Latent tuberculosis Only if you are at increased risk (born in or lived in a country where TB is common, or lived in a shelter or correctional facility)	18 and older	Once to yearly, depending on continued risk of exposure	B	USPSTF, 2023

Men

Screening	Ages	How often	Grade	Source
Blood pressure	18 and older	Every year from 40 or if at higher risk; every 3 to 5 years for adults 18 to 39 with normal readings and no added risk	A	USPSTF, 2021
Prediabetes and type 2 diabetes Only if you have overweight or obesity	35 to 70	Every 3 years may be reasonable if results are normal	B	USPSTF, 2021
Colorectal cancer	45 to 75	Depends on the test: stool test every year, stool DNA-FIT every 1 to 3 years, CT colonography or flexible sigmoidoscopy every 5 years, colonoscopy every 10 years	A/B A at 50 to 75, B at 45 to 49	USPSTF, 2021
Lung cancer Only if you have a 20 pack-year history and smoke now or quit within 15 years	50 to 80	Every year	B	USPSTF, 2021
Abdominal aortic aneurysm Only if you have ever smoked	65 to 75	Once	B	USPSTF, 2019
Hepatitis C	18 to 79	Once for most adults; repeat if risk continues (for example, injection drug use)	B	USPSTF, 2020
HIV	18 to 65	At least once; repeat testing is reasonable for people at increased risk	A	USPSTF, 2019

Screening	Ages	How often	Grade	Source
Depression	18 and older	No set interval; screen if not screened before, then use clinical judgment	B	USPSTF, 2023
Anxiety	18 to 64	No set interval	B	USPSTF, 2023
Unhealthy alcohol use	18 and older	No set interval	B	USPSTF, 2018
Unhealthy drug use	18 and older	No set interval	B	USPSTF, 2020
Syphilis Only if you are at increased risk (for example HIV or another STI, men who have sex with men, drug use, or past incarceration)	18 and older	Evidence on intervals is limited; at least yearly, or every 3 to 6 months, for men who have sex with men or people with HIV who stay at high risk	A	USPSTF, 2022
Hepatitis B Only if you are at increased risk (for example born where hepatitis B is common, HIV, injection drug use, or a household or sex partner with hepatitis B)	18 and older	Periodically for people whose risk continues	B	USPSTF, 2020
Latent tuberculosis Only if you are at increased risk (born in or lived in a country where TB is	18 and older	Once to yearly, depending on continued risk of exposure	B	USPSTF, 2023

Screening	Ages	How often	Grade	Source
common, or lived in a shelter or correctional facility)				

Grade A: high certainty that the net benefit is substantial. Grade B: high certainty that the net benefit is moderate, or moderate certainty that it is moderate to substantial. (USPSTF grade definitions) Pregnancy and childhood screenings are not shown.

Educational only, not medical advice. Talk to your doctor. This site covers average-risk adults: the planner and chart use USPSTF grade A and B recommendations, and other pages also explain C, D and I grades and preventive medicines. It does not replace a conversation with your doctor, especially if you have symptoms or a strong family history.

Sources

Last reviewed: 2026-10-25, by the knowtoprevail.com editorial team.

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