

Center for Oncology Cancer Genetics Risk Assessment Family History Questionnaire

Instructions for filling out these charts:

- 1) Please list all your blood relatives, whether or not they have had cancer. If you do not know exact dates, please estimate the year.
- 2) Each sheet is divided by the type of relation to you and whether or not they are related from your biological mother or father's side.
- 3) There is a page at the end to list additional relatives. Please indicate how the relatives with cancer are related to you. If there is still not enough room, please use a separate piece of paper and include all the information described in the top of the chart.
- 4) You may need to speak with other relatives to increase the accuracy of the information on this questionnaire. We understand that sometimes information is just not available to you.
- 5) If you have any questions about completing the questionnaire, please contact Rona Remstein, Cancer Genetics Risk Assessment Program Coordinator, at 609-537-7043.

You, Your Parents and Grandparents

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age, cause		DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	and date of	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
You								
Your Mother								
V 5.1								
Your Father								
Your Mother's Mother								
Tour Mother 5 Mother								
Your Mother's Father								
Your Father's Mother								
Your Father's Father								
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Your Brothers & Sisters through your Mother & Father

Please include both full and half sisters and brothers

Indicate whether your half sisters and brothers are from your mother or father's side

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
Full or Half		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
If Half from Mother or			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
Father's side			at diagnosis	biopsies		Melanoma, etc.)		
Sister/Brother 1								
Sister/Brother 2								
Sister/Brother 3								
S: /B !								
Sister/Brother 4								
Sister/Brother 5								
Sister/ Brother 3								
Sister/Brother 6								
,								
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NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
Full or Half		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
If Half from Mother or			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
<u>Father's side</u>			at diagnosis	biopsies		Melanoma, etc.)		
Sister/Brother 7								
Sister/Brother 8								
Sister/Brother 9								
Cietay/Buethay 10								
Sister/Brother 10								
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Your Children

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
		l is	at diagnosis	biopsies		Melanoma, etc.)		
Daughter/Son 1								
Daughter/Son 2								
Daugnter/30n Z								
Daughter/Son 3	1							
, , , , , , , , , , , , , , , , , , ,								
Daughter/Son 4								
Daughter/Son 5								
Doughton/Com C	1							
Daughter/Son 6								
Daughter/Son 7	1							
Daughter/Son 8								

Your Aunts and Uncles (Mother's side)

Please include both your mother's full and half sisters and brothers. If half, indicate whether from her mother or father's side.

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
Full or Half		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
If Half from her Mother			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
or Father's side			at diagnosis	biopsies		Melanoma, etc.)		
Mom's sister/brother 1								
Mom's sister/brother 2								
Mom's sister/brother 3								
Mom's sister/brother 4								
Mom's sister/brother 5								
Mom's sister/brother 6								
Widin 3 Sister/ Didther 0								
Mom's sister/brother 7								
Mom's sister/brother 8								

Your Aunts and Uncles (Father's side)

Please include both your father's full and half sisters and brothers. If half, indicate whether from his mother or father's side.

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
Full or Half		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
If Half from His Mother or			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
Father's side			at diagnosis	biopsies		Melanoma, etc.)		
Dad's sister/brother 1								
Dad's sister/brother 2								
Dad's sister/brother 3								
, , , , , , , , , , , , , , , , , , , ,								
Dad's sister/brother 4								
Dad's sister/brother 5								
Dad's sister/brother 6								
Dad's sister/brother 7								
Dadia data di								
Dad's sister/brother 8								

Cousins

(Children of your Mother's brothers and sisters)

Please include the name of each cousin's parent

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Name of Parent			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Maternal Cousin 1								
Maternal Cousin 2								
Maternal Cousin 3								
Maternal Cousin 4								
Maternal Cousin 5								
Maternal Cousin 6								
material cousin c								
Maternal Cousin 7								
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NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden Names	OF BIRTH	If yes, age, cause and date	POLYPS? If yes, number &	DISEASE? If yes, age at first	WITH CANCER?	CANCER (Ex. Breast, Colon,	DIAGNOSIS & DATE OF	WHERE CANCER
Ivailles		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Name of Parent			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Maternal Cousin 8								
Maternal Cousin 9								
Maternal Cousin 10								
iviaternal cousin 10								
Maternal Cousin 11								
Maternal Cousin 12								
Maternal Cousin 13								
Waternar Cousin 15								
Maternal Cousin 14								
Maternal Cousin 15								
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Cousins

(Children of your <u>Father's</u> brothers and sisters)

Please include the name of each cousin's parent

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
13311133		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Name of Parent			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Paternal Cousin 1								
Paternal Cousin 2								
Paternal Cousin 3								
Paternal Cousin 4								
Paternal Cousin 5								
Paternal Cousin 5								
Paternal Cousin 6								
Paternal Cousin 7								
	<u> </u>	1		I.	I .	I	I	I

NAME First, Last and Maiden Names Name of Parent	DATE OF BIRTH	DECEASED? If yes, age, cause and date of death	ANY COLON POLYPS? If yes, number & location of polyp(s) & age(s) at diagnosis	BENIGN BREAST DISEASE? If yes, age at first diagnosis & number of breast biopsies	AFFECTED WITH CANCER? Yes or No	LOCATION OF CANCER (Ex. Breast, Colon, Ovarian, Pancreas, Prostate, Skin, Melanoma, etc.)	AGE AT DIAGNOSIS & DATE OF CANCER DIAGNOSIS	HOSPITAL WHERE CANCER DIAGNOSED
Paternal Cousin 8			at diagnosis	Бюрясз		Meianoma, etc.)		
Paternal Cousin 9								
Paternal Cousin 10								
Paternal Cousin 11								
Paternal Cousin 12								
Paternal Cousin 13								
Paternal Cousin 14								
Paternal Cousin 15								

Your Nieces and Nephews (Children of your Brothers and Sisters)

Please include the name of each niece or nephew's parent

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Name of Parent			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Niece/Nephew 1								
Niece/Nephew 2								
Niece/Nephew 3								
Niece/Nepnew 3								
Niece/Nephew 4								
Niece/Nephew 5								
Niece/Nephew 6								
/2								
Niece/Nephew 7								

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Name of Parent			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Niece/Nephew 8								
Niece/Nephew 9								
Niece/Nephew 10								
Nissa /Nasabassi 44								
Niece/Nephew 11								
Niece/Nephew 12								
Niece/Nepliew 12								
Niece/Nephew 13								
Niece/Nephew 14								
Niece/Nephew 15								
-								

Additional Relatives with Cancer, Colon Polyps or Benign Breast Disease

NAME	DATE	DECEASED?	ANY COLON	BENIGN BREAST	AFFECTED	LOCATION OF	AGE AT	HOSPITAL
First, Last and Maiden	OF	If yes, age,	POLYPS?	DISEASE?	WITH	CANCER	DIAGNOSIS &	WHERE
Names	BIRTH	cause and date	If yes, number &	If yes, age at first	CANCER?	(Ex. Breast, Colon,	DATE OF	CANCER
		of death	location of	diagnosis &	Yes or No	Ovarian, Pancreas,	CANCER	DIAGNOSED
Relationship to you			polyp(s) & age(s)	number of breast		Prostate, Skin,	DIAGNOSIS	
			at diagnosis	biopsies		Melanoma, etc.)		
Relative 1								
Relative 2								
Relative 3								
Relative 4								
Deletine 5								
Relative 5								
Relative 6								
Neidlive U								
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