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 **First, Last and Maiden Names**	**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**
You								
Your Mother								
Your Father								
Your Mother's Mother								
Your Mother's Father								
Your Father's Mother								
Your Father's Father								

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 **First, Last and Maiden Names** **Full or Half** **If Half from Mother or Father's side**	**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**
Sister/Brother 1								
Sister/Brother 2								
Sister/Brother 3								
Sister/Brother 4								
Sister/Brother 5								
Sister/Brother 6								

NAME **First, Last and Maiden Names** **Full or Half** **If Half from Mother or Father's side**	**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**
Sister/Brother 7								
Sister/Brother 8								
Sister/Brother 9								
Sister/Brother 10								

Your Children

NAME **First, Last and Maiden Names**	**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**
Daughter/Son 1								
Daughter/Son 2								
Daughter/Son 3								
Daughter/Son 4								
Daughter/Son 5								
Daughter/Son 6								
Daughter/Son 7								
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 **First, Last and Maiden Names** **Full or Half** **If Half from her Mother or Father's side**	**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**
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								
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 **First, Last and Maiden Names** **Full or Half** **If Half from His Mother or Father's side**	**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**
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								
Dad's sister/brother 8								

Cousins
(Children of your Mother's brothers and sisters)

Please include the name of each cousin's parent

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**
Maternal Cousin 1								
Maternal Cousin 2								
Maternal Cousin 3								
Maternal Cousin 4								
Maternal Cousin 5								
Maternal Cousin 6								
Maternal Cousin 7								

NAME **First, Last and Maiden Names** **<u>Name of Parent</u>**	**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**
Maternal Cousin 8								
Maternal Cousin 9								
Maternal Cousin 10								
Maternal Cousin 11								
Maternal Cousin 12								
Maternal Cousin 13								
Maternal Cousin 14								
Maternal Cousin 15								

Cousins
(Children of your Father's brothers and sisters)

Please include the name of each cousin's parent

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 1								
Paternal Cousin 2								
Paternal Cousin 3								
Paternal Cousin 4								
Paternal Cousin 5								
Paternal Cousin 6								
Paternal Cousin 7								

NAME **First, Last and Maiden Names** **<u>Name of Parent</u>**	**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								
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 **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**
Niece/Nephew 1								
Niece/Nephew 2								
Niece/Nephew 3								
Niece/Nephew 4								
Niece/Nephew 5								
Niece/Nephew 6								
Niece/Nephew 7								

NAME **First, Last and Maiden Names** **<u>Name of Parent</u>**	**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**
Niece/Nephew 8								
Niece/Nephew 9								
Niece/Nephew 10								
Niece/Nephew 11								
Niece/Nephew 12								
Niece/Nephew 13								
Niece/Nephew 14								
Niece/Nephew 15								

Additional Relatives with Cancer, Colon Polyps or Benign Breast Disease

NAME **First, Last and Maiden Names** **Relationship to you**	**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**
Relative 1								
Relative 2								
Relative 3								
Relative 4								
Relative 5								
Relative 6								