

Family History Questionnaire

Name (please write your full name here): _____

Please read these instructions before beginning the Family History Questionnaire.

- 1) Please list all your blood relatives, whether or not they have had cancer. Do not provide information about adopted, foster or step-relatives.
- 2) If exact age is not known, please estimate as best you can: (e.g. early 40's, late 60's)
- 3) 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. Some of the questions that you can ask your relatives with cancer include:
 - *Specific type of cancer (e.g. breast, colon, ovarian, etc.)*
 - *Unilateral or bilateral (e.g. left breast or both breasts)*
 - *Second cancers – for relatives who developed a second cancer, did the second cancer result from spreading of the first cancer or was it considered a separate new cancer.*
 - *Age at diagnosis*
 - *Current age or age and cause of death*
- 4) 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 list answers to questions on a separate piece of paper.
- 5) If you have any questions about completing the questionnaire, please contact the Family Cancer Assessment Clinic at 801-587-9555.

Additional comments (If you have additional comments after filling out this form please write them here):

You, Your Parents and Your Grandparents

First name or initials	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current age or age at death	Any colon polyps? (circle)	If colon polyps, how many and age of diagnosis		Affected with cancer? (circle)	Type of cancer/s and age of diagnosis (ex. breast 56, colon 77)		Significant medical problems and/or cause of death
					Number	Age		Type	Age	
You	M F			Y N ?			Y N ?			
Your mother		L D		Y N ?			Y N ?			
Your father		L D		Y N ?			Y N ?			
Your mother's father		L D		Y N ?			Y N ?			
Your mother's mother		L D		Y N ?			Y N ?			
Your father's father		L D		Y N ?			Y N ?			
Your father's mother		L D		Y N ?			Y N ?			

Your Children:

If you do not have any children, check here ____.

First name or initials*	M-Male F-Female (circle)	L-Living D- Deceased (circle)	Current age or age at death	Any colon polyps? (circle)	If colon polyps, how many and age of diagnosis		Affected with cancer? (circle)	Type of cancer/s and age of diagnosis (ex. breast 56, colon 77)		Significant medical problems and/or cause of death
					Number	Age		Type	Age	
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			

**If your children have different parents, please write the parent's name in brackets*

Your Siblings:

If you do not have any siblings, check here .

First name or initials*	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current age or age at death	Any colon polyps? (circle)	If colon polyps, how many and age of diagnosis		Affected with cancer? (circle)	Type of cancer/s and age of diagnosis (ex. breast 56, colon 77)		Significant medical problems and/or cause of death
					Number	Age		Type	Age	
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			
	M F	L D		Y N ?			Y N ?			

**If half siblings, please indicate in brackets if shared parent is through mother or father*

