

Family History Questionnaire for Cancer

INSTRUCTIONS:

1. Complete the tables as shown in the examples.
2. List ALL family members, including those with and without cancer.
3. If your family is very large, you may photocopy or add more sheets of paper.
4. You may find it helpful to contact other family members to get information about more distant relatives.
5. If you do not know much about your family history, do the best you can. Any information is helpful.
6. If an exact age is not known, give an approximate age or age range.
7. If a person is living, leave age at death column blank.
8. If a person is deceased, leave age column blank.
9. If a person has never had cancer, leave cancer column and age at diagnosis column blank.

Background Questions

What is your family's ancestry/ethnic background (part of the world your family originally came from)?

Mother's side: _____ Father's side: _____

Is your family Ashkenazi Jewish? yes no not sure

Has anyone in your family married a blood relative? yes no
If yes, please list which relatives and explain how they are related _____

Do all of your children have the same two parents? yes no not applicable
If no, please make a note next to each child's name.

Are any of your brothers or sisters half-brothers or half-sisters? yes no not applicable
If yes, please make a note on the form whether you share the same mother or the same father.

Your Immediate Family

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH
EXAMPLE	Smith, Jane (Jones)	52	F	Breast	49		
EXAMPLE	Smith, Margaret (Jones)		F			85-90	Old age
EXAMPLE	Jones, Bob	70	M	Prostate	60s		
EXAMPLE	Smith, Mary (Jones)		F			50s	Unknown
You							
Your Partner							
Your Children							
1							
2							
3							
4							
5							
6							
7							

Your Brothers & Sisters							
1							
2							
3							
4							
5							
6							
7							

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Your nephews and nieces

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH	NAME OF YOUR SIBLING WHO IS THE PARENT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Your mother's family

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH
Your Mother							
Your Grandmother (mother's mother)							
Your Grandfather (mother's father)							
Your Aunts & Uncles (mother's brothers & sisters) 1							
2							
3							
4							
5							
6							
7							

Your father's family

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH
Your Father							
Your Grandmother (father's mother)							
Your Grandfather (father's father)							
Your Aunts & Uncles (father's brothers & sisters) 1							
2							
3							
4							
5							
6							
7							

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COUSINS

The children of your MOTHER's brothers and sisters (your maternal first cousins)

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH	NAME OF YOUR MOTHER'S SIBLING WHO IS THE PARENT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

The children of your FATHER's brothers and sisters (your paternal first cousins)

	LAST NAME, FIRST (MAIDEN)	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH	NAME OF YOUR FATHER'S SIBLING WHO IS THE PARENT
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

OTHER – Family members with cancer that are not already listed

	LAST NAME, FIRST (MAIDEN)	EXACT RELATIONSHIP TO YOU	AGE	SEX M/F	CANCER	AGE AT DIAGNOSIS	AGE AT DEATH	CAUSE OF DEATH
Ex.	Miller, Elizabeth (Thomas)	Maternal grandmother's sister	–	F	Ovarian	65	66	Cancer
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Adapted from J Genet Counsel (2009) 18:366–378