
CANCER GENETIC RISK ASSESSMENT PROGRAM

FAMILY HISTORY QUESTIONNAIRE

Instructions:

- Please complete this questionnaire to the best of your ability. It may be helpful to talk to additional family members as well. Even if you are unsure, write it in with a question mark at the end. Any information you provide will be helpful to us.
- Please list **all** your blood relatives, whether or not they have had cancer. Include individuals who are deceased as well.
- Please give your best estimate of ages. We do not expect anyone to be able to remember all dates, but ages are very important in risk estimation.
- If you run out space, please list additional relatives on the last page. Please indicate exact relationship to you as well.
- If you have any questions while filling up this form, please feel free to call us at 415-600-5961.

Name: _____ Date of Birth: _____

Address: _____

Home ph: _____ Work/cell ph: _____ Fax: _____

Ethnic background on mother's side: White/Caucasian African-American Hispanic/Latino Asian/Pacific Islander
(check all that apply) Ashkenazi Jewish Other _____

Country(ies) of origin: _____

Ethnic background on father's side: White/Caucasian African-American Hispanic/Latino Asian/Pacific Islander
(check all that apply) Ashkenazi Jewish Other _____

Country(ies) of origin: _____

Are your parents related to each other, even distantly? If so, how? _____

YOUR GRANDPARENTS (YOUR MOTHER'S PARENTS)

Grandmother's Name: _____ Maiden Name: _____ Date of Birth: _____

Cancer History (include type(s) of cancer, age at diagnosis, any treatment or cancer features known):

Date of Death (if applicable): _____ Cause of Death (if applicable): _____

Grandfather's Name: _____ Date of Birth: _____

Cancer History (include type(s) of cancer, age at diagnosis, any treatment or cancer features known):

Date of Death (if applicable): _____ Cause of Death (if applicable): _____

YOUR GRANDPARENTS (YOUR FATHER'S PARENTS)

Grandmother's Name: _____ Maiden Name: _____ Date of Birth: _____

Cancer History (include type(s) of cancer, age at diagnosis, any treatment or cancer features known):

Date of Death (if applicable): _____ Cause of Death (if applicable): _____

Grandfather's Name: _____ Date of Birth: _____

Cancer History (include type(s) of cancer, age at diagnosis, any treatment or cancer features known):

Date of Death (if applicable): _____ Cause of Death (if applicable): _____

