Family History Questionnaire

This questionnaire will gather information about the history of cancer in your family. This information will be used by the Munson Medical Center Cancer Genetics Clinic in collaboration with the University of Michigan Cancer Genetics Clinic to help determine your risk of developing cancer and to decide if the cancers in your family may be related to an inherited gene. This information will not be used to contact your family members. You may refuse to answer any (or all) of the questions at this time or any other time. When you return the questionnaire, you are agreeing that your family history information will be entered into a confidential computerized database.

WHAT YOU NEED TO FIND OUT

Specifically, you need to try to find out the following information about your relatives with cancer:

- Relationship to you (e.g. mother's father's sister)
- 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.
- Environmental exposures (e.g. smoking, radiation, asbestos)
- Age at diagnosis
- Current age or age and cause of death

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

- Information should be provided on <u>biological</u> relatives only
  Do <u>not</u> provide information about adopted, foster or step-relatives.
- Indicate half-brothers and half-sisters with an asterisk (*) by their initials
  Indicate maternal half-brothers and half-sisters (same mother, different father) with *M
  Indicate paternal half-brothers and half-sisters (same father, different mother) with *P
- If exact age is not known, approximate: (e.g. early 40's, late 60's)
- If requested information is not known, write "unknown."
- If additional space is needed, please attach another sheet of paper and indicate which question is being addressed.

The questionnaire can be returned to:

Munson Medical Center Cancer Genetics Clinic
Hilary J. Tarsney, RT(R)(M)
1221 Sixth St. Suite 211
Traverse City, MI 49684.
FAX: 231-392-8485

Name:	Date:	Appointment Date:
Occupation:	Date of Birth:	

Your Physician: **Referring Physician (if different):**

Name:	Name:
Address:	Address:
Phone:	Phone:

Did this physician refer you to our clinic? ☐Yes ☐No

Are you adopted? ☐Yes ☐No

If YES, do you know family/medical history information about either of your biological parents?

☐Yes ☐No

If YES, please complete the family history form with this information

If NO, do not complete the form.

Are any of your relatives adopted? ☐Yes ☐No

If YES, indicate name(s) and relationship to you: _____

Indicate whether you or any of your relatives have a family history of any of the following***** **(Check to indicate)** :

1. ☐ Birth defects (e.g. cleft lip, club foot)
2. ☐ Bleeding disorders (e.g. Hemophilia)
3. ☐ Blindness/Eye abnormality
4. ☐ Connective tissue disorder (e.g. Marfan syndrome, Ehlers-Danlos syndrome, Osteogenesis Imperfecta)
5. ☐ Deafness
6. ☐ Diabetes
7. ☐ Down syndrome
8. ☐ Early onset (<65 years old) Alzheimer's
9. ☐ Early onset (<50 years old) Cancer
10. ☐ Early onset (<50 years old) Emphysema
11. ☐ Early onset (<50 years old) Heart disease
12. ☐ Fragile X syndrome
13. ☐ Kidney disease
14. ☐ Mental retardation
15. ☐ Metabolic disorders (e.g. PKU, Tay-Sachs)
16. ☐ Muscle disease
17. ☐ Neurofibromatosis
18. ☐ Neurologic disorder
19. ☐ Psychiatric disorder (e.g. schizophrenia, manic-depression)
20. ☐ Respiratory disorder/cystic fibrosis
21. ☐ Seizures/Epilepsy
22. ☐ Severe anemia/sickle cell anemia/ thalassemia
23. ☐ Skeletal disorders/short stature
24. ☐ Skin disorder
25. ☐ Spina bifida/hydrocephaly
26. ☐ Stillbirths/children who died young
27. ☐ Pregnancy losses (individual w/more than 2)
28. ☐ Chromosome abnormality, other
29. ☐ Other inherited/genetic condition(s)

*****If you selected any of the above conditions, be sure to list the condition(s) in the "Significant Medical Conditions" column when completing the following pages about your relatives.

Have any of your relatives had genetic testing? ☐**Yes** ☐**No**

If yes, please provide as much of the following information as possible:

Name	Relationship To you	Condition tested for	Laboratory	Result

YOUR CHILDREN

Name of your children	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current age	Age at Death	Cancer diagnosis	Age at Diagnosis	Other medical conditions (please include colon polyps, precancerous skin moles, breast biopsies)
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					
	☐ M ☐ F	☐ L ☐ D					

Your Full Brothers and Sisters
(share both a mother and father)

Name of your brother's and sisters: First (Maiden) Last	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current age	Age at Death	Cancer diagnosis	Age at Diagnosis	Other medical conditions	Your brothers' and sisters' children
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

HALF BROTHERS AND SISTERS

Please list your half brothers and sisters with whom you share only one parent. If you do not have any half brothers or sisters, check here: ☐.

Name of your brother's and sisters First (Maiden) Last	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current Age	Age at Death	Shared parent (please select)	Cancer Diagnosis	Age at diagnosis	Other medical conditions	Your Brothers' and Sisters' children
	☐ M ☐ F	☐ L ☐ D			☐ Mother ☐ Father				#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D			☐ Mother ☐ Father				#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D			☐ Mother ☐ Father				#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D			☐ Mother ☐ Father				#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D			☐ Mother ☐ Father				#sons: ages: #daughters: ages:

YOUR MOTHER'S FAMILY

Your mother's family's countries of origin (i.e. Irish, Chinese, English):

Are you Jewish? ☐ YES ☐ NO

Have related family members (e.g. first cousins) married each other? ☐ YES ☐ NO

If YES, provide names and their relationship to each other:

	Name First (Maiden) Last	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current Age	Age at Death	Cancer Diagnosis	Age at DX	Other medical conditions (please include history of colon polyps, pre-cancer skin moles, breast biopsies)	**Aunts and Uncles' Children**
Your Mother		☐ M ☐ F	☐ L ☐ D						
Your Mother's **Father**		☐ M ☐ F	☐ L ☐ D						
Your Mother's **Mother**		☐ M ☐ F	☐ L ☐ D						
Your Mother's Brothers and Sisters **If your mother has no brothers or sisters, check here ☐.**		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

YOUR FATHER'S FAMILY

Your father's family's countries of origin (i.e. Irish, Chinese, English): Are you Jewish? ☐ YES ☐ NO

Have related family members (e.g. first cousins) married each other? ☐ YES ☐ NO

If YES, provide names and their relationship to each other:

	Name First (Maiden) Last	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current Age	Age at Death	Cancer Diagnosis	Age at DX	Other medical conditions (please include history of colon polyps, pre-cancer skin moles, breast biopsies)	**Your Aunts and Uncles' Children**
Your Father		☐ M ☐ F	☐ L ☐ D						
Your Father's **Father**		☐ M ☐ F	☐ L ☐ D						
Your Father's **Mother**		☐ M ☐ F	☐ L ☐ D						
Your Father's Brothers and Sisters **Check here if your father has no brothers or sisters ☐.**		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
		☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:
	☐ M ☐ F	☐ L ☐ D						#sons: ages: #daughters: ages:

Other Relatives with Cancer

Please use this area to include information regarding any other family members diagnosed with cancer

Name First (Maiden) Last	M-Male F-Female (circle)	L-Living D-Deceased (circle)	Current Age or	Age at Death	Relationship (e.g. mother's sister, father's brother's son)	Cancer Diagnosis	Age at Diagnosis	Other medical conditions (please include history of colon polyps, precancer skin moles, breast biopsies)
	☐ M ☐ F	☐ L ☐ D						
	☐ M ☐ F	☐ L ☐ D						
	☐ M ☐ F	☐ L ☐ D						
	☐ M ☐ F	☐ L ☐ D						
	☐ M ☐ F	☐ L ☐ D						