

Appendix F: Family History

NCI/CCR/Genetics Branch/Genomic Healthcare Family History Questionnaire

Instructions:

1. When completing this questionnaire, please be sure to turn each page over and complete the back side.
2. If there is not enough space to list all relatives, please include that information on a separate sheet of paper
3. If you are filling this out for a child please fill out the child's siblings and family of mother and father.
4. For any questions completing this questionnaire, please call Call 240-760-7350 OR Email TumorNormalWES@mail.nih.gov

Patient Name: _____
(Last) (First) (Maiden)

Date of Birth: _____
(MM/DD/YYYY)

Phone No: Home: _____ **Work:** _____ **Cell:** _____

When is the best time to contact you?

- Morning (Home Work Cell)
 Afternoon (Home Work Cell)
 Evening (Home Work Cell)

What best describes your family's ethnic heritage? (ex. Irish, Jewish)

Mother's Family _____

Father's Family _____

Are you adopted? Y N Unknown

Are you a twin or other multiples (ex. triplet or other)? No Yes, If Yes: Identical Not identical Unknown

Please continue to the next page

Please complete the following table for your parents and children even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions.

Medical conditions:

- Any form of cancer
- Noncancerous growths or tumors on the skin or any other part of the body
- Heart attack, heart transplant or sudden unexpected death
- Abnormal heart rhythm or other heart abnormalities
- High cholesterol beginning in childhood
- High body temperature, rapid heart rate or unexpected death during general anesthesia

YOUR PARENTS AND CHILDREN

Relative and Name	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Father				
Mother				
Child #1 Sex M F				
Child #2 Sex M F				
Child #3 Sex M F				
Child #4 Sex M F				
Child #5 Sex M F				

Please continue to the next page

Please complete the following table for your brothers and sisters even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

YOUR BROTHERS AND SISTERS

Relative and Name	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Brother #1 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Brother #2 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Brother #3 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Brother #4 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Brother #5 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Sister #1 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Sister #2 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Sister #3 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Sister #4 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				
Sister #5 <input type="checkbox"/> Full <input type="checkbox"/> Half (same mother) <input type="checkbox"/> Half (same father)				

Please continue to the next page

Please complete the following table for your nieces and nephews (children of your brothers and sisters) even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

NIECES AND NEPHEWS

Relative and Name of Parent	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Niece/Nephew #1 Name of Parent				
Niece/Nephew #2 Name of Parent				
Niece/Nephew #3 Name of Parent				
Niece/Nephew #4 Name of Parent				
Niece/Nephew #5 Name of Parent				
Niece/Nephew #6 Name of Parent				
Niece/Nephew #7 Name of Parent				
Niece/Nephew #8 Name of Parent				
Niece/Nephew #9 Name of Parent				
Niece/Nephew #10 Name of Parent				
Niece/Nephew #11 Name of Parent				
Niece/Nephew #12 Name of Parent				

Please continue to the next page

Please complete the following table for your grandparents, aunts, and uncles on your **FATHER's** side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

GRANDPARENTS, AUNTS, and UNCLES ON YOUR FATHER'S SIDE

Your Father's Side				
Relative	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Grandfather				
Grandmother				
Uncle #1				
Uncle #2				
Uncle #3				
Uncle #4				
Uncle #5				
Aunt #1				
Aunt #2				
Aunt #3				
Aunt #4				
Aunt #5				

Please continue to the next page

Please complete the following table for your grandparents, aunts, and uncles on your MOTHER's side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

GRANDPARENTS, AUNTS, and UNCLES ON YOUR MOTHER'S SIDE

Your Mother's Side				
Relative	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Grandfather				
Grandmother				
Uncle #1				
Uncle #2				
Uncle #3				
Uncle #4				
Uncle #5				
Aunt #1				
Aunt #2				
Aunt #3				
Aunt #4				
Aunt #5				

Please continue to the next page

Please complete the following table for your cousins (children of your aunts and uncles) on your **FATHER'S** side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

COUSINS ON YOUR FATHER'S SIDE

Relative and Name of Parent	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Cousin #1 Sex M F Name of Parent				
Cousin #2 Sex M F Name of Parent				
Cousin #3 Sex M F Name of Parent				
Cousin #4 Sex M F Name of Parent				
Cousin #5 Sex M F Name of Parent				
Cousin #6 Sex M F Name of Parent				
Cousin #7 Sex M F Name of Parent				
Cousin #8 Sex M F Name of Parent				
Cousin #9 Sex M F Name of Parent				
Cousin #10 Sex M F Name of Parent				

Please continue to the next page

Please complete the following table for your cousins (children of your aunts and uncles) on your **MOTHER'S** side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

COUSINS ON YOUR MOTHER'S SIDE

Relative and Name of Parent	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Cousin #1 Sex M F Name of Parent				
Cousin #2 Sex M F Name of Parent				
Cousin #3 Sex M F Name of Parent				
Cousin #4 Sex M F Name of Parent				
Cousin #5 Sex M F Name of Parent				
Cousin #6 Sex M F Name of Parent				
Cousin #7 Sex M F Name of Parent				
Cousin #8 Sex M F Name of Parent				
Cousin #9 Sex M F Name of Parent				
Cousin #10 Sex M F Name of Parent				

Please continue to the next page

Please complete the following table for other relatives we have not asked about on your **FATHER's** side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

OTHER RELATIVES ON YOUR FATHER'S SIDE

Your Father's Side				
Relative	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Other Relative #1 Sex M F				
Other Relative #2 Sex M F				
Other Relative #3 Sex M F				
Other Relative #4 Sex M F				

Please complete the following table for other relatives we have not asked about on your **MOTHER's** side even if they have not had cancer. If they have not had cancer, please write in "NONE" in the Cancer Type column. If they have had more than one type of cancer, please list all types and age at diagnosis of each cancer. Please also indicate if your relatives have had any of the following medical conditions: noncancerous growths or tumors on the skin or any other part of the body; heart attack or sudden unexpected death; abnormal heart rhythm or other heart abnormalities; high cholesterol beginning in childhood; high body temperature, rapid heart rate or unexpected death during general anesthesia.

OTHER RELATIVES ON YOUR MOTHER'S SIDE

Your Mother's Side				
Relative	Date of Birth	Cancer Type (s)/ Other Medical Condition(s)	Age(s) Diagnosis	Date of Death
Other Relative #1 Sex M F				
Other Relative #2 Sex M F				
Other Relative #3 Sex M F				
Other Relative #4 Sex M F				

Done. Thank you.