

APPENDIX F
FAMILY HISTORY QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO RESEARCH TEAM:

ADDRESS.....

The information you give in this table will be used to draw your family tree. Therefore, it is helpful to us if you could give details of close relatives, including those who are not affected. **You may find it useful to also keep a copy of this questionnaire for your own records.**

Your Family	Full Name	M/F*	Date of Birth	Alive Y/N**	Date of Death	Cancer Y/N*	Site of Cancer	Age at Diagnosis	Hospitals & Dates of any Surgery	Other Serious Illnesses
Children										
Brothers And Sisters										
F/H/A*										
F/H/A										
F/H/A										
F/H/A										
F/H/A										

Your Mother's Family	Full Name(s)	Date of Birth	Alive Y/N*	Date of Death	Cancer Y/N*	Site of Cancer	Age at Diagnosis	Hospitals & Dates of any Surgery	Other Serious Illnesses
Your Mother									
Your Mother's Sisters 1. F/H/A• 2. F/H/A 3. F/H/A 4. F/H/A 5. F/H/A									
Your Mother's Brothers 1. F/H/A 2. F/H/A 3. F/H/A 4. F/H/A 5. F/H/A									
Maternal Grandmother (Your Mother's Mother)									
Maternal Grandfather (Your Mother's Father)									

Your Father's Family	Full Name(s)	Date of Birth	Alive Y/N*	Date of Death	Cancer Y/N*	Site of Cancer	Age at Diagnosis	Hospitals & Dates of any Surgery	Other Serious Illnesses
-----------------------------	---------------------	----------------------	-------------------	----------------------	--------------------	-----------------------	-------------------------	---------------------------------------------	--------------------------------

Your Father											
Your Father's Sisters 1. F/H/A* 2. F/H/A 3. F/H/A 4. F/H/A 5. F/H/A											
Your Father's Brothers 1. F/H/A 2. F/H/A 3. F/H/A 4. F/H/A 5. F/H/A											
Paternal Grandmother (Your Father's Mother)											
Paternal Grandfather (Your Father's Father)											
Your Cousins, Nieces and Nephews	Full Names	M/F	Name of their Parent	Date of Birth	Alive Y/N*	Date of Death	Cancer Y/N*	Site of Cancer	Age at Diagnosis	Hospitals & Dates of any Surgery	Other Serious Illnesses
Your Sister's											

<p>Children</p> <p>1. F/H/A</p> <p>2. F/H/A</p> <p>3. F/H/A</p> <p>4. F/H/A</p>											
<p>Your Brother's Children</p> <p>1. F/H/A</p> <p>2. F/H/A</p> <p>3. F/H/A</p> <p>4. F/H/A</p>											
<p>Children of Other Relatives who have had Cancer or Other Serious Illnesses</p> <p>Please make the individual's relationship to yourself as clear as possible</p>											

Please add any other information

What is your ethnic origin?

Danish

Dutch

Indian

Irish

Jewish

YES/NO If yes, please indicate whether you are Ashkenazi or Sephardic

Polish

Scottish

Other (please specify)

Country of birth:

Has anyone in your family seen another geneticist?

If so, whom and where?