

# Cancer Family History Questionnaire

Name: \_\_\_\_\_

Have you ever been diagnosed with cancer? (circle one)

YES NO

Have you or any of your relatives ever had genetic testing? (circle one)

YES NO

Any follow-up? Please give as much detail as you know:

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Please fill out the following information where it applies to your **biological family only**.

	Type(s) of Cancer	Age(s) at Diagnosis	Your Current Age
You			

IMMEDIATE FAMILY	Total Number	Number with Cancer	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s) or Age(s) at Death
Your Children					
Your Siblings					

PATERNAL RELATIVES (Father's side)	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s) or Age(s) at Death
Your Father			
Your Father's Father			
Your Father's Mother			

	Total Number	Number with Cancer	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s) or Age(s) at Death
Your Father's Siblings (Your Aunts and Uncles)					
Your Father's Cousins					

Any of your Half-Siblings from your Father					
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<b>MATERNAL RELATIVES (Mother's side)</b>	<b>Type(s) of Cancer</b>	<b>Age(s) at Diagnosis</b>	<b>Current Age(s) or Age(s) at Death</b>
Your Mother			
Your Mother's Father			
Your Mother's Mother			

	<b>Total Number</b>	<b>Number with Cancer</b>	<b>Type(s) of Cancer</b>	<b>Age(s) at Diagnosis</b>	<b>Current Age(s) or Age(s) at Death</b>
Your Mother's Siblings (Your Aunts and Uncles)					
Your Mother's Cousins					
Any of your Half-Siblings from your Mother					

**Other Relatives:**

Relationship to you	Type(s) of Cancer	Age(s) at Diagnosis	Current Age(s) or Age(s) at Death

**Additional Notes:**

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*\*This Family Cancer History Questionnaire is adapted from [http://www.cancer.net/sites/cancer.net/files/cancer\\_family\\_history\\_questionnaire.pdf](http://www.cancer.net/sites/cancer.net/files/cancer_family_history_questionnaire.pdf)*