



CANCER RISK ASSESSMENT SERVICES

Cancer Risk Assessment Questionnaire

In order to assess the risk for hereditary cancer in your family, we need to review your medical and family history, particularly focusing on the history of cancer. We ask that you take some time before your appointment to gather as much of your family history information as possible. You may need to contact other family members for additional information or details. Please answer to the best of your ability.

The information you provide us will not be used to contact your family members. Names of family members are used only as a reference and to reduce our errors. When you provide us with this completed questionnaire, you are agreeing that your personal and family history will be entered into a confidential computerized database. You may refuse to answer any or all of the questions at this time or at any later time. By returning the completed questionnaire, you also understand that there is a possibility that you might be contacted in the future about studies designed for those at an increased risk of developing cancer. You are free to refuse participation at any time.

The first part of the questionnaire focuses on your personal and medical history, the second part on your family history. Include only **blood** relatives, even if they are no longer living. If you are uncertain about any information, please give your best approximation or write "unknown".

If you have any questions, please contact our office at 706-257-7700 or email us at snyderc@sfhga.com. After completing the questionnaire, you may wish to make a copy of it for your records.

CANCER RISK ASSESSMENT SERVICES

CANCER RISK ASSESSMENT – Personal History

Put an X in the space next to the category that is most accurate or fill out as indicated. Please circle Y (yes), N (no) or U (unknown).

BACKGROUND INFORMATION

Name _____ (_____) _____ Date Completed _____
 First Name Maiden/Family Name Last Name

What is your date of birth? ____/____/____ What is your occupation? _____

Marital Status Single ____ Widowed ____ Married/Partner ____ Name of Spouse/Partner _____ Age ____

Please choose which ethnic/racial background best describes you and your biological mother and father. (Check all that apply)

<u>Self</u>	<u>Mother</u>	<u>Father</u>			<u>Countries of Origin</u>
_____	_____	_____	White/Caucasian	Maternal side:	_____
_____	_____	_____	Black or African-American	Paternal side:	_____
_____	_____	_____	Native American/Aleutian/Eskimo		
_____	_____	_____	Asian: (Please specify to right)	Self:	_____
_____	_____	_____	Spanish, Hispanic or Latino	Mother:	_____
_____	_____	_____	Other: (Please specify to right)	Father:	_____
_____	_____	_____	Unknown		

Are either of your parents of Ashkenazi (Eastern European) Jewish descent? Y N U

Notes: _____

CANCER RISK ASSESSMENT SERVICES

GENERAL MEDICAL HISTORY

How is your health in general?

WOMEN ONLY:

Age at first period _____ Age at first birth _____ Number of children _____ Number of miscarriages _____ Number of stillbirths _____

Have you ever used oral contraceptives? Y N U If yes, how many years? _____

Have you gone through menopause yet? Y N U If yes, at what age? _____

Have you taken hormone replacement therapy? Y N U If yes, how many years? _____

MEN AND WOMEN:

If you currently take medications daily or on a regular basis, please list medication and reason for taking it.

<u>Medication</u>	<u>Reason</u>	<u>Medication</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____

If you have previously taken medication for six or more months, please list medication and reason for taking it.

<u>Medication</u>	<u>Reason</u>	<u>Medication</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had depression, bipolar disorder or other mental condition? Y N _____

Have you ever tried to harm yourself? Y N _____

Do you smoke or use tobacco products? Currently? Y N Previously? Y N If yes, what do you use and how much? _____

Do you drink alcoholic beverages? Y N If yes, how often? ___ 1-3/week ___ 4-6/week ___ >6/week ___ Other _____

Do you use other recreational drugs? Y N If yes, what do you use and how often? _____

Have you ever been diagnosed with any cancer? Y N U If yes, what type(s) and at what ages(s) were you diagnosed?

<u>Age</u>	<u>Cancer Type</u>	<u>Treatment (Circle all that apply)</u>	
_____	_____	Surgery	Chemotherapy
_____	_____	Surgery	Chemotherapy
_____	_____	Surgery	Chemotherapy
_____	_____	Surgery	Chemotherapy
			Radiation Therapy
			Radiation Therapy
			Radiation Therapy
			Radiation Therapy

Notes: _____

CANCER RISK ASSESSMENT SERVICES

GENERAL MEDICAL HISTORY (continued)

Have you ever had any of the following surgeries for any reason? If so, please indicate at what age.

- Removal of colon (colectomy) Y N U Age _____ If yes, _____ Partial _____ Complete _____ Unknown
- Removal of breast(s) (mastectomy) Y N U Age _____ If yes, _____ Partial _____ Complete _____ Unknown
- Removal of thyroid (thyroidectomy) Y N U Age _____ If yes, _____ Partial _____ Complete _____ Unknown
- Breast biopsies Y N U How many? _____ Atypical hyperplasia? Y N U DCIS or LCIS? Y N U _____
- Removal of uterus (hysterectomy) Y N U Age _____
- Removal of ovaries (oophorectomy) Y N U Age _____ If yes, _____ Right _____ Left _____ Prophylactic
- Removal of the prostate (prostatectomy) Y N U Age _____
- Transurethral resection of the prostate (TURP) Y N U Age _____

If yes to any of the surgeries noted above, please indicate the reason for the surgery:

Please indicate any other surgeries:

Has a doctor ever told you that you had any of the following conditions?

- Fibrocystic breast disease or any non-cancerous lumps or cysts in the breast area Y N U Age _____
- Colon polyps Y N U Age _____ OR Familial polyposis (colon is covered with hundreds of polyps) Y N U Age _____
- Ulcerative colitis Y N U Age _____
- Any major birth defects, genetic disorders or inherited conditions Y N U (This includes conditions such as cleft palate/lip, heart defects, club feet, neural tube defects or spina bifida.) If yes: Specify type(s): _____

CANCER RISK ASSESSMENT SERVICES

SCREENING HISTORY					
WOMEN	SCREENING TESTS	Most Recent	How Often	Age Started	Comments
	PAP Smear/Pelvic	_____	_____	_____	_____
	Breast Self - Exam	_____	_____	_____	_____
	Clinical Breast Exam	_____	_____	_____	_____
	Mammogram	_____	_____	_____	_____
	CA 125 blood test	_____	_____	_____	_____
	Transvaginal ultrasound	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____
MEN	Digital Rectal Exam	_____	_____	_____	_____
	PSA Blood Test	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____
MEN AND WOMEN	Colonoscopy	_____	_____	_____	_____
	Sigmoidoscopy	_____	_____	_____	_____
	Endoscopy	_____	_____	_____	_____
	Lower GI/Barium Enema	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____
Notes: _____					

CANCER RISK ASSESSMENT SERVICES

HEREDITARY RISK ASSESSMENT – Family History

Your Biological Children

Name	Sex	Date of Birth or Age	Same Father	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		
	M / F		Y/N	Y / N / U		Y / N / U		

Your Biological Parents

Name	Date of Birth or Age	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at diagnosis
		Y / N / U		Y / N / U		
		Y / N / U		Y / N / U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Biological Brothers and Sisters*, include full and half (with and without cancer)								
Name	Sex	Date or Birth or Age	Same Father* Same Mother*	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		
	M / F		Y / N	Y / N / U		Y / N / U		

*same mother and father as you

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Nieces and Nephews – children of your brothers and sisters (with and without cancer)								
Name	Sex	Date or Birth or Age	Child of	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Mother's Parents						
Name	Date or Birth or Age	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
		Y/N/U		Y/N/U		
		Y/N/U		Y/N/U		

Your Mother's Brothers and Sisters – include full and half (with and without cancer)								
Name	Sex	Date or Birth or Age	Same Father* Same Mother*	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		

*same mother and father as you

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Maternal Cousins (with and without cancer)								
Name	Sex	Date or Birth or Age	Child of	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Maternal Cousins (with and without cancer) (continued from previous page)								
Name	Sex	Date or Birth or Age	Child of	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Father's Parents						
Name	Date or Birth or Age	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
		Y/N/U		Y/N/U		
		Y/N/U		Y/N/U		

Your Father's Brothers and Sisters – include full and half (with and without cancer)								
Name	Sex	Date or Birth or Age	Same Father* Same Mother*	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		
	M/F		Y/N	Y/N/U		Y/N/U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Your Paternal Cousins (with and without cancer)								
Name	Sex	Date or Birth or Age	Child of	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

CANCER RISK ASSESSMENT SERVICES

Your Paternal Cousins (with and without cancer) (continued from previous page)								
Name	Sex	Date or Birth or Age	Child of	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

Notes/Extra Space:

CANCER RISK ASSESSMENT SERVICES

Other Relatives (with cancer)								
Name	Sex	Date or Birth or Age	Relationship to you	Deceased	Year or Age of Death	Cancer	Cancer Type or General Health	Age at Diagnosis
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		
	M / F			Y / N / U		Y / N / U		

Notes/Extra Space:

Reviewed by _____ Date _____