

Clinical Cancer Genetics Program

Genetic Risk Assessment Questionnaire

In order to assess the risk for hereditary cancer in your family, we need to review your medical and family history, focusing on the history of cancer. The first part of the questionnaire focuses on your personal and medical history, the second part on your family history. If you are uncertain about any information, please write in your best approximation or write unknown. You may decline to answer any or all of the questions at this time or at any later time.

- Please take some time before your appointment to gather as much of your family history information as possible. We have enclosed a document called *Gathering Information for a Cancer-Focused Family History* to help you with this process.
- We will not use the information you provide us to contact your family members. Names of family members are used only as a reference and to reduce our errors.
- Your personal and family history will be entered into a confidential computerized database.
- You may be contacted in the future about studies designed for those at an increased risk of developing cancer. You are free to decline participation at any time.
- After completing the questionnaire, you may wish to make a copy of it for your records.
- If you have any questions, please contact our office at 713-745-7391 or email us at ccg@mdanderson.org.

Please circle one:

I do / do not agree to share the family history information I have provided with other family members who are in contact with Clinical Cancer Genetics Program.

Name: _____ Signature: _____ Date: _____

GENETIC RISK ASSESSEMENT – 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/Divorced ____ 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)

Self Mother Father

____ ____ ____ White/Caucasian

____ ____ ____ Black or African-American

____ ____ ____ Native American/Aleutian/Eskimo

____ ____ ____ Asian

____ ____ ____ Spanish, Hispanic or Latino

____ ____ ____ Other _____

____ ____ ____ Unknown

Countries of Origin (example: England, Nigeria, Mexico, Taiwan)

Maternal side: _____

Paternal side: _____

Are either of your parents of Ashkenazi

(Eastern/Central European) Jewish descent? Y N U

What is your religious affiliation? _____

GENERAL MEDICAL HISTORY

How is your health in general? _____

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

AgeCancer Type

Treatment (Circle all that apply)

Surgery Chemotherapy Radiation Therapy

Surgery Chemotherapy Radiation Therapy

Surgery Chemotherapy Radiation Therapy

Notes _____

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

Medication	Reason	Medication	Reason
_____	_____	_____	_____
_____	_____	_____	_____

If you have previously taken medication for 6 or more months, please list medication and reason for taking it.

Medication	Reason	Medication	Reason
_____	_____	_____	_____
_____	_____	_____	_____

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 and at what age(s)? _____

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? _____

Have you had any breast biopsies? Y N U If yes, how many? _____

If yes, at what age(s)? _____ Did the biopsy show atypical hyperplasia? Y N U DCIS or LCIS? Y N U _____

Have you had a hysterectomy (removal of uterus)? Y N U

If yes, at what age? _____ Reason _____

Have you had a oophorectomy (Removal of ovaries)? Y N U

If yes, at what age? _____ If yes, ___ Right ___ Left ___ Prophylactic Reason _____

MEN ONLY

Have you had a prostatectomy (removal of the prostate)? Y N U

If yes, at what age? _____ Reason _____

Have you had a transurethral resection of the prostate (TURP)? Y N U

If yes, at what age? _____ Reason _____

MEN AND WOMEN

Have you had a colectomy (removal of colon)? Y N U

If yes, at what age? ____ If yes, ____ Partial ____ Complete ____ Unknown Reason _____

Have you had a mastectomy (removal of breasts)? Y N U

If yes, at what age(s) ____ If yes, ____ Right ____ Left ____ Prophylactic Reason _____

Have you had a thyroidectomy (removal of thyroid)? Y N U

If yes, at what age? ____ Reason _____

Please indicate any other surgeries: _____

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

- Unusual skin findings (lumps, bump, lesions, light or dark spots) Y N U Describe: _____
- 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, spina bifida, von Hippel-Lindau, neurofibromatosis, tuberous sclerosis.) If yes, describe _____

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 alcohol 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 had depression, bipolar disorder or other mental condition? Y N _____

Have you ever tried to harm yourself? Y N _____

How would you rate your concern about developing cancer (or a second cancer)? (1 = no concern, and 5 = extremely concerned)

1 2 3 4 5

SCREENING HISTORY

WOMEN	SCREENING TESTS	Most Recent	How Often	Age Started	Comments
Breast Screening					
	Self Breast Exam	_____	_____	_____	_____
	Clinical Breast Exam	_____	_____	_____	_____
	Mammogram	_____	_____	_____	_____
Gynecologic Screening					
	PAP Smear/Pelvic	_____	_____	_____	_____
	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: _____

GENETIC RISK ASSESSEMENT - Family History

Your Biological Children								
Name	Sex	Year of Birth or Approx. Age	Same Father	Deceased	Year or Approx 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	Year of Birth or Approx. Age	Deceased	Year or Approx 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: _____

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

*same mother and father as you

Notes/Extra Space: _____

Your Nieces and Nephews - children of your brothers and sisters (with and without cancer)								
Name	Sex	Year of Birth or Approx. Age	Child of	Deceased	Year or Approx 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		

Notes/Extra Space: _____

Your Mother's Parents

Name	Year of Birth or Approx. Age	Deceased	Year or Approx 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 Brother and Sisters - include full and half (with and without cancer)

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

*Same mother and father as your mother

Notes/Extra Space: _____

Your Maternal Cousins – children of your maternal aunts/uncles (with and without cancer)								
Name	Sex	Year of Birth or Approx. Age	Child of	Deceased	Year or Approx 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: _____

Your Maternal Cousins - children of your maternal aunts/uncles (with and without cancer)								
Name	Sex	Year of Birth or Approx. Age	Child of	Deceased	Year or Approx 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: _____

Your Father's Parents

Name	Year of Birth or Approx. Age	Deceased	Year or Approx 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 Brother and Sisters - include full and half (with and without cancer)

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

*same mother and father as your father

Notes/Extra Space: _____

Your Paternal Cousins - children of your paternal aunts/uncles (with and without cancer)								
Name	Sex	Year of Birth or Approx. Age	Child of	Deceased	Year or Approx 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: _____

Your Paternal Cousins - children of your paternal aunts/uncles (with and without cancer)								
Name	Sex	Year of Birth or Approx. Age	Child of	Deceased	Year or Approx 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: _____

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

Notes/Extra Space: _____

Reviewed by _____ Date _____