Australian Cancer Family Studies: Family Information Questionnaire

Family ID Number: |_____|_____|_____|_____|_____|

Interviewer: .....

CASE / CONTROL

Date: .....

Proband

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Mother

ID Number	Sex F	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Father

ID Number	Sex M	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Brothers and Sisters

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Nieces and Nephews

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Sons and Daughters

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Mother's Relatives

Family ID Number: |_____|_____|_____|_____|_____|

Grandmother - Maternal

ID Number	Sex F	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Grandfather - Maternal

ID Number	Sex M	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Aunts and Uncles - Maternal

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Aunts and Uncles – Maternal

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Other Maternal Relatives

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Father's Relatives

Family ID Number: |_____|_____|_____|_____|_____|

Grandmother - Paternal

ID Number	Sex F	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Grandfather - Paternal

ID Number	Sex M	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Aunts and Uncles - Paternal

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Aunts and Uncles – Paternal

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	

Other Paternal Relatives

Family ID Number: |_____|_____|_____|_____|_____|

ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	
ID Number	Sex	Age	Date of Birth	Date of Death
Name			Cancer Diagnosis	Date of Diagnosis
Address & Telephone			Comments	