For office use only

ID #

MR #

Initial Visit / /

MM/DD/YY

Proxy
Health History Questionnaire
Family Risk Assessment

This questionnaire has been developed by the Fox Chase Cancer Center in conjunction with the Fox Chase Network to collect information about your relative's health. This information will help us identify medical or family history information that is important in understanding cancers that may run in a family. Participation is voluntary and you can withdraw at any time. All the information that you provide will be kept confidential. A code number will be used to track any information and your name will not be used. Please sign below, if you agree to participate in this Family Risk Assessment. Thank you.

Signature _______________ Date _______

Section A -- Relative's History

Relative's Name: _______________

(first) (middle) (last)

2/11/97

1. How old was your relative when they died? ________ years

2. What was their date of birth?

   ____/____/____
   month day year

3. Were they:

   1☐ Male
   2☐ Female

4. At their death were they:

   1☐ Never married
   2☐ Married or living as married
   3☐ Divorced
   4☐ Separated
   5☐ Widowed

5. In which country were they, their parents and their grandparents born?

	Country of Birth
Your relative	____________________
Their mother	____________________
Their father	____________________
Their mother's mother	____________________
Their mother's father	____________________
Their father's mother	____________________
Their father's father	____________________

6. In which religious group were they raised?

- 1☐ Protestant
- 2☐ Catholic
- 3☐ Buddhism
- 4☐ Ashkenazi Jewish
- 5☐ Sephardic Jewish
- 6☐ Other Jewish
- 7☐ Hinduism
- 8☐ Eastern Orthodox
- 9☐ Muslim
- 10☐ Mormon
- 11☐ Seventh Day Adventist
- 12☐ None
- 13☐ Other
  *Please specify*____________________
- 99☐ Don't Know

7. What was your relative's ethnic background? *(Please check as many as apply)*

- 1☐ White
- 2☐ Black (African, Caribbean)
- 3☐ Hispanic/Latino
- 4☐ Southeast Asian (**circle one:** Vietnamese, Cambodian, Laotian)
- 5☐ South Asian (e.g. Indian, Pakistani, Bangladeshi)
- 6☐ Native American (Indian, Inuit)
- 7☐ Chinese
- 8☐ Japanese
- 9☐ Korean
- 10☐ Other
  *Please specify*____________________
- 99☐ Don't Know

Section B -- Exposures

1. Did they ever consume any alcoholic beverages, such as beer, wine, or spirits at least once per week for 6 months or longer?

   1❑ Yes
   2❑ No
   8❑ Don't Know

2. Did they smoke at least 1 cigarette per day for 3 months or longer?

   1❑ Yes
   2❑ No
   8❑ Don't Know

Section C -- Relative's Medical History

1. Throughout their adult life, what was their average weight? __________ lbs.

2. Throughout their adult life, what was their average height?

   __________ ft.__________ in.

3. Was your relative ever diagnosed with a disease such as **cancer, leukemia or a malignant tumor?**

   1❑ Yes
   2❑ No
   8❑ Don't know

If yes, what was the type(s) of cancer?

1.______________________________
2.______________________________

How old were they when this was **first** diagnosed?

__________________ years
__________________ years

*If you are completing this questionnaire for a **male** relative,* **STOP**. *If you are completing this questionnaire for a **female** relative, **please continue.***

4. Did they ever have a breast completely removed?

- ❑ No
- ❑ Yes, the right breast -----> at what age was this? __________ years
- ❑ Yes, the left breast -----> at what age was this? __________ years

5. Did they ever have an ovary completely removed?

- ❑ No *SKIP TO SECTION D*
- ❑ Yes, one ovary -----> at what age was this? _______ years
- ❑ Yes, both ovaries -----> at what age was this? _______ years
- ❑ Don't know *SKIP TO SECTION D*

Section D -- Reproductive History

1. Did they ever use hormonal contraceptives in the form of birth control pills, implants or injections for any reason other than menopause?

- 1❑ Yes
- 2❑ No
- 8❑ Don't know

2. Were they ever pregnant?

- 1❑ Yes -----> *Continue*
- 2❑ No -----> *Please go to Q3*
- 8❑ Don't Know -----> *Please go to Q3*

How many pregnancies did she have?

____ pregnancies

How many live births did she have?

____ live births

How old was she when she had her first live birth?

____ years old

How old was she when she had her last live birth?

____ years old

Did she ever breast feed a child for one month or more

1☐ Yes
2☐ No

3. Did she ever take estrogen, progestin, or other female hormones for menopause? The preparation may be pills, injections/shots, skin patches, vaginal creams, or vaginal suppositories. This question **does not** include oral contraceptive (birth control) pills.

1☐ Yes
2☐ No
8☐ Don't Know

Section E -- General Medical Care

1. Did she ever have a mammogram (an x-ray of the breasts)?

1☐ Yes
2☐ No
8☐ Don't Know