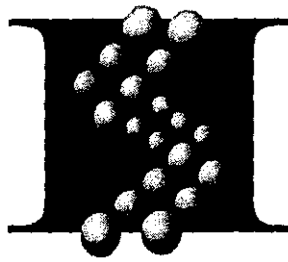

HUNTSMAN
CANCER INSTITUTE

# Family History Information

☐ HRBCC

☐ FCCC

☐ FCCR

## USE OF FAMILY HISTORY INFORMATION

The Huntsman Cancer Institute's High Risk Cancer Clinics will use the family history information provided in this booklet to help determine the likelihood that cancer in this family may be related to inherited risk factors. The information will be kept private and confidential. This information will not be used to contact family members. By returning this booklet, you agree to this use of the family history information.

## INSTRUCTIONS

The information that you provide in this booklet will allow us to study your family history of cancer. We are requesting information on blood relatives, even if deceased. Because of the amount of detailed information requested, you may need to obtain facts from other family members. Please include information which you obtained from family members, family group sheets or genealogies.

1. **Full name:** Write the first, middle and last names of each relative. Use their current name if alive and most recent name if deceased. For women, please include their maiden name.

2. **Date of Birth and Date of Death:** If you are not sure of the exact date, write the approximate date or year followed by a question mark.

3. **Ever had cancer?** Check "yes" for every relative who has or who has ever had cancer. Do not include skin cancer unless it was a melanoma.

4. **You and your children** are on pages 4 and 5. Include all your natural sons and daughters. List only spouses/partners with whom you had children. Begin by listing your first spouse/partner with whom you had children and your first born child.

   If you have had children with more than one spouse/partner, list your second spouse/partner and those children. If you need space for a 6th, 7th, or 8th child from your first marriage, cross out the second spouse and continue listing your children. If more space is needed for other marriages and children, an additional page is provided at the back of the booklet.

5. **Your parents, brothers and sisters** are on pages 6 and 7. First list your parents, full brothers and full sisters. If either of your parents has other children, list your stepparent and your half brothers and half sisters. List only blood relatives, not stepbrothers or stepsisters.

6. **Your father's parents, father's brothers and sisters** are on page 8 and 9. These are *your* grandparents, uncles and aunts on your father's (paternal) side of the family.

7. **Your mother's parents, mother's brothers and sisters** are on page 10 and 11. These are *your* grandparents, uncles and aunts on your mother's (maternal) side of the family.

8. **Cousins and other blood relatives with cancer** are on page 12 and 13. For the remaining blood relatives, please list only those who have or have had any type of cancer. Examples of other blood relatives include your cousins, nephews, nieces, grandchildren, father's half-brother, great aunt, etcetera.

**PLEASE PRINT**

## Your Full Name

| First | Middle | Last | (Maiden) | Date of birth<br>month, day, year | Colon or rectal polyp? (not cancer) |
|---|---|---|---|---|---|
| | | | | | ☐ No<br>☐ Yes<br>☐ Never Screened |

☐ Male ☐ Female

## Your biological children and their parent (only marriages with children):

| | Full Name<br>First, middle, last, (maiden) | Date of birth<br>mo/day/yr | Alive or Dead | Date of death<br>mo/day/yr |
|---|---|---|---|---|
| First Spouse/Partner ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 1. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 2. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 3. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 4. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 5. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |

If you need space for more children and have had only one partner, use space below; or go to page 14.

| | | | | |
|---|---|---|---|---|
| 2nd Spouse/Partner ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 1. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 2. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 3. Child ☐ M ☐ F | | | ☐ Alive ☐ Dead | |

If you need more space, go to page 14.

| Have you ever had cancer? | First type of cancer | Age at diagnosis | State of residence where cancer was diagnosed (e.g. Utah) | Second type of cancer | Age at diagnosis | State of residence when cancer was diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| ☐ No<br>☐ Yes | | | | | | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where cancer diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where cancer diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |

## Your Parents

| | Full Name: First | Middle | Last | (Maiden) | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|---|---|---|
| Father | | | | | | ☐ Alive ☐ Dead | |
| Mother | | | | | | ☐ Alive ☐ Dead | |

## Your Siblings (brothers and sisters)

| | Date of birth mo/day/yr | | Date of death mo/day/yr |
|---|---|---|---|
| 1. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |
| 2. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |
| 3. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |
| 4. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |
| 5. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |
| 6. ☐ Brother ☐ Sister | | ☐ Alive ☐ Dead | |

If you need more space for brothers and sisters, use space below; or go to page 14.

## Your Stepparent, Half brothers and Half sisters

| | | | |
|---|---|---|---|
| Stepparent ☐ M ☐ F | | ☐ Alive ☐ Dead | |
| 1. ☐ Half brother ☐ Half sister | | ☐ Alive ☐ Dead | |
| 2. ☐ Half brother ☐ Half sister | | ☐ Alive ☐ Dead | |
| 3. ☐ Half brother ☐ Half sister | | ☐ Alive ☐ Dead | |
| 4. ☐ Half brother ☐ Half sister | | ☐ Alive ☐ Dead | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |
| | ☐ No ☐ Yes ☐ Unknown | ☐ No ☐ Yes ☐ Not sure | | | | |

## Your Father's Parents (your paternal grandparents)

| | Full Name: First | Middle | Last | (Maiden) | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|---|---|---|
| Paternal Grandfather | | | | | | ☐ Alive ☐ Dead | |
| Paternal Grandmother | | | | | | ☐ Alive ☐ Dead | |

## Their Children (your aunts and uncles):

**Information on your father was obtained on page 6. Do not repeat here.**

| | Name | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|
| 1. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 2. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 3. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 4. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 5. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 6. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 7. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 8. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 9. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 10. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 11. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |

## Your Mother's Parents (your maternal grandparents)

| | Full Name: First | Middle | Last | (Maiden) | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|---|---|---|
| Maternal Grandfather | | | | | | ☐ Alive ☐ Dead | |
| Maternal Grandmother | | | | | | ☐ Alive ☐ Dead | |

## Their Children (your aunts and uncles):

**Information on your mother was obtained on page 6. Do not repeat here.**

| | Name | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|
| 1. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 2. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 3. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 4. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 5. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 6. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 7. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 8. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 9. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 10. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |
| 11. ☐ Uncle ☐ Aunt | | | ☐ Alive ☐ Dead | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |

| State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |

## Other blood relatives who *have or have had* cancer (cousins, grandchildren, great-aunts, great-uncles, etc.)

| Relationship to you | Related through | Sex | Full Name: First | Middle | Last | (Maiden) | Date of birth mo/day/yr | Alive or Dead |
|---|---|---|---|---|---|---|---|---|
| 1. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 2. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 3. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 4. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 5. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 6. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 7. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 8. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 9. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |
| 10. | ☐ Mother<br>☐ Father | ☐ M<br>☐ F | | | | | | ☐ Alive<br>☐ Dead |

| Date of death mo/day/yr | State of residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where cancer diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis |
|---|---|---|---|---|---|---|
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |
| | | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | |

## Extra page to use if needed

| Relationship To You | Sex | Full Name: First / Middle / Last / (Maiden) | Date of birth mo/day/yr | Alive or Dead | Date of death mo/day/yr |
|---|---|---|---|---|---|
| 1. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 2. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 3. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 4. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 5. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 6. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 7. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 8 . | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 9. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |
| 10. | ☐ M ☐ F | | | ☐ Alive ☐ Dead | |

| State of Residence at death | Colon or rectal polyp? (not cancer) | Ever had cancer? | First type of cancer and age at diagnosis | State where cancer diagnosed (e.g. Utah) | Second type of cancer and age at diagnosis | State where cancer diagnosed (e.g. Utah) |
|---|---|---|---|---|---|---|
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |
| | ☐ No<br>☐ Yes<br>☐ Unknown | ☐ No<br>☐ Yes<br>☐ Not sure | | | | |