

**Ontario  
Familial Colon Cancer Registry**

**Family History Questionnaire**

Should you wish to talk to someone about this questionnaire,  
you may call (416) 946-4409 or 1-800-832-5949.

If you don't know an answer, please write "Don't know" or "DK" in the space for the answer.

If you are not sure of a date, please make the best guess you can, and put a question mark beside it.

If there is not enough space to list all your relatives, please write on the inside of the front cover, or the outside of the back cover.

If you were adopted, please write "adopted" on this page, answer Section 1 about yourself on this page, and answer any questions you can about your biological (blood) relatives, including any children you may have.

## Section 1: Yourself

1.1 Name

Date of birth

day/month/year

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Maiden name

Any other last names

\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ (home)

( \_\_\_\_\_ ) \_\_\_\_\_ (work)

1.2 Have you ever had cancer diagnosed before your most recently diagnosed colon cancer?

No

Yes

→ Type of cancer or tumour

Date of diagnosis

(day/month/year)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list your parents, children, brothers and sisters on the following pages, referring to records or asking other family members for information when you need to. The last page asks whether any of your other relatives have had cancer.

If you don't know an answer, please write "Don't know" or "DK" in the space for the answer. If you are not sure of a date, please make your best guess and put a question mark beside it.

### Section 2: Your Mother

2.1	Full name (First/middle/last)	Age	Date of birth (day/month/year)
	Maiden name	Any previous married name(s)	
2.2	Is your mother alive?	Age at death	Date of death (day/month/year)
	<input type="radio"/> No <input type="radio"/> Don't know → <i>Please go to question 2.3.</i> <input type="radio"/> Yes → <i>Please go to question 2.3.</i> <input type="checkbox"/> Cause of death →		
2.3	Has your mother had any cancers or tumours?	Age at diagnosis	Date of diagnosis (day/month/year)
	<i>Include any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.</i> <input type="radio"/> No → <i>Please go to Section 3, page 3.</i> <input type="radio"/> Don't know → <i>Please go to Section 3, page 3.</i> <input type="radio"/> Yes <input type="checkbox"/> Type of cancer or tumour →		

### Section 3: Your Father

3.1 Full name  
(First/middle/last)

Age

Date of birth  
(day/month/year)

/ /

3.2 Is your father alive?

No

Don't know

Yes

→ Cause of death

→ Please go to question 3.3.

→ Please go to question 3.3.

Age at death

Date of death  
(day/month/year)

/ /

3.3 Has your father had any cancers or tumours?

*Include any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

No

Don't know

Yes

→ Type of cancer or tumour

→ Please go to Section 4, pages 4 and 5.

→ Please go to Section 4, pages 4 and 5.

Age at diagnosis

Date of diagnosis  
(day/month/year)

/ /

/ /



4.2 Are all your children alive?

No

Don't know

Yes

→ Please go to question 4.3.

→ Please go to question 4.3.

→ Names of any children who have died

Cause of death

Age at death

Date of death  
(day/month/year)

_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____

4.3 Have any of your children had any cancers or tumours?

*Include any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

No

Don't know

Yes

→ Please go to Section 5, pages 6 and 7.

→ Please go to Section 5, pages 6 and 7.

→ Names of any children who have had cancer

Type of cancer or tumour

Age at diagnosis

Date of diagnosis  
(day/month/year)

_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____
_____	_____	_____	_____ / ____ / ____



5.2 Are all your brothers and sisters alive?

No

Don't know →

*Please go to question 5.3.*

Yes →

*Please go to question 5.3.*

→ Names of any brothers and sisters who have died

Cause of death

Age at death

Date of death  
(day/month/year)

_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____

5.3 Has any of your brothers or sisters had any cancers or tumours?

*Include any leukemia or lymphoma. If anyone had more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

No →

*Please go to Section 6, pages 8 and 9.*

Don't know →

*Please go to Section 6, pages 8 and 9.*

Yes

→ Names of any brothers or sisters who have had cancer

Type of cancer or tumour

Age at diagnosis

Date of diagnosis  
(day/month/year)

_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____





Handwriting practice area with 20 horizontal lines.

We recognize that the following question may be sensitive for some people. If you do not want to answer, it would be helpful to us if you would write "prefer not to answer" beside it.

### Section 7: Your Ethnic or Racial Background

7.1 What is your ethnic or racial background? (Please tick as many as apply.)

- Black
- Middle Eastern (e.g. Egyptian, Lebanese, Iranian)
- Other
- White
- Filipino
- Please specify* \_\_\_\_\_
- Native (e.g. Indian, Inuit)
- East Asian (e.g. Chinese, Korean, Vietnamese)
- Don't know
- Jewish
- South Asian (e.g. East Indian, Pakistani)

Thank you very much for taking the time to fill out this questionnaire.  
Your participation is very much appreciated.

Please mail this completed questionnaire in  
the return envelope provided.