

UCSD WHEL STUDY: Family History Questionnaire

Randomization Meeting Date

Screening Id.:test-CaseCa0059

We are interested in learning as much as possible about any history of cancer in your family. For those relatives that have had cancer we would like to know the location or type of cancer and approximate age at diagnosis. Only full blood relatives should be considered, living or deceased. Do not count half or adopted relatives. There are four parts to this questionnaire, and it is important that you read the instructions for each part carefully before beginning.

PART I - PARENTS AND GRANDPARENTS

INSTRUCTIONS

1. For the relatives listed in Column 1, please check **YES** in the column 2 if they are still alive, **NO** if they are deceased, or **Unk (Unknown)** if you are unsure.
2. In column 3, please indicate their current age (if living), or their age at time of death (if deceased).
3. In column 4, please indicate if these relatives have ever been diagnosed by their doctor as having any form of cancer. Check **YES**, **NO**, or **UNK (Unknown)** for each relative.
4. If the answer in column 4 is **YES** for a family member, if the family member had breast cancer, check **YES** in column 5, if the family member had ovarian cancer (females) or prostate cancer (males) check **YES** in column 5, if other cancer was diagnosed, write in the location and/or type of cancer that was diagnosed in column 5.
5. In column 6, for those who have had cancer, please write down their age at the time their first cancer was diagnosed.

PART I - PARENTS and GRANDPARENTS

IMPORTANT: Columns 1,2,3, and 4 should always be completed for each relative.
Columns 5 and 6 are completed if Column 4 is "Yes".

Are you adopted? ____ Yes, No If yes, complete information for only **full blooded** relatives.

(1) Relative	(2) Still living	(3) Age (current/ at death)	(4) Ever have Cancer?	(5) Enter all types or locations of Cancer	(6) Age First Diagnosed
Your Mother	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Ovarian Y ____ N ____ 3. Other, Specify ____	» ____
Your Mother's Mother	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Ovarian Y ____ N ____ 3. Other, Specify ____	» ____
Your Mother's Father	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Prostate Y ____ N ____ 3. Other, Specify ____	» ____
Your Father	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Prostate Y ____ N ____ 3. Other, Specify ____	» ____
Your Father's Mother	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Ovarian Y ____ N ____ 3. Other, Specify ____	» ____
Your Father's Father	1. ____ Yes 2. ____ No 3. ____ Unk	» ____	1. ____ Yes 2. ____ No 3. ____ Unk	» 1. Breast Y ____ N ____ 2. Prostate Y ____ N ____ 3. Other, Specify ____	» ____

PART II - BROTHERS and SISTERS

INSTRUCTIONS

1. Now we would like to ask you the same questions about your full blood brothers and sisters (same mother and father as you, including any who may not be living anymore.) Do not include adopted, foster, half or step siblings.

A. How many brothers (living or dead) do you have? _____

B. How many sisters (living or dead) do you have? _____
2. Starting with your oldest sibling, write in their name in the space provided (they will not be contacted as this is simply to help you complete this part of the questionnaire). Then check the correct box that indicates whether they are male(M) or female(F). Write the name of the next oldest brother or sister on the next line, until you have named everyone. Include only full blood brothers and sisters, not stepbrothers or stepsisters.
3. Complete the table for Part II just as you did in Part I. Make sure you have completed a row for each brother or sister.

PART II - BROTHERS and SISTERS

IMPORTANT: Columns 1,2,3, and 4 should always be completed for each relative.
Columns 5 and 6 are completed if Column 4 is "Yes".

(1) First Name of Sister or Brother	(2) Still living	(3) Age (current/ at death)	(4) Ever have Cancer?	(5) Enter all types or locations of Cancer	(6) Age First Diagnosed
1. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
2. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
3. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
4. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
5. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
6. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____
7. _____ Gender:M__F__	1. ____ Yes 2. ____ No 3. ____ Unk	» _____	1. ____ Yes »2. ____ No 3. ____ Unk	»1. Breast Y__ N__ 2. Ovarian/Prostate Y__ N__ 3. Other, Specify _____	» _____

Figure 5-10 Family History Questionnaire (page 4 of 11)

PART III - SONS and DAUGHTERS

INSTRUCTIONS

1. Now, we would like you to answer the same questions about your children. Starting with the oldest and proceeding to the youngest, write their names in column 1, checking the correct gender. Again, we will not contact these relatives, and remember to include only your biologic children, not adopted or stepchildren.
 - A. How many daughters (living or dead) do you have? _____
 - B. How many sons (living or dead) do you have? _____
2. Complete the table for Part III just as you did in Parts I and II. Make sure you have completed a row for each child.

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PART III - SONS AND DAUGHTERS

IMPORTANT: Columns 1,2,3, and 4 should always be completed for each relative.
Columns 5 and 6 are completed if Column 4 is "Yes".

(1) First Name of Daughter or Son	(2) Still living	(3) Age (current/ at death)	(4) Ever have Cancer?	(5) Enter all types or locations of Cancer	(6) Age First Diagnosed
8. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
9. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
10. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
11. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
12. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
13. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
14. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____

PART IV - AUNTS and UNCLES

INSTRUCTIONS

1. Finally, we would like you to answer the same questions about your aunts and Uncles. Starting with your mother's full blood brothers and sisters, write their first names in Column 1, checking the correct gender. Next list your father's full blood brothers and sisters, write their first names in column 1, checking the correct gender. Again, we will not contact these relatives.
 - A. How many aunts (living or dead) do you have? _____
 - B. How many uncles (living or dead) do you have? _____
2. Complete the table for Part IV just as you did in Parts I ,II and III. Make sure you have completed a row for each aunt or uncle.

PART IV - AUNTS and UNCLES

IMPORTANT: Columns 1,2,3, and 4 should always be completed for each relative.
Columns 5 and 6 are completed if Column 4 is "Yes".

Your father's brothers and sisters

(1) First Name of Aunt or Uncle	(2) Still living	(3) Age (current/ at death)	(4) Ever have Cancer?	(5) Enter all types or locations of Cancer	(6) Age First Diagnosed
8. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
9. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
10. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
11. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
12. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
13. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____
14. _____ Gender: M ___ F ___	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» _____	1. ___ Yes ___ 2. ___ No ___ 3. ___ Unk ___	» 1. Breast Y ___ N ___ 2. Ovarian/Prostate Y ___ N ___ 3. Other, Specify _____	» _____