

**Family History Questionnaire
Indiana Familial Pancreatic Cancer Roster
Medical and Molecular Genetics Department
Indiana University School of Medicine**

Instructions

- When filling out the form, please complete both sides
- Please include all biological (blood) relatives whether or not they have been diagnosed with cancer. If you do not have exact dates or ages, please estimate.
- If there is not enough space for all relatives to be listed, please list the additional relatives on a separate sheet of paper and indicate how the individual(s) is related to you.
- You may need to speak with other family members to increase the accuracy of the information on this form. However, we do understand that sometimes information is just not available.
- If you have any questions about completing this form, please contact Cindy Hunter, genetic counselor, at 317-274-3060.
- A return envelope has been included for returning the completed form to us.

Section A: General Information

Name: _____ Maiden Name: _____

Date of Birth: _____

Address: _____

Phone number: _____

Diagnosed with cancer? Yes / No

If yes, type of cancer: _____

Date and/or age diagnosed: _____

Where were you treated? _____

Treatment received: _____

Referring Physician: _____

Address: _____

Section B: Your Parents

Name First and Last	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Your Mother		Yes / No	Yes / No
Your Father		Yes / No	Yes / No

Section C: Your Children

Please list in order of birth

Name First and Last	Name of other parent	Sex	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Child #1		M / F		Yes / No	Yes / No
Child #2		M / F		Yes / No	Yes / No
Child #3		M / F		Yes / No	Yes / No
Child #4		M / F		Yes / No	Yes / No

Section D: Your Brothers and Sisters:

Please list in order of birth

Name First and Last	Sex	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Sibling #1	M / F		Yes / No	Yes / No
Sibling #2	M / F		Yes / No	Yes / No
Sibling #3	M / F		Yes / No	Yes / No
Sibling #4	M / F		Yes / No	Yes / No
Sibling #5	M / F		Yes / No	Yes / No

Are any of your siblings half-siblings to you, i.e. you share one parent only? Please write their names here and indicate whether you share the same mother or father.

Section E: Your Nieces and Nephews

Sibling's Name	His / Her children Name; date of birth or age	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Sibling	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Sibling	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Sibling	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Sibling	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Sibling	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No

Section F: Mother's Family

Mother's Parents

Name First and Last	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Your Mother's Mother		Yes / No	Yes / No
Her maiden name: Her Country of origin/Ethnic background, i.e.: German, Japanese:			
Your Mother's Father		Yes / No	Yes / No
His Country of origin/Ethnic background, i.e.: German, Japanese:			

Mother's Brothers and Sisters (your maternal aunts and uncles)

Name First and Last	Sex	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Sibling #1	M / F		Yes / No	Yes / No
Sibling #2	M / F		Yes / No	Yes / No
Sibling #3	M / F		Yes / No	Yes / No
Sibling #4	M / F		Yes / No	Yes / No

Are any of your mother's siblings half-siblings to her, i.e. they share one parent only? Please write their names here and indicate whether they share the same mother or father.

Section G: Maternal First Cousins

Aunt/Uncle's Name	His / Her children (your cousins) Name; Date of birth or age	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No

Section H: Father's Family

Father's Parents

Name First and Last	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Your Father's Mother		Yes / No	Yes / No
Her maiden name: Her Country of origin/Ethnic background, i.e.: German, Japanese:			
Your Father's Father		Yes / No	Yes / No
His Country of origin/Ethnic background, i.e.: German, Japanese:			

Father's Brothers and Sisters (your paternal aunts and uncles)

Name First and Last	Sex	Date of Birth	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Sibling #1	M / F		Yes / No	Yes / No
Sibling #2	M / F		Yes / No	Yes / No
Sibling #3	M / F		Yes / No	Yes / No
Sibling #4	M / F		Yes / No	Yes / No

Are any of your father's siblings half-siblings to him, i.e. they share one parent only? Please write their names here and indicate whether they share the same mother or father.

Section I: Paternal First Cousins

Aunt/Uncle's Name	His / Her children (your cousins) Name; Date of birth or age	Deceased? If yes, 1. Date and/or age at death 2. Cause of Death	Diagnosed with Cancer? If yes, 1. Type of cancer 2. Age at diagnosis (approximate if uncertain) 3. Treatment
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No
Aunt/Uncle	1. 2. 3.	Yes / No Yes / No Yes / No	Yes / No Yes / No Yes / No

Section J: Other

Are there other family members diagnosed with cancer that is not listed above?

If so, please write their names here and indicate how they are related to you; please include type of cancer, age at diagnosis and any other details that are available.

Has any family member undergone genetic testing for cancer susceptibility (i.e.: BRCA1, BRCA2, FAP/APC, HNPCC/MLH1 and MSH2)?

If so, please write their name(s) here and indicate the genetic test performed and the result.

Thank you for taking the time to complete this form.