

Family history questionnaire (C) - cancer panel

This form is to be completed if having cancer genetic testing.

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Full Name:

DOB:
DD/MM/YYYY

Fill in your personal and family health history to the best of your knowledge, and estimate when you need to. If there isn't enough space to adequately answer a question, please use additional pages.

If you were born Female complete SECTION 1, 2, 3, then 5, 6, 7

If you were born Male complete SECTION 1 then 4, 5, 6, 7

SECTION 1: About me (fill in this section)

1. What is your ancestry? (check all that apply)

- | | | | |
|---|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native American | <input type="checkbox"/> Other Asian | <input type="text"/> |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Japanese | <input type="checkbox"/> Unknown | |

2. Are you of Ashkenazi Jewish descent?

Ashkenazi Jewish individuals are individuals whose ancestors are Jews from Eastern European countries.

- No Yes I'm not sure

3. Why are you having genetic testing done?

- Learn if my family history of cancer is hereditary
- Learn if I carry a mutation known to run in my family
- Learn if my personal history of cancer is hereditary
- I'm curious to know more about my genetics

4. What height are you? cm or ft in

5. What is your weight? kg or st lb

6. What is your blood pressure? mmHg or I'm not sure

7. What sex were you at birth?

- Female (go to SECTION 2) Male (go to SECTION 4)

SECTION 2: Female Health History (only fill in if you were born female)

1. How old were you when you had your first period? years old

2. Have you ever given birth to a child? Please include live births only.

- No Yes, I was years old when I first gave birth

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SECTION 3: Female Cancer History (only fill in if you were born female)

1. Have you ever had cancer?

No (**go to SECTION 5**) Yes, if so please answer the following questions:

1a. Have you had breast cancer?

No Yes, I was diagnosed at years old

Breast cancer affected

both breasts one breast

What type of breast cancer did you have?

Lobular Carcinoma

Ductal Carcinoma

Ductal Carcinoma In Situ (DCIS)

1b. Have you ever had Ovarian / fallopian tube / primary peritoneal cancer?

No Yes, diagnosed at years old

1c. Have you ever had Colon (colorectal) cancer?

No Yes, diagnosed at years old

1d. Have you ever had Uterine (endometrial) cancer?

No Yes, diagnosed at years old

1e. Have you ever had Stomach (gastric) cancer?

No Yes, diagnosed at years old

What type of stomach (gastric) cancer did you have?

Adenocarcinoma

Diffuse gastric cancer

1f. Have you ever had Melanoma ?

No Yes, diagnosed at years old

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1g. Have you ever had Hematological malignancy? (for example, Leukemia, Lymphoma, or Multiple myeloma)

No Yes

Are you in active treatment or remission?

Active treatment I have been in active remission for years

1h. Have you had any other cancers?

cancer, diagnosed at years old

cancer, diagnosed at years old

2. Have you had a mastectomy? A mastectomy is the removal of one or both breasts.

No Yes, unilateral (removal of single breast) I was years old

Yes, bilateral (removal of both breasts) I was years old

3. Have you had a oophorectomy? An oophorectomy is the removal of one or both ovaries.

No Yes, unilateral (removal of single ovary) I was years old

Yes, bilateral (removal of both ovaries) I was years old

4. Have you had a breast biopsy?

No Yes, I have had breast biopsies

Have you had any breast biopsies with atypical hyperplasia?

No Yes I'm not sure

Have you ever been diagnosed with lobular carcinoma in situ (LCIS)?

No Yes I'm not sure

Now go to SECTION 5

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SECTION 4: Male Cancer History (only fill in if you were born male)

1. Have you ever had cancer?

No (**go to SECTION 5**) Yes, if so please answer the following questions:

1a. Have you had male breast cancer?

No Yes, I was diagnosed at years old

Did the breast cancer affect both breasts?

No Yes

What type of breast cancer did you have?

- Lobular Carcinoma
 Ductal Carcinoma
 Ductal Carcinoma In Situ (DCIS)

1b. Have you ever had Colon (colorectal) cancer?

No Yes, diagnosed at years old

1c. Have you ever had Stomach (gastric) cancer?

No Yes, diagnosed at years old

1d. Have you ever had Melanoma?

No Yes, diagnosed at years old

1e. Have you ever had Prostate cancer?

No Yes, diagnosed at years old

1f. Have you ever had Hematological malignancy? (for example, Leukemia, Lymphoma, or Multiple myeloma)

No Yes

Are you in active treatment or remission?

Active treatment I have been in active remission for years

1g. Have you had any other cancers?

cancer, diagnosed at years old

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2. Have you ever had colon polyps identified on colonoscopy or sigmoidoscopy?

- No Yes, if so please specify below I'm not sure

Approximately (number) polyps have been found in my lifetime

Now go to SECTION 5

SECTION 5: My Genetic Tests (fill in this section)

1. Have you ever had a genetic test for hereditary cancer risk?

- No Yes, if so please provide details below:

The test was provided by the following lab:

- Ambry Genetics GeneDx Myriad Genetics
 Color Genomics Invitae Other
 Counsyl LabCorp

Please provide reports of previous testing if available:

2. Was a pathogenic or likely pathogenic mutation identified in the BRCA1 gene?

- No Yes, name of BRCA1 gene mutation, if available:

3. Was a pathogenic or likely pathogenic mutation identified in the BRCA2 gene?

- No Yes, name of BRCA2 gene mutation, if available:

4. Was a pathogenic or likely pathogenic mutation identified in another gene?

- No Yes, name of the gene and mutation, if available:

Now go to SECTION 6

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SECTION 6: My Treatments (fill in this section)

1. Have you had a bone marrow transplant?

- No Yes, if so please provide details below:

Was the transplanted bone marrow your own?

- No Yes

2. Have you had a blood transfusion in the week before providing your genetic testing sample?

- No Yes

SECTION 7: My Family History (fill in this section)

1. Are you adopted or do you have no health information about one, or both sides of your biological family members?

- No Yes, if so please provide details below:

Check all boxes for family members with no health information available:

- Mother Father Siblings
 Mother's family Father's family

On the next page you can skip questions related to the family members you are missing information for. If you are just lacking confidence in some of your answers though, please make your best guess.

Please turn over to complete SECTION 7

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2. Please provide ages (current or at death) and cancer history for your biological family members.

Female relatives: Provide cancer history for breast, ovarian, fallopian tube, primary peritoneal and other cancers.

Male relatives: Provide cancer history for male breast and other cancers.

Parents / Grandparents Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternal grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternal grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paternal grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paternal grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings Biological only	Age Currently, or at death	Deceased?	Half sibling Which parent?	Cancer history Type and age at diagnosis
Sister 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sister 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sister 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brother 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brother 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brother 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Maternal Aunts & Uncles Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Mother's sister 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's sister 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's sister 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's brother 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's brother 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's brother 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paternal Aunts & Uncles Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Father's sister 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's sister 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's sister 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's brother 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's brother 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's brother 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Children Biological only	Age Currently, or at death	Deceased?	Cancer history Type and age at diagnosis
Daughter 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daughter 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daughter 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Son 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Son 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Son 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Have any of your female or male relatives had a genetic test for hereditary cancer risk?

- No Yes, if so please provide details below:

Please provide reports of previous testing, if available. For any pathogenic or likely pathogenic mutations found: **list the relative, gene and mutation name.**

4. Is there anything else related to cancer history or known genetic mutations that you would like to share?

Thank you