



Family History Questionnaire for Common Hereditary Cancer Syndromes

Patient name: _____ Date of birth: _____ Age: _____
 Height: _____ Weight: _____ Age at first period: _____ Age when had first child (if applicable): _____
 Age at menopause (if applicable): _____ Have you ever used hormone replacement therapy? Yes or No If yes, for how many years? _____
 Have you ever had a breast biopsy? Yes or No If yes, what were the results? _____
 How many daughters do you have? _____ sisters? _____ maternal aunts? _____ paternal aunts? _____
 Ancestry (select all that apply):

White/non-hispanic Ashkenazi Jewish Pacific Islander Hispanic/Latin Asian Middle Eastern Black/African Native American

Have you or anyone in your family had genetic testing for a hereditary cancer syndrome? Yes or No
 If yes, who and what were the results?

Do you have a PERSONAL or FAMILY history of the following cancers?

First degree relatives are parents, children, brothers and sisters
 Second degree relatives are grandparents, aunts, uncles, grandchildren, nieces, nephews and ½ siblings
 Third degree relatives are first cousins, great-grandparents or great -grandchildren

- Breast cancer Ovarian cancer Pancreatic cancer Prostate cancer Uterine/endometrial cancer
 Colon cancer Brain cancer Small bowel cancer Kidney/urinary tract cancer
 Other cancers (please list)

Affected member (please indicate if maternal or paternal)	What type of cancer	Age at diagnosis

	YES	NO
Are you of Ashkenazi Jewish descent with at least one family member with breast, ovarian pancreatic or prostate cancer? *		
Is there 1 case of breast cancer diagnosed under the age of 50?*		
Is there someone who has 2 primary breast cancers (recurrence does NOT count)?*		
Is there someone with ovarian cancer?*		
Is there someone with triple negative breast cancer diagnosed at or under the age of 60?*		
Is there a MALE with breast cancer at any age?*		
Do you have a personal history of metastatic breast cancer?		
Is there someone with metastatic prostate cancer?*		
Are there 2 relatives on same side of family w/ breast cancer, 1 diagnosed at or under 50?		
Are there 3 or more relatives on the same side of the family with any of the following cancers: breast, ovarian, pancreatic and prostate?		
Is there someone with endometrial cancer or colon/rectal cancer diagnosed at or under age 50?*		
Do you have a personal history of either colon OR endometrial cancer AND 1 or more of the Lynch syndrome cancers**?		
Are there 2 or more relatives with Lynch syndrome cancers** with one relative diagnosed before age 50 AND one being colon or endometrial cancer?		
Are there 3 or more relatives with a Lynch syndrome cancers** at any age AND one being colon or endometrial cancer		

*In self, first or second degree family member
 **Lynch syndrome cancers: colon, endometrial, gastric, ovarian, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain and sebaceous adenomas