

**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.**

**Ontario
Familial Colorectal Cancer Registry**



Family History Questionnaire

**Should you wish to talk to someone about this questionnaire,
you may call 416-217-1310 or 1-866-225-2728.**

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)
 - Latino/Hispanic
 - White
 - Filipino
 - Other
 - Native (e.g. Indian, Inuit)
 - East Asian (e.g. Chinese, Korean, Vietnamese)
 - Please specify:* _____
 - Jewish
 - South Asian (e.g. East Indian, Pakistani)
 - Don't know

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 6: Your Other Relatives Who Have Had Cancer

6.1 Have any of your other relatives (for example, grandparents, aunts and uncles, nieces and nephews, first or second cousins, grandchildren) had any cancers or tumours?

- Please write which side of the family any relative was on (for example, "mother's mother", "father's sister").
- 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.
- If any of these relatives were half-brothers or half-sisters of your parents, please write, for example, "mother's half-brother".
- If any relatives you list were adopted into the family, please write "adopted" beside the line where you list them.

- No
- Don't know
- Yes

Name	Relationship to you (for example, mother's father, or cousin on father's side)	Type of cancer or tumour	Age at diagnosis	Is this relative alive?

*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 or rectal 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?

No

Don't know →

Please go to question 2.3.

Yes

→

Please go to question 2.3.

→ Cause of death

Age at death

Date of death (day/month/year) ____/____/____

2.3 Has your mother 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

→

Please go to Section 3, page 3.

Don't know

→

Please go to Section 3, page 3.

Yes

→ 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) ____/____/____

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 5: Your Brothers and Sisters

5.1 How many brothers and sisters do you have (living and deceased)? _____ If none, please go to Section 6, pages 8 and 9.

- Please list them all, living and deceased (write on the inside of the front cover or the outside of the back cover if necessary).
- If any have changed their last names, by marriage or otherwise, please list the last names they use now.
- If any of your brothers or sisters were adopted please write "adopted" beside their names.
- If any of your brothers or sisters are twins/triplets/multiple births, please write this information beside their names.
- If some are your half-brothers or half-sisters, please write "half-brother" or "half-sister" beside their names, and whether they had the same mother or same father as yourself.
- Please do not list any step-brothers or step-sisters (children from your step-mother's or step-father's previous marriage).

Full name (First/middle/last)	Sex (Circle)	Age	Date of birth (day/month/year)
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___
_____	M F	_____	___/___/___

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 → Please go to question 3.3.
 Yes → Please go to question 3.3.

→ Cause of death

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 Please go to Section 4, pages 4 and 5.
 Don't know → Please go to Section 4, pages 4 and 5.

Yes
 → Type of cancer or tumour

Age at diagnosis _____ Date of diagnosis
(day/month/year) ___/___/___