Ontario
Familial Colorectal Cancer Registry

Follow-up
Family History Questionnaire

We would like to make sure that our information on your and your relatives' health is still correct, and would be grateful if you would use this form to tell us about any changes that have occurred since our last contact.

Should you wish to talk to any of the study staff about this questionnaire, please call 416-217-1310 or 1-866-225-2728. Our email address is OFCCR@cancercare.on.ca

Thank you very much for taking the time to fill out this questionnaire. We appreciate your participation.

Please mail this completed questionnaire in the return envelope provided.

Please refer to the yellow sticker for the date of the last contact.

6. **Since we last contacted you**, have any of your blood relatives died? (For example, **grandparents, grandchildren, aunts and uncles, nieces and nephews, or cousins and their children.)** *If none of your blood relatives have died, please go to # 7.*

Name	**Relationship to you** (e.g., mother's father, or cousin on father's side)	**Cause of death**	**Date of death** (day/month/year)	**Age at death**	**Place of death** City/ Town	Province/ State	Country
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____

7. If there have been any births in your family **since we last contacted you**, please write them in the space below. *If there have been no births in your family, please go to # 8.*

Name of baby	**Names of baby's parents** (for example, sister's son and his wife)	**Parents' relationship to you (circle)**	**Baby's sex**	**Baby's date of birth** (day/month/year)
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___

8. If there have been any other family changes (e.g. marriages, name change etc.) you would like to tell us about, please write them in the space below.

_____

_____

Please refer to the "last contact date" provided on the yellow sticker attached to the right upper corner of this questionnaire.

If there have been no changes, please tick "No" in sections 1 and 6.

Please write which side of the family any relative is on (for example, "mother's mother," "father's sister").

If you are not sure of a date, please make your best guess and put a question mark beside it.

If you need more space, please use the back page.

1. **Since we last contacted you**, have any of your blood relatives developed **any cancers or tumours** since our last contact?
We are asking about your **parents, children, sisters and brothers, grandparents, grandchildren, aunts and uncles, nieces and nephews, and other more distant blood relatives (for example, cousins and their children).**

- ○ no → *please go to # 2*
- ○ don't know → *please go to # 2*
- ○ yes → *please write in details in the spaces provided below*

Name	**Relationship to you** (e.g., mother's father, or cousin on father's side)	**Type of cancer**	**Place of diagnosis** (city, hospital)	**Date of diagnosis** (day/month/year)	**Age at diagnosis**
_____	_____	_____	_____	___ / ___ / ___	_____
_____	_____	_____	_____	___ / ___ / ___	_____
_____	_____	_____	_____	___ / ___ / ___	_____
_____	_____	_____	_____	___ / ___ / ___	_____
_____	_____	_____	_____	___ / ___ / ___	_____

2. Is your mother alive?

- ○ no *please write in details in the spaces provided below*
- ○ yes → *please go to # 3*
- ○ don't know → *please go to # 3*

Mother's name	**Cause of death**	**Date of death** (day/month/year)	**Age at death**	**Place of death** City/Town	Province/State	Country
_____	_____	___ / ___ / ___	_____	_____	_____	_____

3. Is your father alive?

- ○ no *please write in details in the spaces provided below*
- ○ yes → *please go to # 4*
- ○ don't know → *please go to # 4*

Father's name	**Cause of death**	**Date of death** (day/month/year)	**Age at death**	**Place of death** City/Town	Province/State	Country
_____	_____	___ / ___ / ___	_____	_____	_____	_____

4. Are all your children alive?

- ○ no *please write in details in the spaces provided below*
- ○ yes → *please go to # 5*
- ○ don't know → *please go to # 5*

Name	**Sex (circle)**	**Cause of death**	**Date of death** (day/month/year)	**Age at death**	**Place of death** City/Town	Province/State	Country
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____

Please use the last page if you need additional space.

5. Are all your brothers and sisters alive?

- ○ no *please write in details in the spaces provided below*
- ○ yes → *please go to # 6*
- ○ don't know → *please go to # 6*

Name	**Sex (circle)**	**Cause of death**	**Date of death** (day/month/year)	**Age at death**	**Place of death** City/Town	Province/State	Country
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____
_____	M F	_____	___ / ___ / ___	_____	_____	_____	_____

Please use the last page, if you need additional space.