**If you have any comments, please write them here or send in a separate envelope.**

Thank you for your participation.
***Please return your completed questionnaire and consent form in the enclosed envelope to:***

Mid-Atlantic Cancer Genetics Network
Johns Hopkins University
615 N. Wolfe Street, Rm. W6517
Baltimore, MD 21205

# MACGN

MID-ATLANTIC CANCER GENETICS NETWORK

## *Learning More About Cancer Risk: Questionnaire to Help Doctors and Scientists Fight Cancer*

Thank you for your interest in the Mid-Atlantic Cancer Genetics Network. Please answer the following questions. It will take about 25 minutes.

Your answers will help doctors and scientists learn more about why some people get cancer.

*Any information that can identify you or your family will not be given out unless you give your permission.*

**If you have any questions or problems understanding the survey, please call 1-877-880-6188 (toll-free).**

# Background Information

**Name:** _____ / _____ / _____
First M.I. Last (include maiden name if applicable)

**Today's date:** _____ / _____ / _____
Month Day Year

**Completed by:** **myself** **other** _____
**(specify relationship to MACGN enrollee)**

**1.) How did you hear about the MACGN registry? (check one):**

- ☐ Through a friend or family member
- ☐ I am a relative of a cancer patient
- ☐ I was contacted by MACGN
- ☐ Doctor or nurse at Johns Hopkins
- ☐ Genetic counselor or clinic at Johns Hopkins
- ☐ Doctor or nurse outside Johns Hopkins
- ☐ Genetic counselor or clinic outside Johns Hopkins
- ☐ At a health fair
- ☐ Web site
- ☐ University information line
- ☐ Advertisement
- ☐ Other _____

**(For office use only)**

- ☐ Tumor registry (local/ state)
- ☐ Hospital registry
- ☐ Purchased list
- ☐ Other research study
- ☐ Regional cancer information service

**2.) Do you know of any blood relatives who have enrolled in the Cancer Genetics Network (national or regional)?** ☐ Yes ☐ No

**If Yes, whom?** _____
**Relationship to you:** _____



## Background Information (continued)

**3.) Are you male or female?** ☐ Male ☐ Female

**4.) When were you born?**

_____ / _____ / _____
(Month) (Day) (Year)

**5.) What is the highest level of schooling that you have completed?**

- ☐...8 years or less
- ☐...Some high school
- ☐...High school graduate or G.E.D.
- ☐...Some college or technical school
- ☐...Graduated college or beyond
- ☐...Not known

**6.) What is your current marital status?**

- ☐... I've never been married
- ☐... I am married or living as married
- ☐... I am separated
- ☐... I am divorced
- ☐... I am widowed
- ☐... Not known

## Height and Weight

**7.) What has been your height for most of your adult life (since age 18, without shoes on)?** _____

**8.) What is your current weight?** _____

**9.) How much did you weigh one year ago?** _____

**10.) When you were age 18, how much did you weigh?** _____

## Genetic Predisposition Testing

**11.) Have you ever received genetic counseling to determine your cancer risk?**

☐ Yes ☐ No ☐ I don't know

**12.) Have you ever used genetic testing to determine your cancer risk?**

☐ Yes ☐ No ☐ I don't know

**13.) Would you be interested in more information about hereditary cancer risks?**

☐ Yes ☐ No ☐ I don't know



## Tobacco Exposure History

**14.) Have you ever smoked at least 100 cigarettes (5 packs) in your lifetime?**

☐ Yes, and I still smoke
Age when I started smoking _____

☐ Yes, but I quit smoking
Age when I started smoking ____
Age when I stopped smoking ____

☐ No
If No, go to Question 17

**15.) What is the total number of years you spent smoking?**

_____ years

**16.) What is the average number of cigarettes that you smoked daily?**

[*Note: 1 pack = 20 cigarettes*] _____ packs or _____ cigarettes

**17.) Have you ever used any other types of tobacco?**

☐ Yes ☐ No (If no, go to next page)

**18.) If Yes, what type did you use and when did you use the tobacco?**

| | Never used | Am using now | Used to use | Age when started | Age when stopped |
|---|---|---|---|---|---|
| Pipe | ☐ | ☐ | ☐ | _____ | _____ |
| Cigars | ☐ | ☐ | ☐ | _____ | _____ |
| Chewing or smokeless tobacco | ☐ | ☐ | ☐ | _____ | _____ |
| Other _____ | ☐ | ☐ | ☐ | _____ | _____ |

# General Cancer History

**19.) Have you ever been diagnosed with cancer?**

☐ Yes ☐ No ☐ I don't know

**20.) If Yes, what type of cancer(s) did you have, and how old were you at the time?**

| Cancer Type(s) | Age at diagnosis |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**21.) Has a doctor ever told you that you had any of the following conditions:** (If Yes, please list age at diagnosis)

a. Non-cancerous lumps or cysts in breasts or fibrocystic breast disease

☐ Yes (age _____) ☐ No ☐ Don't know

b. Colon polyps

☐ Yes (age _____) ☐ No ☐ Don't know

c. Familial Polyposis (Gardner's Syndrome)

☐ Yes (age _____) ☐ No ☐ Don't know

d. Hereditary Non-Polyposis Colon Cancer (HNPCC, Lynch Syndrome)

☐ Yes (age _____) ☐ No ☐ Don't know

e. Ulcerative Colitis

☐ Yes (age _____) ☐ No ☐ Don't know

f. Crohn's Disease

☐ Yes (age _____) ☐ No ☐ Don't know





**22.) Have you ever had a birth defect or been diagnosed with a major congenital abnormality, genetic disorder, or inherited condition?**

☐ Yes (age _____) ☐ No ☐ Don't know

If Yes, please specify the type(s) (see attached list):

_____

**23.) Have you ever had any of the following surgeries for any reason? If so, at what age?**

a. Removal of all or part of the colon (colectomy)

☐ Yes (age _____) ☐ No ☐ Don't know

If Yes: ☐ Partial
☐ Complete
☐ I don't know

b. Removal of all or part of the thyroid (thyroidectomy)

☐ Yes (age _____) ☐ No ☐ Don't know

c. Removal of breast tissue (biopsy or lumpectomy)

☐Yes ☐ No ☐ Don't know

If Yes please give your age(s) when removed:

One side _____ Both sides at same time _____

Opposite side _____ Don't know the age _____
(different surgery)

d. Removal of a breast (mastectomy)

☐Yes ☐ No ☐ Don't know

If Yes please give your age(s) when removed:

One side _____ Both sides at same time _____

Opposite side _____ Don't know the age _____
(different surgery)

**24.) For women only:**

a. Have you ever been diagnosed with benign ovarian tumors or cysts?

☐ Yes (age _____) ☐ No ☐ Don't know

b. Have you ever been diagnosed with polycystic ovaries?

☐ Yes (age _____) ☐ No ☐ Don't know

c. Have you had your uterus removed (hysterectomy)?

☐ Yes (age _____) ☐ No ☐ Don't know

d. Have you had any ovaries removed (oophorectomy)?

☐ Yes ☐ No ☐ Don't know

If Yes please indicate your age when removed:

One side _____ Both at same time _____

Opposite side _____ Don't know the age _____
(different surgery)

**25.) For men only:**

a. Have you ever been diagnosed with enlargement of the prostate (BPH or Benign Prostatic Hypertrophy)?

☐ Yes (age _____) ☐ No ☐ Don't know

b. Have you had all or part of the prostate removed (Prostatectomy)?

☐ Yes (age _____) ☐ No ☐ Don't know

c. Have you had a transurethral resection of the prostate (TURP)?

☐ Yes (age _____) ☐ No ☐ Don't know



# Family History

**26.) Are you adopted?** ☐ Yes ☐ No ☐ I don't know

**27.) Do you know your biological family history?** ☐ Yes ☐ No ☐ I don't know

**28.) Are you a twin?** ☐ Yes ☐ No ☐ I don't know

If Yes: ☐ Identical ☐ Fraternal or non-identical
☐ Same sex, unknown if identical or fraternal

**29.) (Optional) Please write the total number of your *blood-related* brothers, sisters, sons, and daughters, including those who have passed away (check box if you do not know):**

_____ Full brothers ☐ Don't know _____ Half brothers ☐ Don't know
_____ Full sisters ☐ Don't know _____ Half sisters ☐ Don't know
_____ Sons ☐ Don't know _____ Daughters ☐ Don't know

**30.) Please write the total number of your *blood-related* aunts and uncles, including those who have passed away (check box if you do not know):**

Father's side

_____ Uncles ☐ Don't know
_____ Aunts ☐ Don't know

Mother's side

_____ Uncles ☐ Don't know
_____ Aunts ☐ Don't know

**In order to study inherited cancer risk, we will need information about cancer in your spouse and your *blood* relatives. Please give the following information about them. Include people who have had cancer and those who have not. Please make an effort to write down the correct dates and ages, but approximate dates and ages are accepted if you do not know the exact information. If you do not know the information at all, check the box marked "I don't know".**

| Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Spouse/Partner**<br>☐ Not married or partnered<br>Full name (include maiden name if applicable) | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |
| **Father**<br>Full name | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |
| **Mother**<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |
| **Brother #1**<br>__ Full<br>__ Half (same mother) __ Half (same father)<br>Full name | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |
| **Brother #2**<br>__ Full<br>__ Half (same mother) __ Half (same father)<br>Full name | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |
| **Brother #3**<br>__ Full<br>__ Half (same mother) __ Half (same father)<br>Full name | ___/___/___<br>☐ Don't know | ___<br>☐ Still alive ☐ Don't know if alive | ☐ Don't know age | ___ ☐ Don't know<br>___ ☐ Don't know<br>☐ Didn't have cancer ☐ Don't know |

Please continue on next page.

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Brother #4** __ Full<br>__ Half (same mother) __ Half (same father)<br>Full name | ___/___/___<br>☐ Don't know | ___ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | ___<br>___<br>☐ Didn't have cancer ☐ Don't know | ___ ☐ Don't know<br>___ ☐ Don't know |

If you have more brothers, please use pages 24-27.

| | | | | |
|---|---|---|---|---|
| **Sister #1** __ Full<br>__ Half (same mother) __ Half (same father)<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | ___ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | ___<br>___<br>☐ Didn't have cancer ☐ Don't know | ___ ☐ Don't know<br>___ ☐ Don't know |
| **Sister #2** __ Full<br>__ Half (same mother) __ Half (same father)<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | ___ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | ___<br>___<br>☐ Didn't have cancer ☐ Don't know | ___ ☐ Don't know<br>___ ☐ Don't know |
| **Sister #3** __ Full<br>__ Half (same mother) __ Half (same father)<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | ___ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | ___<br>___<br>☐ Didn't have cancer ☐ Don't know | ___ ☐ Don't know<br>___ ☐ Don't know |
| **Sister #4** __ Full<br>__ Half (same mother) __ Half (same father)<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | ___ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | ___<br>___<br>☐ Didn't have cancer ☐ Don't know | ___ ☐ Don't know<br>___ ☐ Don't know |

If you have more sisters, please use pages 24-27.

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Son #1** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Son #2** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Son #3** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Son #4** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |

**If you have more sons, please use pages 24-27.**

| | | | | |
|---|---|---|---|---|
| **Daughter #1** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Daughter #2** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |

**Please continue on next page.**

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Daughter #3** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Daughter #4** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |

**If you have more daughters, please use pages 24-27.**

**(Grandparents)**

| | | | | |
|---|---|---|---|---|
| **Father's father** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Father's mother** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Mother's father** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |
| **Mother's mother** | ___/___/___ | _____ ☐ Don't know age | _____ | _____ ☐ Don't know |
| _____ Full name (include maiden name) | ☐ Don't know | ☐ Still alive ☐ Don't know if alive | _____ ☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know |

**Please continue on next page.**

## Father's relatives: complete ONLY for the blood relatives who have had cancer or pre-cancerous lesions/benign growths.

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Father's brother #1**<br>_____<br>Full name | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Father's brother #2**<br>_____<br>Full name | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Father's sister #1**<br>_____<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Father's sister #2**<br>_____<br>Full name (include maiden name) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Other relative with cancer related symptoms**<br>_____<br>Full name<br>_____<br>Relationship to you (e.g. female cousin) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Other relative with cancer related symptoms**<br>_____<br>Full name<br>_____<br>Relationship to you (e.g. female cousin) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |

**If you have more *blood* relatives who have had cancer-related symptoms, use pages 24-27.**

## Mother's relatives: complete ONLY for the blood relatives who have had cancer or pre-cancerous lesions/benign growths.

| Blood Relative | Birthdate | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| **Mother's brother #1**<br>_____ Full name | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Mother's brother #2**<br>_____ Full name | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Mother's sister #1**<br>_____ Full name (include maiden name) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Mother's sister #2**<br>_____ Full name (include maiden name) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Other relative with cancer related symptoms**<br>_____ Full name<br>_____ Relationship to you (e.g. female cousin) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| **Other relative with cancer related symptoms**<br>_____ Full name<br>_____ Relationship to you (e.g. female cousin) | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |

**If you have more *blood* relatives who have had cancer-related symptoms, use pages 24-27.**

## Other blood relatives who have had cancer or pre-cancerous growths

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Don't know type of cancer | _____ ☐ Don't know<br>_____ ☐ Don't know |

**Please continue on next page if necessary.**

## Other blood relatives who have had cancer or pre-cancerous growths

| Blood Relative | Birthdate (month/day/year) | Age at Death | Cancer Types (Write in the type of cancer. Include pre-cancerous lesions or benign growths. e.g., polyps in the colon) | Age(s) at diagnosis |
|---|---|---|---|---|
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |
| Full name<br>Relationship to you (e.g. female cousin)<br>☐ Father's side ☐ Mother's side ☐ Side unknown | ___/___/___<br>☐ Don't know | _____ ☐ Don't know age<br>☐ Still alive ☐ Don't know if alive | _____<br>_____<br>☐ Didn't have cancer ☐ Don't know | _____ ☐ Don't know<br>_____ ☐ Don't know |



Please continue on next page.

# Cultural Background

**Because risk factors for cancer can be higher in some groups of people, we will need information about your ethnic or racial background. Please answer the questions below about yourself and your biological parents. You do not need to answer all of the questions if you feel uncomfortable with any of them.**

**31.) What is your ethnic/racial background?**
(Please check all that apply, and answer for yourself and your biological parents)

| Yourself | Biological mother | Biological father | |
|---|---|---|---|
| ☐ | ☐ | ☐ | White/Caucasian |
| ☐ | ☐ | ☐ | Black or African-American |
| ☐ | ☐ | ☐ | Native American/Aleutian/Eskimo |
| ☐ | ☐ | ☐ | Asian: Specify _____ |
| ☐ | ☐ | ☐ | Pacific Islander |
| ☐ | ☐ | ☐ | Hawaiian |
| ☐ | ☐ | ☐ | I don't know |
| ☐ | ☐ | ☐ | Other: (please specify below) |

Yourself: _____

Your mother: _____

Your father: _____





**32.) Are you of Spanish or Hispanic descent?**

☐ Yes ☐ No ☐ I don't know

(If Yes, please check all that apply, and answer for yourself and for your biological parents)

| Yourself | Biological mother | Biological father | |
|---|---|---|---|
| ☐ | ☐ | ☐ | Mexican (including Chicano) |
| ☐ | ☐ | ☐ | Puerto Rican |
| ☐ | ☐ | ☐ | Cuban |
| ☐ | ☐ | ☐ | South or Central American (except Brazilian) |
| ☐ | ☐ | ☐ | Other Spanish origin (including European). Please specify _____ |
| ☐ | ☐ | ☐ | Spanish/Hispanic origin, not otherwise specified |
| ☐ | ☐ | ☐ | Spanish surname only |
| ☐ | ☐ | ☐ | I don't know |

**33.) Are you of Ashkenazi (Eastern Europe/Russian) Jewish descent?**

☐ Yes ☐ No ☐ I don't know

**34.) What best describes your family's religious heritage or affiliation?**
(Give only one response per person)

| Yourself | Biological mother | Biological father | |
|---|---|---|---|
| ☐ | ☐ | ☐ | Protestant |
| ☐ | ☐ | ☐ | Mormon (Latter Day Saints) |
| ☐ | ☐ | ☐ | 7th Day Adventist |
| ☐ | ☐ | ☐ | Jehovah's Witness |
| ☐ | ☐ | ☐ | Catholic |
| ☐ | ☐ | ☐ | Other Christian |
| ☐ | ☐ | ☐ | Other Jewish |
| ☐ | ☐ | ☐ | Moslem |
| ☐ | ☐ | ☐ | Hindu |
| ☐ | ☐ | ☐ | Buddhist |
| ☐ | ☐ | ☐ | None |
| ☐ | ☐ | ☐ | I don't know |
| ☐ | ☐ | ☐ | Other—specify: Self _____ |
| | | | Mother _____ |
| | | | Father _____ |



# Contact Information

**35.) Please confirm your address and phone number:**

_____

_____

_____

**36.) Phone:** day: (_____)_____-_____

eve: (_____)_____-_____

**37.) E-mail:** _____

**38.) How do you prefer that we contact you?**

☐ Mail ☐ Telephone ☐ E-mail

**39.) Best time to contact you:** _____

**40.) Please give the name and address of a family member or friend whom we might contact in case we lose touch with you:**

_____

_____

_____

_____

## Thank you for your participation!

A return envelope is included with this form. Please return this survey by sealing it in the envelope along with the signed consent form and dropping it in the mail. The postage is already paid.