

Cancer Family History

	Current Age	Age at Death	First Cancer type	Age at first cancer diagnosis	Second Cancer type	Age at second cancer diagnosis
Yourself <input type="checkbox"/> Male <input type="checkbox"/> Female						
Your siblings (Please circle either sister or brother)						
Sister Brother						
Sister Brother						
Sister Brother						
Sister Brother						
Your children (Please circle either daughter or son)						
Daughter Son						
Daughter Son						
Daughter Son						
Daughter Son						
Your Father's family (Please circle either Aunt or Uncle)						
Father						
Paternal Grandfather						
Paternal Grandmother						
Aunt Uncle						
Aunt Uncle						
Aunt Uncle						
Aunt Uncle						
Other						
Other						
Your Mother's family (Please circle either Aunt or Uncle)						
Mother						
Maternal Grandfather						
Maternal Grandmother						
Aunt Uncle						
Aunt Uncle						
Aunt Uncle						
Aunt Uncle						
Other						
Other						

Your ethnic background

Are you Jewish? ☐ Yes ☐ No

Are you African American? ☐ Yes ☐ No

What region or country did your father's ancestors come from? (Example: Italy, Poland, England)

What region or country did your mother's ancestors come from? (Example: France, Ireland, Germany)

(If you are female, please answer the following):

Age when menstrual periods started _____

Age when menstrual periods stopped _____

Age when you gave birth to your first child _____

Have you ever had a breast biopsy ☐ No ☐ Yes, I had one biopsy ☐ Yes, I had more than one biopsy