

# Family History Questionnaire

<b>Documented By:</b>				<b>Date:</b>		<b>Historian:</b>			
<b>Biological Mother</b>					<b>Biological Father</b>				
<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death	<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death		
<b>Maternal Family (Biological)</b>					<b>Paternal Family (Biological)</b>				
<b>Ethnic Background:</b>					<b>Ethnic Background:</b>				
<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death	<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death		
		Grandmother				Grandmother			
		Grandfather				Grandfather			
		Aunt(s)				Aunt(s)			
		Uncle(s)				Uncle(s)			
<b>Sisters</b>					<b>Brothers</b>				
<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death	<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death		
<b>Daughters</b>					<b>Sons</b>				
<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death	<input type="checkbox"/> If Living	<input type="checkbox"/> If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death		

Indicate whether adopted, half-siblings, and mono- or di-zygotic twins

Other Maternal Relatives of Concern				Other Paternal Relatives of Concern			
✓ If Living	✓ If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death	✓ If Living	✓ If in Good Health	1) Name 2) Current age or age at death	1) Health problems 2) Age at diagnosis 3) Cause of death