



Family History Questionnaire for Hereditary Breast and Ovarian Cancer

Have you ever been diagnosed with cancer? _____ Yes _____ No

Type of cancer: _____ How old were you at the time of your diagnosis? _____

Have any of your relatives been diagnosed with the following cancers:
Breast, Ovarian/Fallopian Tube, Prostate, Pancreatic, Male Breast Cancer, Melanoma, or any others?

	Yes	No	Type of cancer	Age at diagnosis
Father	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Son	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Brother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sister	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Niece	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nephew	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Maternal Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Maternal Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Maternal Aunt	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Maternal Uncle	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paternal Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paternal Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paternal Aunt	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paternal Uncle	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Maternal Cousin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Paternal Cousin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____