

Northern California Cancer Center Colon Family Registry Family History Questionnaire for Controls

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Family History Questionnaire for Controls

Study ID: _____

The IP will gather information about natural parents and full brothers and sisters.

A. Natural Parents

1. Father

- a. Is your father still living? Yes If **yes**, how old is he? _____
 No If **no**, how old was he when he died? _____
- b. Did he ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____
- c. Did he ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he when first diagnosed? _____
- d. Did he have any other cancer(s)? Yes No
 If **yes**, What kind of cancer? _____
 How old was he when first diagnosed? _____

2. Mother

- a. Is your mother still living? Yes If **yes**, how old is she? _____
 No If **no**, how old was she when he died? _____
- b. Did she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____
- c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____

How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No

If **yes**, What kind of cancer? _____

How old was she when first diagnosed? _____

B. Full Brothers and Sisters

1. Brother or Sister #1

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer? _____
 How old was she when first diagnosed? _____

2. Brother or Sister #2

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer? _____
 How old was she when first diagnosed? _____

3. Brother or Sister #3

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer? _____
 How old was she when first diagnosed? _____

4. Brother or Sister #4

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

5. Brother or Sister #5

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when first diagnosed? _____

6. I Brother or I Sister #6

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when diagnosed? _____

7. I Brother or I Sister #7

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

8. I Brother or I Sister #8

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____

How old was she when first diagnosed? _____

9. Brother or Sister #9

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was she when diagnosed? _____

10. Brother or Sister #10

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No
 If **yes**, What kind of cancer was it? _____
 How old was he/she when first diagnosed? _____

11. Brother or Sister #11

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No
 If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No

If **yes**, What kind of cancer was it? _____

How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No

If **yes**, What kind of cancer was it? _____

How old was she when first diagnosed? _____

12. Brother or Sister #12

a. Is your brother/sister still living? Yes If **yes**, how old is he/she? _____
 No If **no**, how old was he/she when she died? _____

b. Did he/she ever have polyps in the large intestine? Yes No

If **yes**, age at diagnosis? _____

c. Did she ever have cancer? Yes No

If **yes**, What kind of cancer was it? _____

How old was she when first diagnosed? _____

d. Did she have any other cancer(s)? Yes No

If **yes**, What kind of cancer was it? _____

How old was she when diagnosed? _____

Family History Questionnaire for Controls (for phone interviews)

Name: _____ Study ID: _____ Date of Collection: _____

A. Your Natural Parents

	This person ever have polyps in large intestine?	This person ever been diagnosed with cancer(s)?	If yes...
1) Father			
<input type="checkbox"/> Living, Age: _____	<input type="checkbox"/> Yes Age at diagnosis: _____	<input type="checkbox"/> Yes Type or location: _____	
<input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> No	<input type="checkbox"/> No Age at diagnosis: _____	Type or location: _____ Age at diagnosis: _____
2) Mother			
<input type="checkbox"/> Living, Age: _____	<input type="checkbox"/> Yes Age at diagnosis: _____	<input type="checkbox"/> Yes Type or location: _____	
<input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> No	<input type="checkbox"/> No Age at diagnosis: _____	Type or location: _____ Age at diagnosis: _____

B. Your Full Brothers and Sisters

	This person ever have polyps in large intestine?	This person ever been diagnosed with cancer(s)?	If yes...
1) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
2) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
3) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____

4) I Brother or I Sister

<input type="checkbox"/> Living, Age: _____	<input type="checkbox"/> Yes Age at diagnosis: _____	<input type="checkbox"/> Yes Type or location: _____
<input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> No	<input type="checkbox"/> No Age at diagnosis: _____
		Type or location: _____
		Age at diagnosis: _____

B. Your Full Brothers and Sisters (Continued...)

	This person ever have polyps in large intestine?	This person ever been diagnosed with cancer(s)?	If yes...
5) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
6) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
7) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____

8) I Brother or I Sister			
<input type="checkbox"/> Living, Age: _____	<input type="checkbox"/> Yes Age at diagnosis: _____	<input type="checkbox"/> Yes Type or location: _____	
<input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> No	<input type="checkbox"/> No Age at diagnosis: _____	
		Type or location: _____	
		Age at diagnosis: _____	

B. Your Full Brothers and Sisters (Continued...)

	This person ever have polyps in large intestine?	This person ever been diagnosed with cancer(s)?	If yes...
9) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
10) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____
11) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister	<input type="checkbox"/> Living, Age: _____ <input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> Yes Age at diagnosis: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Type or location: _____ <input type="checkbox"/> No Age at diagnosis: _____ Type or location: _____ Age at diagnosis: _____

12) <input type="checkbox"/> Brother or <input type="checkbox"/> Sister			
<input type="checkbox"/> Living, Age: _____	<input type="checkbox"/> Yes Age at diagnosis: _____	<input type="checkbox"/> Yes Type or location: _____	
<input type="checkbox"/> Deceased, Age at death: _____	<input type="checkbox"/> No	<input type="checkbox"/> No Age at diagnosis: _____	
		Type or location: _____	
		Age at diagnosis: _____	