Family ID# _____

Mayo Clinic # _____

(If interviewee is not proband:)

Name of interviewee & relationship to proband:

_____

Proband Name

_____

(first) (m.i.) (maiden) (last)

Date of Birth _____/_____/_____

What is Your Sex
- ☐ **Male**
- ☐ **Female**

Are you A twin?
- ☐ **Yes** **(if yes)** → → ☐ **Identical** ☐ **Fraternal**
- ☐ **No**

Address _____ **home (____)____-_____**

(street)

_____ **work (____) ____-_____**

(city, state, zip)

What is? your race
- ☐ **American Indian/Aslaska Native**
- ☐ **Asian**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **Black or African American**
- ☐ **White**
- ☐ **More than one race**
- ☐ **Unknown**

Are you Hispanic or Latino:
- ☐ **Yes**
- ☐ **No**

What is your marital status
- ☐ **married or living as married**
- ☐ **separated**
- ☐ **divorced**
- ☐ **widowed**
- ☐ **single/never married**

	Type	Date	Place of surgery
List Colon & other cancers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Have you ever had any children?
- ☐ **Yes**
- ☐ **No**

Family ID#_____

CHILDREN OF PROBAND
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	# of kids	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/N /U	Type/diagnosis date/comments

Mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Child's Name _____ **Family ID#**_____

GRANDCHILDREN OF PROBAND
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/N /U	Type/diagnosis date/comments

Mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

PROBAND'S BROTHERS & SISTERS
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	# of kids	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/N /U	Type/diagnosis date/comments

Other mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Other fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

Brother's/Sister's Name _____

CHILDREN OF BROTHERS & SISTERS
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/N /U	Type/diagnosis date/comments

Mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

MOTHER'S BROTHERS & SISTERS
(probands maternal aunts and uncles)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	# of kids	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/N /U	Type/diagnosis date/comments

Other mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Other fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

Mother's Brother's/Sister's Name _____

CHILDREN OF MOTHER'S BROTHERS & SISTERS
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/ N/ U	Type/diagnosis date/comments

Mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

FATHER'S BROTHERS & SISTERS
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	# of kids	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/ N/ U	Type/diagnosis date/comments

Other mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Other fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

Father's Brother's/Sister's Name _____

CHILDREN OF FATHER'S BROTHERS & SISTERS
(Are children full sibs? Indicate if any are adopted)

Name (first, maiden, last - in birth order)	sex M/F	DOB/ age	Twin I/F/U	Mo #	Fa #	Vital Status alive y/n/u	DOD/ age	cause/ death	Ca? Y/ N/ U	Type/diagnosis date/comments

Mothers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Fathers of above children

Name (first,maiden,last)	Dob/ age	lvg?	Dod/ age	cause/death	ca?	type	diag date
#1							
#2							

Family ID#_____

Are you adopted? ☐ No
☐ Yes (if yes) → Do you know about your blood relatives?
☐ Yes
☐ No (if "no" stop interview)

Mother's Name _____
(first) (m.i.) (maiden) (last)

Date of birth _____/_____/_____ or (or age)_____

Is your mother living? ☐ Yes Date of death or age at death_____
☐ No *(if no)* → Cause of death_____

Did your mother have cancer? ☐ Yes *(if yes)* → Type of cancer_____
☐ No
Diagnosis date or age_____

Was your mother a twin? ☐ Yes (if yes) → ☐ Identical ☐ Fraternal
☐ No

Was your mother adopted? ☐ Yes
☐ No

Father's Name _____
(first) (m.i.) (last)

Date of birth _____/_____/_____ (or age) _____

Is your father living? ☐ Yes Date of death or age at death_____
☐ No *(if no)* → Cause of death_____

Did your father have cancer? ☐ Yes *(if yes)* → Type of cancer_____
☐ No
Diagnosis date or age_____

Was your father a twin? ☐ Yes (if yes) → ☐ Identical ☐ Fraternal
☐ No

Was your father adopted? ☐ Yes
☐ No

Have you ever had any brothers or sisters? ☐ Yes
☐ No

Family ID#_____

Now I would like to ask you about the relatives on your <u>Mother's side</u>

Mother's Mother's Name_____
(first) (maiden) (last)

Date of birth _____/_____/_____ (or age) _____

Is your mother mother living? ☐ **Yes** ☐ **No** ***(if no)*** → **Date of death or age at death_____** **Cause of death_____**

Did your mother's mother have cancer? ☐ **Yes** ***(if yes)*** → ☐ **No** **Type of cancer_____** **Diagnosis date or age_____**

Mother's Father's Name_____
(first) (last)

Date of birth _____/_____/_____ (or age) _____

Is your mother's father living ☐ **Yes** ☐ **No** ***(if no)*** → **Date of death or age at death_____** **Cause of death_____**

Did your mother's father have cancer? ☐ **Yes** ***(if yes)*** → ☐ **No** **Type of cancer_____** **Diagnosis date or age_____**

Has your mother ever had any brothers or sisters? **____ Yes** **____ No**

Family ID#_____

Now I would like to ask you about the relatives on your <u>Father's side</u>

Father's Mother's Name_____
(first) (maiden) (last)

Date of birth _____/_____/_____ _____
(or age)

Is your father's mother living?
☐ Yes
☐ No *(if no)* → **Date of death or age at death**_____
Cause of death_____

Did your father's mother have cancer?
☐ Yes *(if yes)* → **Type of cancer**_____
☐ No
Diagnosis date or age_____

Father's Father's Name_____
(first) (last)

Date of birth _____/_____/_____ **(or age)** _____

Is your father's Father living
☐ Yes
☐ No *(if no)* → **Date of death or age at death**_____
Cause of death_____

Did your father's father have cancer?
☐ Yes *(if yes)* → **Type of cancer**_____
☐ No
Diagnosis date or age_____

Has your father ever had any brothers or sisters?
☐ Yes
☐ No

Family ID#_____

Do you know of any other blood relative (no matter how distantly related) who may have had colorectal cancer?

☐ **Yes** ☐ **No**

Name	(relationship to proband)	sex M/F	DOB/ age	Twin I/ F/ U	Vital Status Alive	DOD/ age	cause/ death	Ca Y/ N/ U	Type/diagnosis date/comments

Did anyone in your family marry and/or have children with a blood relative? ☐ **Yes** ☐ **No**

(If yes) **Names and clarify relationships:**

_____

_____

_____

_____

In case we need to contact you in the future and you have moved, could you give us the name, address, and phone number of someone who is not living with you to whom we might write or call for your new address?

Relationship: _____

NAME _____

ADDRESS _____

_____

Phone Numbers **Home (_____) _____ - _____**

Work (_____) _____ - _____