

**Ontario  
Familial Colorectal Cancer Registry**



**Follow-up  
Family History Questionnaire**

**We would like to make sure that our information on your and your relatives' health is still correct, and would be grateful if you would use this form to tell us about any changes that have occurred since our last contact.**

**Should you wish to talk to any of the study staff about this questionnaire, please call 416-217-1310 or 1-866-225-2728. Our email address is [OFCCR@cancercare.on.ca](mailto:OFCCR@cancercare.on.ca)**

**Please refer to the "last contact date" provided on the sticker attached to the right upper corner of this questionnaire.**

*If there have been no changes, please tick "No" in sections 1 and 6.*

*Please write which side of the family any relative is on (for example, "mother's mother," "father's sister").*

*If you are not sure of a date, please make your best guess and put a question mark beside it.*

*If you need more space, please use the back page.*

1. Since we last contacted you, have any of your blood relatives developed **any cancers or tumours** since our last contact?

We are asking about your **parents, children, sisters and brothers, grandparents, grandchildren, aunts and uncles, nieces and nephews, and other more distant blood relatives (for example, cousins and their children).**

- no            **→** *please go to Q 2*
- don't know    **→** *please go to Q 2*
- yes            **→** *please write in details in the spaces provided below.*

<b>Name</b>	<b>Relationship to you</b> (e.g., mother's father, or cousin on father's side)	<b>Type of cancer</b>	<b>Place of diagnosis</b> (city, hospital)	<b>Date of diagnosis</b> (day/month/year)	<b>Age at diagnosis</b>
_____	_____	_____	_____	__ / __ / __	_____
_____	_____	_____	_____	__ / __ / __	_____
_____	_____	_____	_____	__ / __ / __	_____
_____	_____	_____	_____	__ / __ / __	_____
_____	_____	_____	_____	__ / __ / __	_____

2. Is your mother alive?

no

yes → *please go to Q 3*

don't know → *please go to Q 3*

**Mother's name**

**Cause of death**

**Date of death**  
(day/month/year)

**Age at death**

**Place of death**  
City/Town Province/State Country

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Is your father alive?

no

yes → *please go to Q 4*

don't know → *please go to Q 4*

**Father's name**

**Cause of death**

**Date of death**  
(day/month/year)

**Age at death**

**Place of death**  
City/Town Province/State Country

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Are all your children alive?

- no
- yes → *please go to Q 5*
- don't know → *please go to Q 5*

Name	Sex (circle)	Cause of death	Date of death (day/month/year)	Age at death	City/Town	Place of death Province/State	Country
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____

*Please use the last page if you need additional space.*

5. Are all your brothers and sisters alive?

- no
- yes → *please go to Q 6*
- don't know → *please go to Q 6*

Name	Sex (circle)	Cause of death	Date of death (day/month/year)	Age at death	City/Town	Place of death Province/State	Country
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____
_____	M F	_____	__ / __ / __	_____	_____	_____	_____

*Please use the last page if you need additional space.*

6. Since we last contacted you, have any of your blood relatives died? (For example, **grandparents, grandchildren, aunts and uncles, nieces and nephews, or cousins and their children.**)

Name	Relationship to you (e.g., mother's father, or cousin on father's side)	Cause of death	Date of death (day/month/year)	Age at death	City/Town	Place of death Province/State Country	
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____
_____	_____	_____	___ / ___ / ___	_____	_____	_____	_____

7. If there have been any births in your family **since we last contacted you**, please write them in the space below.

*Please refer to the yellow sticker for the date of the last contact.*

Name of baby	Names of baby's parents	Parents' relationship to you (for example, sister's son and his wife)	Baby's sex (circle)	Baby's date of birth (day/month/year)
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___
_____	_____	_____	M F	___ / ___ / ___

8. If there have been any other family changes (e.g. marriages, name change etc.) you would like to tell us about, please write them in the space below.

*Please refer to the yellow sticker for the date of the last contact.*

\_\_\_\_\_

\_\_\_\_\_

**Thank you very much for taking the time to fill out this questionnaire.  
We appreciate your participation.**

**Please mail this completed questionnaire in  
the return envelope provided.**