

**Ontario  
Familial Colorectal Cancer Registry**



**Family History Questionnaire**

Should you wish to talk to someone about this questionnaire,  
you may call 416-217-1310 or 1-866-225-2728.



If you don't know an answer, please write "Don't know" or "DK" in the space for the answer.

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

If there is not enough space to list all your relatives, please write on the inside of the front cover, or the outside of the back cover.

If you were adopted, please check this box:

Please answer Section 1 about yourself on this page, and answer any questions you can about your biological (blood) relatives, including any children you may have.

**Please write in your answers where space is provided, or please insert a check mark inside the circle. ✓**

### Section 1: Yourself

1.1	<b>Name</b>	<b>Date of birth</b> (day/month/year)
	_____	___/___/___
	<b>Maiden name</b>	<b>Any other last names</b>
	_____	_____
	<b>Telephone</b> ( _____ ) _____	(home)
	( _____ ) _____	(work)

1.2 Have you ever been diagnosed with any type of cancer or tumour

No

Yes

→ <b>Type of cancer or tumour</b>	<b>Date of diagnosis</b> (day/month/year)	<b>or</b>	<b>Age at diagnosis</b>
_____	___/___/___		_____
_____	___/___/___		_____

Please list your parents, children, brothers and sisters on the following pages, referring to records or asking other family members for information when you need to. The last page asks whether any of your other relatives have had cancer.

If you don't know an answer, please write "Don't know" or "DK" in the space for the answer. If you are not sure of a date, please make your best guess and put a question mark beside it.

### Section 2: Your Mother

2.1 **Your Mother's Full Name**  
(First/middle/last) \_\_\_\_\_

**Age** \_\_\_\_\_ **or** \_\_\_\_\_ **Date of birth**  
(day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Your Mother's Maiden name** \_\_\_\_\_

**Any previous married name(s)** \_\_\_\_\_

2.2 Is your mother alive? \_\_\_\_\_

No → please provide details below.

Don't know → please go to question 2.3.

Yes → please go to question 2.3.

→ **Cause of death** \_\_\_\_\_

**Age at death** \_\_\_\_\_ **or** \_\_\_\_\_ **Date of death**  
(day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2.3 Has your mother had any cancers or tumours?  
*Please list all cancers including any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

No → please go to question 3, page 3.

Don't know → please go to question 3, page 3.

Yes → please provide details below.

→ **Type of cancer or tumour** \_\_\_\_\_

**Age at diagnosis** \_\_\_\_\_ **or** \_\_\_\_\_ **Date of diagnosis**  
(day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 3: Your Father

3.1 **Your Father's Full Name**  
(First/middle/last)

Age or

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

3.2 Is your father alive?

- No → please provide details below.
- Don't know → please go to question 3.3.
- Yes → please go to question 3.3.

→ **Cause of death**

Age at death or

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

3.3 Has your father had any cancers or tumours?

*Please list all cancers including any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

- No → please go to question 4, pages 4 and 5.
- Don't know → please go to question 4, pages 4 and 5.
- Yes → please provide details below.

→ **Type of cancer or tumour**

Age at diagnosis or

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

*If you don't know an answer, please write "Don't know" or "DK" in the space for the answer. If you are not sure of a date, please make your best guess and put a question mark beside it.*

### Section 4: Your Children

- 4.1 How many children have you had? \_\_\_\_\_ If none, please go to question 5, pages 6 and 7.
- Please list them all, living and deceased (write on the inside of the front cover or the outside of the back cover if necessary).
  - If any have changed their last names, by marriage or otherwise, please list the last names they use now.
  - If you adopted any of your children, please write "adopted" beside their names.
  - If some of your children had different fathers or mothers, please note that fact beside their names.

**Full name**  
(First/middle/last)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sex**  
(Circle)

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**M** **F**

**Age or**

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

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

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

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

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

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

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

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

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

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

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

4.2 Are all your children alive?

- No → please provide details below.
- Don't know → please go to question 4.3.
- Yes → please go to question 4.3.

→ Names of any children who have died

Cause of death

Age at or Date of death  
death (day/month/year)

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

4.3 Have any of your children had any cancers or tumours?

*Please list all cancers including any leukemia or lymphoma. If there was more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

- No → please go to question 5, pages 6 and 7.
- Don't know → please go to question 5, pages 6 and 7.
- Yes → please provide details below.

→ Names of any children who have had cancer

Type of cancer or tumour

Age at or Date of diagnosis  
diagnosis (day/month/year)

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____





5.2 Are all your brothers and sisters alive?

- No → please provide details below.
- Don't know → please go to question 5.3.
- Yes → please go to question 5.3.

→ Names of any brothers and sisters who have died

Cause of death

Age at or Date of death  
death (day/month/year)

_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

5.3 Have any of your brothers or sisters had any cancers or tumours?

*Please list all cancers including any leukemia or lymphoma. If anyone had more than one cancer or tumour, please list them all. If the cancer started in one place and spread, please indicate where it started.*

- No → please go to question 6, pages 8 and 9.
- Don't know → please go to question 6, pages 8 and 9.
- Yes → please provide details below.

→ Names of any brothers or sisters who have had cancer

Type of cancer or tumour

Age at or Date of diagnosis  
diagnosis (day/month/year)

_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____



7. The OFCCR may be interested in inviting *some* of your relatives to participate in the study and will greatly appreciate if we can request you to provide their contact information.

- Yes, I am willing to receive a request to provide contact information for *some* of my relatives.
- Yes, but please contact me after \_\_\_\_\_ months.
- No, I am not willing to receive a request to provide contact information for any of my relatives.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please use this space if you need to provide additional information**

**Thank you very much for taking the time to fill out this questionnaire.  
Your participation is very much appreciated.**

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