UNIVERSITY OF MINNESOTA

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BAYLOR/TEXAS MEDICAL CENTER, HOUSTON · CHILDREN'S HOSPITAL, DENVER · CHILDREN'S HOSPITAL OF COLUMBUS · CHILDREN'S HOSPITAL OF LOS ANGELES · CHILDREN'S HOSPITAL & MEDICAL CENTER, SEATTLE · CHILDREN'S HOSPITAL OF PHILADELPHIA · CHILDREN'S HOSPITAL OF PITTSBURGH · CHILDREN'S MEDICAL HOSPITAL · BOSTON · CINCINNATI · MEMPHIS · CLEVELAND · DENVER · CANCER CENTER, HOUSTON · MEMORIAL SLOAN-KETTERING CANCER CENTER, NEW YORK · MINNEAPOLIS CHILDREN'S MEDICAL CENTER · MOTT CHILDREN'S HOSPITAL, ANN ARBOR · RILEY CHILDREN'S HOSPITAL, INDIANAPOLIS · ST. JUDE CHILDREN'S RESEARCH · STANFORD UNIV. SCHOOL OF MEDICINE, PALO ALTO · UCLA ST. JUDE'S CANCER, LOS ANGELES · UCSF SCHOOL OF MEDICINE, SAN FRANCISCO · UNIVERSITY OF ALABAMA, BIRMINGHAM · UNIVERSITY OF MINNESOTA, MINNEAPOLIS · UT-SOUTHWESTERN MEDICAL CENTER, DALLAS · ROSWELL PARK, BUFFALO · HOSPITAL FOR SICK CHILDREN, TORONTO

Long-Term Follow-Up Study

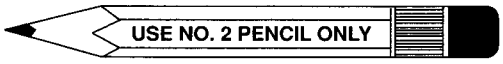
Family History Questionnaire

The questions in this booklet relate to

Today's date _____
(month/day/year)

Please follow these few simple rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call **1-800-775-2167.**

1. **Use the *No. 2 pencil enclosed* (Please do *not* use pen).**



2. Darken completely the circle of the answers.

Written responses must stay within the boxes provided.

CORRECT	INCORRECT
Ⓐ Ⓑ Ⓒ ●	⊗ ✓ ◉ ◔

CORRECT	INCORRECT
grape	grape

3. Make no stray marks of any kind. Other than your responses, please keep the form as clean as possible. Erase cleanly any answer you wish to change. Do not use "white-out".

EXAMPLE OF FAMILY HISTORY

Full Name (First, Middle, Last)	Sex	Date of Birth (Mo/Day/Yr)	Status	Date of Death (Mo/Day/Yr)	Medical History of Cancer, Birth Defect, Hereditary Condition (provide specific type)	Age of Onset (yrs.)
John Paul Smith	● Male ○ Female	5/11/51	● Alive ○ Dead		None	
Sharon Marie Smith	○ Male ● Female	6/29/55	○ Alive ● Dead	11/5/90	Leukemia	29
Peter Quintin Smith	● Male ○ Female	2/15/62	● Alive ○ Dead		Aniridia Wilms Tumor	0 3
Unnamed (stillbirth)	○ Male ● Female	4/20/63	○ Alive ● Dead	4/20/63	None	

FAMILY HISTORY INFORMATION

Conditions or illnesses occurring in family members may be important clues in determining our genetic make-up. This section of the questionnaire deals with cancer, conditions present at birth, and hereditary conditions which may be present in you or in your family members. Please use the list below to complete the following section.

Cancer

Any diagnosis of cancer or malignant tumor, such as:

Leukemia
Retinoblastoma
Brain tumor
Hodgkins disease
Sarcoma
Germ cell tumor
Wilms tumor
Lymphoma
Teratoma
Seminoma
Neuroblastoma
Carcinoma
Cancer - Any other type, or location unknown
Skin cancer - please note if melanoma or non-melanoma. (Non-melanoma, also called basal cell or squamous cell carcinoma of the skin, is usually removed in the doctors office, with no further treatment needed.)

Conditions Present At Birth

Any abnormality present at birth, such as:

Blindness or difficulty seeing
Crossed eyes (Strabismus)
Eyes different colors
Hare lip (Cleft lip)
Hole in roof of mouth (Cleft palate)
Absent, fused or extra fingers or toes
Hip displacement
Diverted urinary stream (Hypospadias)
Undescended testicle (Cryptorchism)
Deafness or impaired hearing
Shortened limbs
Club foot
Hole in the heart
Other congenital heart defect
Mongolism (Down's syndrome, Trisomy 21)
Open spine (Spina bifida)
Exposed brain (Anencephaly)
Large or multiple birth marks
Water on the brain (Hydrocephalus)
Macrocephaly (Enlarged head)
Microcephaly (Small head)
Hemihypertrophy (Enlargement of one arm or leg)
Deformed chest
Other skeletal abnormality

Hereditary Conditions

Some of the more common conditions known to be hereditary:

Achondroplasia
Acrocephalosyndactyly
Aniridia
Apert's syndrome
Ataxia-telangiectasia
Beckwith-Wiedemann syndrome
Bilateral acoustic neurofibromatosis (type 2)
Bloom's syndrome
Congenital megacolon (Hirschsprung's disease)
Cystic fibrosis
Fanconi's anemia
Klinefelter's syndrome
Marfan's syndrome
Multiple exostoses
Multiple polyposis
Myotonic dystrophy
Neurofibromatosis (type 1)
Nevoid basal cell carcinoma syndrome
Osteogenesis imperfecta
Polycystic disease of the kidney
Polyposis coli (Gardner's syndrome)
Tuberous sclerosis
Turner's syndrome
von Hippel-Lindau syndrome
von Recklinghausen's disease
Wiskott-Aldrich syndrome
Xeroderma pigmentosum

Your Mother's Family

- **Please complete this section on all members of the mother's side of ♦ family. It is very important that you include everyone, even those family members who did not have conditions listed on the previous page.**
- **If a family member has had a history of cancer, a condition present at birth, and/or one of the hereditary conditions listed on the previous page, please write the type of cancer, birth defect, or hereditary condition into the spaces provided. Fill out this medical history section whether this person is alive or dead. If the person died of another cause (like an accident) and never had any of these illnesses, or if the person is still living and does not have any of these, write NONE in the medical history section.**
- **See family history example on the front cover.**

1.a Parents of ♦ Mother:
This section concerns the natural parents of ♦ mother (♦ grandparents).

Full Name (First, Middle, Last)	Date of Birth (Mo/Day/Yr)	Status	Date of Death (Mo/Day/Yr)	Medical History of Cancer, Condition Present at Birth, Hereditary Condition (provide specific type)	Age of Onset (yrs.)
Mother		[] Alive [] Dead			
Father		[] Alive [] Dead			

1.b Mother's Full Brothers and Sisters:
Please write in the names of <u>all</u> of ♦ mother's brothers (♦ uncles) and sisters (♦ aunts) in this section, whether they have had one of these conditions or not.

Full Name (First, Middle, Last)	Sex	Date of Birth (Mo/Day/Yr)	Status	Date of Death (Mo/Day/Yr)	Medical History of Cancer, Condition Present at Birth, Hereditary Condition (provide specific type)	Age of Onset (yrs.)
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			

(If you need more space, please use a separate sheet of paper, and attach to this page.) ♦

Your Father's Family

- **Please complete this section on all members of the father's side of ♦ family. It is very important that you include everyone, even those family members who did not have conditions listed on the previous page.**
- **If a family member has had a history of cancer, a condition present at birth, and/or one of the hereditary conditions listed on the previous page, please write the type of cancer, birth defect, or hereditary condition into the spaces provided. Fill out this medical history section whether this person is alive or dead. If the person died of another cause (like an accident) and never had any of these illnesses, or if the person is still living and does not have any of these, write NONE in the medical history section.**
- **See family history example on the front cover.**

1.a Parents of ♦ Father:
This section concerns the natural parents of ♦ father (♦ grandparents).

Full Name (First, Middle, Last)	Date of Birth (Mo/Day/Yr)	Status	Date of Death (Mo/Day/Yr)	Medical History of Cancer, Condition Present at Birth, Hereditary Condition (provide specific type)	Age of Onset (yrs.)
Mother		[] Alive [] Dead			
Father		[] Alive [] Dead			

1.b Father's Full Brothers and Sisters:
Please write in the names of <u>all</u> of ♦ father's brothers (♦ uncles) and sisters (♦ aunts) in this section, whether they have had one of these conditions or not.

Full Name (First, Middle, Last)	Sex	Date of Birth (Mo/Day/Yr)	Status	Date of Death (Mo/Day/Yr)	Medical History of Cancer, Condition Present at Birth, Hereditary Condition (provide specific type)	Age of Onset (yrs.)
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			
	[] Male [] Female		[] Alive [] Dead			

(If you need more space, please use a separate sheet of paper, and attach to this page.)

After completing this questionnaire, please return by using the enclosed envelope, and mail to:

Leslie L. Robison, Ph.D.
University of Minnesota
Suite 300
1300 S. Second St.
Minneapolis, MN 55454

Again, thank you for your help and your participation in this study!