

FMMP Family History of Bowel, Prostate, Ovarian and Breast Cancer

It is important that we have specific information about your family members who have had certain types of cancer. In the following questions, when we ask about a relative we are referring to a blood relative, such as an aunt who is your mother's sister or your father's sister. We are not referring to an aunt or uncle by marriage or a step-mother or step-father.

Do you have any blood relative who have had **BOWEL OR COLON CANCER?**
Write the number of relatives in each category.

<input type="checkbox"/> grandmother	<input type="checkbox"/> grandfather
<input type="checkbox"/> mother	<input type="checkbox"/> father
<input type="checkbox"/> aunt	<input type="checkbox"/> uncle
<input type="checkbox"/> sister	<input type="checkbox"/> brother
<input type="checkbox"/> step-sister	<input type="checkbox"/> step-brother
<input type="checkbox"/> daughter	<input type="checkbox"/> son

FOR MALES ONLY:

Do you have any blood relatives who have had **PROSTATE CANCER?**
Write the number of relatives in each category.

<input type="checkbox"/> grandfather
<input type="checkbox"/> father
<input type="checkbox"/> uncle
<input type="checkbox"/> brother
<input type="checkbox"/> step-brother (if you have the same father)
<input type="checkbox"/> son

FOR FEMALES ONLY:

Do you have any blood relatives who have had **OVARIAN CANCER?**
Write the number of relatives in each category.

<input type="checkbox"/> grandmother
<input type="checkbox"/> mother
<input type="checkbox"/> aunt
<input type="checkbox"/> sister
<input type="checkbox"/> step-sister (if you have the same mother)
<input type="checkbox"/> daughter

FOR FEMALES ONLY:

Do you have any blood relatives who have had **BREAST CANCER?**

Write the number of relatives in each category.

- ___ grandmother
- ___ mother
- ___ aunt
- ___ sister
- ___ step-sister (if you have the same mother)
- ___ daughter