



## CONFIDENTIAL

# Questionnaire concerning familial risks for breast cancer and related tumors

Name/ Surname:
DOB:
Adress/ Telephone:

These questions are used to assess the possibility of genetic predisposition to cancer, in particular, breast and ovarian cancer, in you or your family.

If you have any questions, please consult your physician.

1. Have you or a family member had cancer before age 51?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
2. Have any of your first- or second-degree relatives had cancer (children, parents, sibs, grand-parents, aunts, uncles, nieces or nephews)?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
3. Have you or a member of your family had a "triple negative " breast cancer (tumor that does not have estrogen, progesterone or HER2 receptors)?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
4. Have you or a member of your family had bilateral breast cancer? Or two primary tumors in one breast?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
5. Have you or a member of your family had ovarian cancer?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
6. Do you have a male relative with breast cancer?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
7. Has any member of your family already had testing for a genetic predisposition to cancer?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
8. Are you of Ashkenazi jewish heritage*?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
9. Have you had any other tumors aside from breast and ovarian? If yes, which?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
10. Do you have any relatives with prostate or pancreatic cancer?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown
11. Is your family tree unknown for any reason?	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> unknown

\* there are some founder mutations in people of Ashkenazi jewish heritage

**If you have answered "yes" to any of these questions**, we suggest that you review the questionnaire with your physician. If you have information regarding your family history, please note it on a separate page as this will be helpful in interpreting the questionnaire. If there is a reason to suspect a cancer predisposition in your family, your doctor will refer you for a genetics consultation.