Family History of Cancer Questionnaire

High Risk - Tyrer Cuzick Questionnaire

Please answer all questions

CINCINNATI Breast Surgeons

Name _____ **Date of birth** _____

REPRODUCTIVE / MENSTRUAL HISTORY / HEALTH HISTORY

Current age _____ **Height** _____

Weight _____ **Age at first period** _____

Menopause status

☐ Premenopause *(Still having periods)*

☐ Post *(No periods)* at age _____

Hormone replacement use

☐ No ☐ Yes — How long ago?

- ☐ Under 5 years ago
- ☐ More than 5 years ago

History of pregnancy

☐ No ☐ Yes — Age at first delivery _____

Are you Ashkenazi Jewish descent?

☐ No ☐ Yes

Have you ever had a breast biopsy?

☐ No ☐ Yes — how many? _____

If you have had a biopsy, what were the findings?

☐ No disease / benign findings

☐ Usual hyperplastia or proliferative disease, papilloma or sclerosising adenosis (all benign)

☐ Atypical hyperplastia (ductal or lobular)

☐ LCIS - Lobular carcinoma in situ

BREAST CANCER FAMILY HISTORY

Do you have a family history of breast cancer? ☐ No ☐ Yes (If yes, please complete the section below)

First degree relatives *(mother, father, sister, brother)*

Family Member	Age at diagnosis	Diagnosed more than once
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

Second degree relatives *(grandmother, grandfather, aunt, uncle)*

Family Member	Age at diagnosis	Mother's side	Father's side
		☐	☐
		☐	☐
		☐	☐

Third degree relatives *(List only cousins diagnosed with breast cancer that also had a parent diagnosed with breast cancer. Example: Maternal aunt and her daughter, your cousin, were both diagnosed with breast cancer)*

Family Member	Age at diagnosis	Mother's side	Father's side
		☐	☐
		☐	☐

OVARIAN CANCER FAMILY HISTORY

Do you have a family history of ovarian cancer? ☐ No ☐ Yes (If yes, please complete the section below)

First degree relatives *(mother, father, sister, brother)*

Family Member	Age at diagnosis	Diagnosed more than once
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

Second degree relatives *(grandmother, grandfather, aunt, uncle)*

Family Member	Age at diagnosis	Mother's side	Father's side
		☐	☐
		☐	☐
		☐	☐

Third degree relatives *(List only cousins diagnosed with ovarian cancer that also had a parent diagnosed with ovarian cancer. Example: Maternal aunt and her daughter, your cousin, were both diagnosed with ovarian cancer)*

Family Member	Age at diagnosis	Mother's side	Father's side
		☐	☐
		☐	☐

GENETIC TESTING

Have you or any family member had genetic testing? ☐ No ☐ Yes (If yes, please complete the section below)

Who was tested? _____

Where was the testing performed? _____

When was the testing performed? _____

Do you know what type of testing was performed? _____

What were the results of the testing? _____

If no testing has been performed, have you ever met with a genetic counselor about being tested?

☐ No ☐ Yes — Where were you counseled? _____

Are you interested in genetic counseling? ☐ No ☐ Yes

If interested in genetic testing, please provide the name of your insurance company below

Primary insurance _____

Secondary insurance _____