Part2 Family History

FH1 Is your father living? Yes ☐ **FH12** Age _____
Do not know ☐
No ☐ **FH13** Year of death _____
FH14 Age at death _____
FH15 Cause of death _____

FH2 Is your mother living? Yes ☐ **FH22** Age _____
Do not know ☐
No ☐ **FH23** Year of death _____
FH24 Age at death _____
FH25 Cause of death _____

FH3 How many children did your parents have? _____

FH4 Are your siblings living?

	Sex (M/F)	Living	Dead - Date of death	Age at death:	Cause of death:
1. Sibling #__		Age:			
2. Sibling #__		Age:			
3. Sibling #__		Age:			
4. Sibling #__		Age:			
5. Sibling #__		Age:			
6. Sibling #__		Age:			
7. Sibling #__		Age:			
8. Sibling #__		Age:			
9. Sibling #__		Age:			
10. Sibling #__		Age:			

FH5 Has an immediate relative (Father, Mother, Sibling) been diagnosed with any of the following diseases? (See list)

- ☐ No
- ☐ Do not know
- ☐ Yes, If yes, which relation:
  - ☐ Relationship _____ Disease _____ Age at diagnosis _____
  - ☐ Relationship _____ Disease _____ Age at diagnosis _____
  - ☐ Relationship _____ Disease _____ Age at diagnosis _____

1. Leukemia 11. Acute Myeloid Leukemia, 12. Chronic Myeloid Leukemia
   13Acute Lymphocytic Leukemia, 14. Chronic Lymphocytic Leukemia,
   15 Other/not known
2. Non-Hodgkin's lymphoma