

Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Please circle Y to those that apply to YOU and/or YOUR FAMILY (on both your **mother's or father's side**). Behind each statement, please list the relationship to you of the individual diagnosed (such as self, paternal uncle, maternal aunt, paternal grandmother) and their age at diagnosis.

		<u>RELATIONSHIP</u>	<u>AGE AT DIAGNOSIS</u>
<b><u>BREAST AND OVARIAN CANCER</u></b>			
Y	N	- Breast cancer at age 50 or younger	EXAMPLE <u>mother's sister</u> _____ 39 _____
			1) _____
			2) _____
			3) _____
			4) _____
			5) _____
<hr/>			
Y	N	- Breast cancer at an age older than 50	1) _____
			2) _____
			3) _____
			4) _____
			5) _____
<hr/>			
Y	N	- Breast cancer in both breasts or Breast cancer that came back again more than 5 years after the first diagnosis	1) _____
			2) _____
<hr/>			
Y	N	- Ovarian cancer at any age	1) _____
			2) _____
<hr/>			
Y	N	- Both Breast and ovarian Cancer in any one person	1) _____
			2) _____
<hr/>			
Y	N	- Were those with cancer of Ashkenazi Jewish ancestry (European Jews)	YES                      NO
<hr/>			