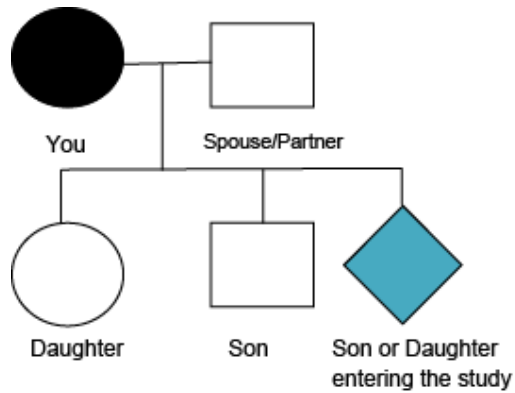


Baylor Advancing Sequencing into Childhood Cancer Care (BASIC³ Study)

FAMILY HISTORY Questionnaire

1. **Please complete this next section which asks questions about family history of cancer in your children and your family.**
2. Fill in the **complete name** of each requested family member to the best of your ability.
3. Include only **blood relatives** (except your spouse), even if they are no longer living.
4. **DO NOT INCLUDE ANY RELATIVES WHO ARE NOT BLOOD-RELATED.** For example step-brothers, step-sisters or brothers or sisters adopted into your family, who are not blood-related should not be included.
5. If a relative has or had cancer, the **type of cancer** and the **age or year** when they were diagnosed is important. Be sure to include any malignant tumor, leukemia or Hodgkin's disease.
6. If you do not know the exact age or year, **write in an approximate age or year.** Please **circle these** so we know they are not exact.
7. Please take your time and fill in as much information as you can. You may need to speak with other family members to get the most accurate information.
8. If you are uncertain about any information, write "**unknown**" in the appropriate space or check the box marked unknown.
9. PLEASE PRINT! THANK YOU!

FULL SIBLINGS OF YOUR CHILD ENTERING THE STUDY AND THEIR FATHER



Please read across the page for each person.

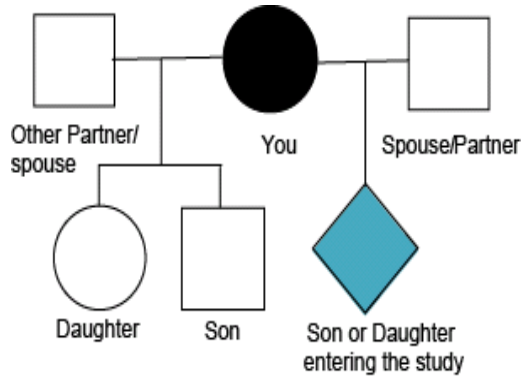
YOUR CHILDREN AND Your Spouse/Partner (only partnerships with children):

Full Name First Middle Last (Maiden)	Sex	Date of birth mo/day/yr	Alive or Dead?	Date of Death mo/day/yr	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Spouse/Partner	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
1. Children	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
2.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
3.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	

4.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____
5.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____

HALF SIBLINGS OF YOUR CHILD WHO IS ENTERING THE STUDY

If you had more children with an additional partner, please complete this page. If not, please go to **Your Parents, Siblings** page to complete the next section.



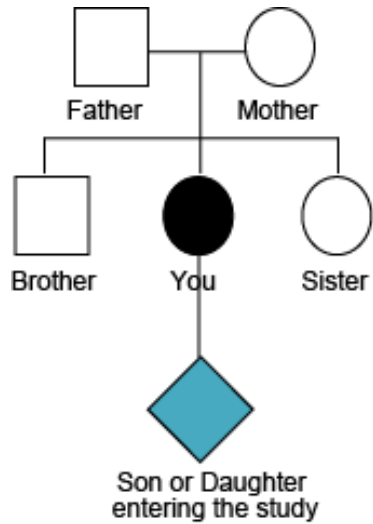
YOUR CHILDREN AND AN ADDITIONAL SPOUSE/PARTNER (only partnerships with children):

Full Name First Middle Last (Maiden)	Sex	Date of birth mo/day/yr	Alive or Dead?	Date of Death mo/day/yr	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
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Spouse/Partner	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____
1. Children	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____

2.	()M ()F		()Alive ()Dead ()Unknown		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	
3.	()M ()F		()Alive ()Dead ()Unknown		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	
4.	()M ()F		()Alive ()Dead ()Unknown		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	

YOUR PARENTS AND SIBLINGS



Your Biological Parents Full Name First Middle Last (Maiden)	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Father		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
Mother		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		Age Yr. ____	

YOUR FULL SIBLINGS (brothers and sisters):

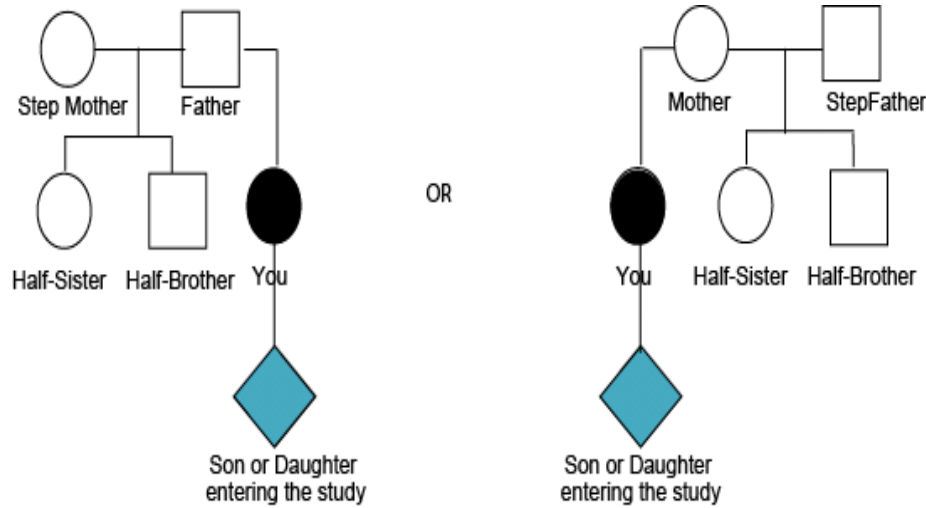
Full Name First Middle Last (Maiden)	Sex	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
1.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
2.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	

3.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____
4.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____
5.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____

If you need space for more brothers and sisters continue on next page. Otherwise go to **Your Step-parents, Half-brothers, Half-sisters** page to complete that section or go to **Your Father's Parents** to complete that information

YOUR HALF SIBLINGS

If you have any half-siblings through your mother or father, please complete this page. If not, please go to the next section



Your Step Parent Full Name First Middle Last (Maiden)	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Father or Mother		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	

YOUR HALF SIBLINGS (brothers and sisters):

Full Name First Middle Last (Maiden)	Sex	Date of birth mo/day/yr	Alive or Dead?	Date of Death mo/day/yr	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
1.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	
2.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	

3.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____Age Yr. ____	____Age Yr. ____
4.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____Age Yr. ____	____Age Yr. ____
5.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____Age Yr. ____	____Age Yr. ____

If you have more than one step parent please fill out in the extra pages below

OTHER RELATIVES WITH CANCER

Please complete the information below for any other relative who had **CANCER IN CHILDHOOD OR AS A YOUNG ADULT (UNDER AGE 40)**. This can be your grandparents, aunts, uncles, neices or nephews or cousins

Full Name First Middle Last (Maiden)	Other relatives Father's Name Mother's name	Related through your...	Relationship to you	Year of birth	Alive or Dead?	Year of Death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year
1. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____yrs.		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____
2. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____yrs.		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____
3. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____yrs.		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____

If you need space for more relatives continue on the next page. Otherwise go to **Your Mother's Relatives** page to complete that information

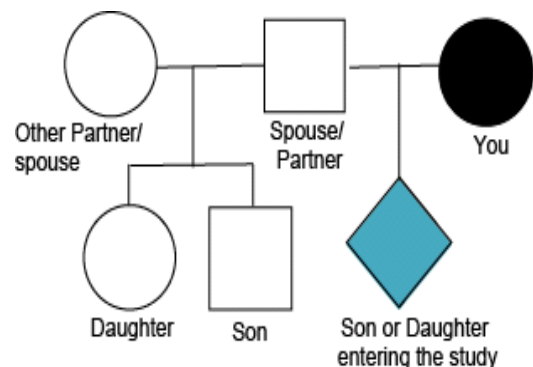
EXTRA PAGE TO USE IF NEEDED

Full Name First Middle Last (Maiden)	Other relatives Father's Name Mother's name	Related through your...	Relationship to you	Year of birth	Alive or Dead?	Year of Death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year
1. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
2. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
3. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
4. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
5. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
6. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
7. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
8. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
9. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____

Please fill out these sections which ask questions about the family history of the FATHER of your child entering this study if you know this information.

HALF SIBLINGS OF YOUR CHILD ENTERING THE STUDY THROUGH THEIR FATHER

If your child has half-siblings through their father then please complete this page. If not, please go to the **Parents, Siblings** page to complete the next section.

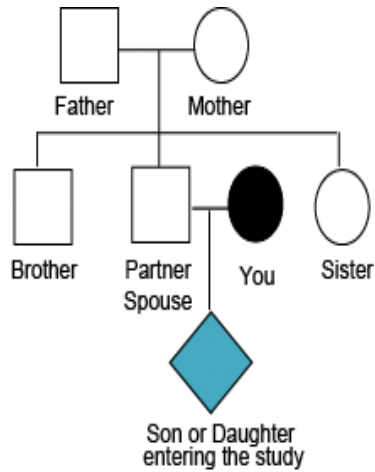


YOUR CHILD'S HALF SIBLINGS THROUGH THEIR FATHER:

Full Name First Middle Last (Maiden)	Sex	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Spouse/Partner	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
1. Children	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	
2.	()M ()F		()Alive ()Dead ()Unknown			()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____	

3.	()M ()F		()Alive ()Dead ()Unknown		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	
4.	()M ()F		()Alive ()Dead ()Unknown		()Yes ()No ()Unknown		____Age Yr. ____		____Age Yr. ____	

YOUR CHILD'S PATERNAL GRANDPARENTS, AUNTS and UNCLES



Your child's paternal grandparents Full Name First Middle Last (Maiden)	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Father		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	
Mother		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		Age Yr. ____	

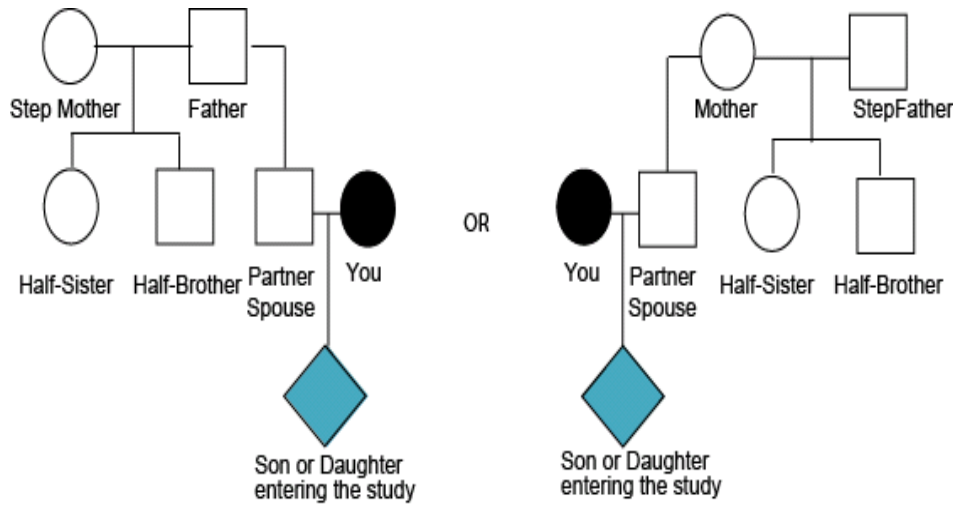
YOUR SPOUSE/PARTNER'S FULL SIBLINGS (brothers and sisters):

Full Name First Middle Last (Maiden)	Sex	Year of birth mo/day/yr	Alive or Dead?	Year of Death r	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
1.	() M () F		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	
2.	() M () F		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	

3.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____
4.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____
5.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	_____Age Yr. _____	_____Age Yr. _____

If you need space for more brothers and sisters continue on next page. Otherwise go to **Your Step-parents, Half-brothers, Half-sisters** page to complete that section or go to **Your Father's Parents** to complete that information

YOUR SPOUSE/PARTNER'S HALF SIBLINGS



Paternal Step Parent Full Name First Middle Last (Maiden)	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
Father or Mother		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	

PATERNAL HALF SIBLINGS (brothers and sisters):

Full Name First Middle Last (Maiden)	Sex	Year of birth	Alive or Dead?	Year of Death	Age at death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year	Other major medical conditions?
1.	() M () F		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	
2.	() M () F		() Alive () Dead () Unknown			() Yes () No () Unknown		____ Age Yr. ____		____ Age Yr. ____	

3.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____
4.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____
5.	()M ()F	()Alive ()Dead ()Unknown	()Yes ()No ()Unknown	____ Age Yr. ____	____ Age Yr. ____

If there is more than one step parent please fill out in the extra pages below

OTHER RELATIVES WITH CANCER

Please complete the information below for any of your child's paternal (father's) relatives who had **CANCER IN CHILDHOOD OR AS A YOUNG ADULT (UNDER AGE 40)**. This can be paternal grandparents, aunts, uncles, nieces or nephews or cousins.

Full Name First Middle Last (Maiden)	Other relatives Father's Name Mother's name	Related through your...	Relationship to you	Year of birth	Alive or Dead?	Year of Death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year
1. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
2. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
3. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____

If you need space for more relatives continue on the next page. Otherwise go to **Your Mother's Relatives** page to complete that information

EXTRA PAGE TO USE IF NEEDED

Full Name First Middle Last (Maiden)	Other relatives Father's Name Mother's name	Related through your...	Relationship to you	Year of birth	Alive or Dead?	Year of Death	Ever had cancer?	First type of cancer	Age at diagnosis or year	Second type of cancer	Age at diagnosis or year
1. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
2. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
3. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
4. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
5. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
6. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
7. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
8. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____
9. Sex: () M () F		()Mother ()Father ()Children			()Alive ()Dead ()Unknown Age at death ____ yrs.		()Yes ()No ()Unknown		____ Age Yr. ____		____ Age Yr. ____

Thank you for taking time to complete this questionnaire.