FERNALD	MEDICAL MONITORING	PROGRAM
ONGOING	- YEAR 4A - 1995	
INFORMAT	TION UPDATE	

UC	ID	CODE	#	
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## FMMP Family History of Bowel, Prostate, Ovarian and Breast Cancer

It is important that we have specific information about your family members who have had certain types of cancer. In the following questions, when we ask about a relative we are referring to a blood relative, such as an aunt who is your mother's sister or your father's sister. We are not referring to an aunt or uncle by marriage or a step-mother or step-father.

mailiage of a step-mother of step-father.
Do you have any blood relative who have had BOWEL OR COLON CANCER?  Write the number of relatives in each category.  grandmother grandfather mother father aunt uncle sister brother step-sister step-brother daughter son
FOR MALES ONLY:
Do you have any blood relatives who have had PROSTATE CANCER?  Write the <u>number</u> of relatives in each category.  grandfather father uncle brother step-brother (if you have the same father) son
FOR FEMALES ONLY:
Do you have any blood relatives who have had OVARIAN CANCER?  Write the <u>number</u> of relatives in each category.  grandmother mother aunt sister step-sister (if you have the same mother) daughter
FOR FEMALES ONLY:

Do you have any blood relatives who have had **BREAST CANCER**?

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Write the <u>number</u> of relatives in each category.	
grandmother	
mother	
aunt aunt	
sister sister	
step-sister (if you have the same mother)	
daughter	

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