



Personal and Family History Questionnaire for Hereditary Cancer Risk Assessment

Instructions: Please check YES or NO below if there is a personal or family history of any of the following cancers. If yes, indicate family relationship and age at diagnosis in the appropriate column. Include both sides of your family and list each member separately.

Yes	No	Colon and Uterine Cancer	Self	Family Member	Age at Diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Uterine (endometrial cancer before age 50)			
<input type="checkbox"/>	<input type="checkbox"/>	Colorectal cancer before age 50			
<input type="checkbox"/>	<input type="checkbox"/>	Two or more Lynch syndrome cancers* in the same person or on the same side of the family			

*Lynch Syndrome cancers include: colorectal, uterine, ovarian, stomach, renal, biliary tract, small bowel, pancreas, brain, or sebaceous adenomas.

Yes	No	Breast and Ovarian Cancer	Self	Family Member	Age at Diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Breast cancer at age 50 or younger			
<input type="checkbox"/>	<input type="checkbox"/>	Ovarian cancer			
<input type="checkbox"/>	<input type="checkbox"/>	Two primary (unrelated) breast cancers in the same person or on the same side of the family			
<input type="checkbox"/>	<input type="checkbox"/>	Male breast cancer			
<input type="checkbox"/>	<input type="checkbox"/>	Triple negative breast cancer (ER-, PR-, HER2-pathology)			
<input type="checkbox"/>	<input type="checkbox"/>	Pancreatic cancer with breast or ovarian cancer in the same person or on the same side of the family			
<input type="checkbox"/>	<input type="checkbox"/>	Ashkenazi Jewish ancestry with breast, ovarian, or pancreatic cancer in the same person or on the same side of the family			
		Have you or any member of your family ever been tested for hereditary risk of cancer? If yes, please explain: _____			

Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic Violence Screening Tool

How often does your partner?	1 - Never	2 -Rarely	3 -Sometimes	4 -Fairly Often	5 -Frequently
Physically hurt you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insult or talk down to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten you with harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scream or curse at you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SCORE*					

*A score greater than 10 may signify that you are at risk of domestic violence or abuse.

National Domestic Violence Hot line - 24/ 7 confidential support: 1.800.799.SAFE (7233) | www.thehotline.org