Family History Questionnaire

Please complete the chart below. Provide as much information as you are able, and use the back or attach additional sheets as needed. Do not include information about family members who are not biologically related to you.

Mother's Side of Family (Biological)				Father's Side of Family (Biological)			
If Living Current Age	If in Good Health	Relationship	1) Cause of death 2) Age at death 3) Health problems	If Living Current Age	If in Good Health	Relationship	1) Cause of death 2) Age at death 3) Health Problems
		Grandmother				Grandmother	
		Grandfather				Grandfather	
		Aunt(s)				Aunt(s)	
		Uncle(s)				Uncle(s)	

Biological Mother					Biological Father			
✓ If Living	If in Good Health	Name and current age if living	1) Cause of death 2) Age at death 3) Health problems	If Living	If in Good Health	Name and current age if living	1) Cause of death 2) Age at death 3) Health problems	

Your Sisters				Your Brothers			
If Living	If in Good Health	Name and current age if living	1) Cause of death 2) Age at death 3) Health problems	If Living	If in Good Health	Name and current age if living	1)Cause of death 2) Age at death 3) Health problems

	Your Daughters				Your Sons			
If Living	If in Good Health	Name and current age if living	1) Cause of death 2) Age at death 3) Health problems	If Living	If in Good Health	Name and current age if living	 Cause of death Age at death Health problems 	