

**Fernald Medical Monitoring Program
Adult Participant Health Questionnaire**

UC ID # _____

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 you 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.

Do you have any blood relative who have had <u>LUNG CANCER</u> ? ___ YES ___ NO	
Write the <u>number</u> of relatives in each category.	
___ grandmother	___ grandfather
___ mother	___ father
___ aunt	___ uncle
___ sister	___ brother
___ half-sister	___ half-brother
___ daughter	___ son

Do you have any blood relative who have had <u>THYROID CANCER</u> ? ___ YES ___ NO	
Write the <u>number</u> of relatives in each category.	
___ grandmother	___ grandfather
___ mother	___ father
___ aunt	___ uncle
___ sister	___ brother
___ half-sister	___ half-brother
___ daughter	___ son

Do you have any blood relative who have had <u>KIDNEY CANCER</u> ? ___ YES ___ NO	
Write the <u>number</u> of relatives in each category.	
___ grandmother	___ grandfather
___ mother	___ father
___ aunt	___ uncle
___ sister	___ brother
___ half-sister	___ half-brother
___ daughter	___ son

Do you have any blood relative who have had <u>BLADER CANCER</u> ? ___ YES ___ NO	
Write the <u>number</u> of relatives in each category.	
___ grandmother	___ grandfather
___ mother	___ father
___ aunt	___ uncle
___ sister	___ brother
___ half-sister	___ half-brother
___ daughter	___ son