

Identifying Number

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Section FH Patient's mother's family page 2 Parent ID <sup>1=Mother</sup> <sup>2=Father</sup> 1

Line No.	Name	Relation to patient's mother	Line No. (s) of parent(s) <sup>3</sup>	Date of birth	Date and place of death	Specified illness, date, hospital & address at diagnosis	Alive - 1 Dead - 2 NK - 9
1Mo		Father <sup>1</sup>					
2Mo		Mother <sup>2</sup>					
3Mo							
4Mo							
5Mo							
6Mo							
7Mo							
8Mo							
9Mo							

1 That is, patient's maternal grandfather  
 2 That is, patient's maternal grandmother  
 3 To identify the interviewee as a parent put in name and parent ID or "Other" ID from the interview form.





Section FH **Family History Detail** page 4

1=Mother  
2=Father

1 Do you have any other young blood relatives who developed cancer or leukaemia

1=Yes 2=No 3=NK

If yes, specify giving exact relationship to informant. \_\_\_\_\_

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young = under 45 years

details as on previous sheets.

2 Are there any other **medical** conditions that have occurred in **different** generations of your family

1=Yes 2=No 3=NK

If yes, specify \_\_\_\_\_

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