



Banner MD Anderson  
~~Cancer~~ Center  
Making Cancer History®

## ***Clinical Cancer Genetics Program***

### **Genetic Risk Assessment Questionnaire**

In order to assess the risk for hereditary cancer in your family, we need to review your medical and family history, focusing on the history of cancer. The first part of the questionnaire focuses on your personal and medical history, the second part on your family history. If you are uncertain about any information, please write in your best approximation or write unknown. You may decline to answer any or all of the questions at this time or at any later time.

- Please take some time before your appointment to gather as much of your family history information as possible. We have enclosed a document called *Gathering Information for a Cancer-Focused Family History* to help you with this process. We will not use the information you provide us to contact your family members. Names of family members are used only as a reference and to reduce our errors.
- Your personal and family history will be entered into a confidential computerized database.
- You may be contacted in the future about studies designed for those at an increased risk of developing cancer. You are free to decline participation at any time.
- After completing the questionnaire, you may wish to make a copy of it for your records.
- If you have any questions, please contact our office at 480-256-3642.

Please circle one:

I do / do not agree to share the family history information I have provided with other family members who are in contact with Clinical Cancer Genetics Program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENETIC RISK ASSESSEMENT – Personal History**

Put an X in the space next to the category that is most accurate or fill out as indicated. Please circle Y (yes), N (no) or U (unknown).

**BACKGROUND INFORMATION**

Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Date Completed \_\_\_\_\_  
 First Name Maiden/Family Name Last Name

What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your occupation? \_\_\_\_\_

Marital Status Single/Divorced \_\_\_\_ Widowed \_\_\_\_ Married/Partner \_\_\_\_ Name of Spouse/Partner \_\_\_\_\_ Age \_\_\_\_

Please choose which ethnic/racial background best describes you and your **biological** mother and father. (Check all that apply)

|       |        |        |                                |   |
|-------|--------|--------|--------------------------------|---|
| Self  | Mother | Father |                                | Countries of Origin (example: England, Nigeria, Mexico, Taiwan) |
| _____ | _____  | _____  | White/Caucasian                | Maternal side: _____  |
| _____ | _____  | _____  | Black or African-American      | Paternal side: _____  |
| _____ | _____  | _____  | NativeAmerican/Aleutian/Eskimo |   |
| _____ | _____  | _____  | Asian                          | <b>Are either of your parents of Ashkenazi</b>                  |
| _____ | _____  | _____  | Spanish, Hispanic or Latino    | <b>(Eastern/Central European) Jewish descent? Y N U</b>         |
| _____ | _____  | _____  | Other _____                    | <b>What is your religious affiliation?</b> _____                |
| _____ | _____  | _____  | Unknown                        |   |

**GENERAL MEDICAL HISTORY**

How is your health in general? \_\_\_\_\_

Have you ever been diagnosed with any cancer? Y N U If yes, what type(s) and at what age(s) were you diagnosed?

| <u>Age</u> | <u>Cancer Type</u> | Treatment (Circle all that apply)            |
|------------|--------------------|--|
| _____      | _____              | Surgery    Chemotherapy    Radiation Therapy |
| _____      | _____              | Surgery    Chemotherapy    Radiation Therapy |
| _____      | _____              | Surgery    Chemotherapy    Radiation Therapy |

Notes \_\_\_\_\_

**If you currently take medication daily or on a regular basis, please list medication and reason for taking it.**

| Medication | Reason | Medication | Reason |
|------------|--------|------------|--------|
| _____      | _____  | _____      | _____  |
| _____      | _____  | _____      | _____  |

**If you have previously taken medication for 6 or more months, please list medication and reason for taking it.**

| Medication | Reason | Medication | Reason |
|------------|--------|------------|--------|
| _____      | _____  | _____      | _____  |
| _____      | _____  | _____      | _____  |

**WOMEN ONLY**

Age at first period \_\_\_\_\_ Age at first birth \_\_\_\_\_ Number of children \_\_\_\_\_ Number of miscarriages \_\_\_\_\_ Number of stillbirths \_\_\_\_\_

Have you ever used oral contraceptives? Y N U If yes, how many years and at what age(s)? \_\_\_\_\_

Have you gone through menopause yet? Y N U If yes, at what age \_\_\_\_\_

Have you taken hormone replacement therapy? Y N U If yes, how many years? \_\_\_\_\_

Have you had any breast biopsies? Y N U If yes, how many? \_\_\_\_\_

If yes, at what age(s)? \_\_\_\_\_ Did the biopsy show atypical hyperplasia? Y N U DCIS or LCIS? Y N U \_\_\_\_\_

Have you had a hysterectomy (removal of uterus)? Y N U

If yes, at what age? \_\_\_\_\_ Reason \_\_\_\_\_

Have you had a oophorectomy (Removal of ovaries)? Y N U

If yes, at what age? \_\_\_\_\_ If yes, \_\_\_ Right \_\_\_ Left \_\_\_ Prophylactic Reason \_\_\_\_\_

**MEN ONLY**

Have you had a prostatectomy (removal of the prostate)? Y N U

If yes, at what age? \_\_\_\_\_ Reason \_\_\_\_\_

Have you had a transurethral resection of the prostate (TURP)? Y N U

If yes, at what age? \_\_\_\_\_ Reason \_\_\_\_\_

**MEN AND WOMEN**

Have you had a colectomy (removal of colon)? Y N U

If yes, at what age? \_\_\_\_ If yes, \_\_\_\_ Partial \_\_\_\_ Complete \_\_\_\_ Unknown Reason \_\_\_\_\_

Have you had a mastectomy (removal of breasts)? Y N U

If yes, at what age(s) \_\_\_\_\_ If yes, \_\_\_\_ Right \_\_\_\_ Left \_\_\_\_ Prophylactic Reason \_\_\_\_\_

Have you had a thyroidectomy (removal of thyroid)? Y N U

If yes, at what age? \_\_\_\_ Reason \_\_\_\_\_

Please indicate any other surgeries: \_\_\_\_\_

**Has a doctor ever told you that you had any of the following conditions?**

- Unusual skin findings (lumps, bump, lesions, light or dark spots) Y N U Describe: \_\_\_\_\_
- Fibrocystic breast disease or any non-cancerous lumps or cysts in the breast area Y N U Age \_\_\_\_\_
- Colon polyps Y N U Age \_\_\_\_\_ OR Familial polyposis (colon is covered with hundreds of polyps) Y N U Age \_\_\_\_\_
- Ulcerative colitis Y N U Age \_\_\_\_\_
- Any major birth defects, genetic disorders or inherited conditions Y N U (This includes conditions such as cleft palate/lip, heart defects, club feet, spina bifida, von Hippel-Lindau, neurofibromatosis, tuberous sclerosis.) If yes, describe \_\_\_\_\_

**Do you smoke or use tobacco products: Currently? Y N Previously? Y N If yes, what do you use and how much? \_\_\_\_\_**

**Do you drink alcohol beverages? Y N If yes, how often? \_\_\_\_ 1-3/week \_\_\_\_ 4-6/week \_\_\_\_ >6/week \_\_\_\_ Other: \_\_\_\_\_**

**Do you use other recreational drugs? Y N If yes, what do you use and how often? \_\_\_\_\_**

**Have you ever had depression, bipolar disorder or other mental condition? Y N \_\_\_\_\_**

**Have you ever tried to harm yourself? Y N \_\_\_\_\_**

**How would you rate your concern about developing cancer (or a second cancer)? (1 = no concern, and 5 = extremely concerned)**

**1 2 3 4 5**

## SCREENING HISTORY

| WOMEN                        | SCREENING TESTS         | Most Recent | How Often | Age Started | Comments |
|------------------------------|-------------------------|-------------|-----------|-------------|----------|
| <b>Breast Screening</b>      |                         |             |           |             |          |
|                              | Self Breast Exam        | _____       | _____     | _____       | _____    |
|                              | Clinical Breast Exam    | _____       | _____     | _____       | _____    |
|                              | Mammogram               | _____       | _____     | _____       | _____    |
| <b>Gynecologic Screening</b> |                         |             |           |             |          |
|                              | PAP Smear/Pelvic        | _____       | _____     | _____       | _____    |
|                              | CA 125 blood test       | _____       | _____     | _____       | _____    |
|                              | Transvaginal ultrasound | _____       | _____     | _____       | _____    |
|                              | Other _____             | _____       | _____     | _____       | _____    |
| <b>MEN</b>                   |                         |             |           |             |          |
|                              | Digital Rectal Exam     | _____       | _____     | _____       | _____    |
|                              | PSA Blood Test          | _____       | _____     | _____       | _____    |
|                              | Other _____             | _____       | _____     | _____       | _____    |
| <b>MEN AND WOMEN</b>         |                         |             |           |             |          |
|                              | Colonoscopy             | _____       | _____     | _____       | _____    |
|                              | Sigmoidoscopy           | _____       | _____     | _____       | _____    |
|                              | Endoscopy               | _____       | _____     | _____       | _____    |
|                              | Lower GI/Barium Enema   | _____       | _____     | _____       | _____    |
|                              | Other _____             | _____       | _____     | _____       | _____    |

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_

**GENETIC RISK ASSESSEMENT - Family History**

| Your Biological Children |       |                              |             |          |                             |           |                               |                  |
|--------------------------|-------|------------------------------|-------------|----------|-----------------------------|-----------|-------------------------------|------------------|
| Name                     | Sex   | Year of Birth or Approx. Age | Same Father | Deceased | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |
|                          | M / F |                              | Y / N       |          | Y / N / U                   | Y / N / U |                               |                  |

| Your Biological Parents |                              |           |                             |           |                               |                  |
|-------------------------|------------------------------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name                    | Year of Birth or Approx. Age | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|                         |                              | Y / N / U |                             | Y / N / U |                               |                  |
|                         |                              | Y / N / U |                             | Y / N / U |                               |                  |

Notes/Extra Space: \_\_\_\_\_

| <b>Your Biological Brother and Sisters, include full and half (with and without cancer)</b> |       |                              |                              |           |                             |           |                               |                  |
|---|-------|------------------------------|------------------------------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name  | Sex   | Year of Birth or Approx. Age | Same Father*<br>Same Mother* | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              | Y / N<br>Y / N               | Y / N / U |                             | Y / N / U |                               |                  |

\*same mother and father as you

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Your Nieces and Nephews - children of your brothers and sisters (with and without cancer) |       |                              |          |           |                             |           |                               |                  |
|---|-------|------------------------------|----------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name  | Sex   | Year of Birth or Approx. Age | Child of | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |

Notes/Extra Space: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Your Mother's Parents**

| Name | Year of Birth or Approx. Age | Deceased | Year or Approx Age of Death | Cancer | Cancer Type or General Health | Age at Diagnosis |
|------|------------------------------|----------|-----------------------------|--------|-------------------------------|------------------|
|      |                              | Y/N/U    |                             | Y/N/U  |                               |                  |
|      |                              | Y/N/U    |                             | Y/N/U  |                               |                  |

**Your Mother's Brother and Sisters - include full and half (with and without cancer)**

| Name | Sex | Year of Birth or Approx. Age | Same Father*<br>Same Mother* | Deceased | Year or Approx Age of Death | Cancer | Cancer Type or General Health | Age at Diagnosis |
|------|-----|------------------------------|------------------------------|----------|-----------------------------|--------|-------------------------------|------------------|
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |

\*Same mother and father as your mother

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_

| <b>Your Maternal Cousins – children of your maternal aunts/uncles (with and without cancer)</b> |       |                              |          |           |                             |           |                               |                  |
|---|-------|------------------------------|----------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name  | Sex   | Year of Birth or Approx. Age | Child of | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|   | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_



**Your Father's Parents**

| Name | Year of Birth or Approx. Age | Deceased | Year or Approx Age of Death | Cancer | Cancer Type or General Health | Age at Diagnosis |
|------|------------------------------|----------|-----------------------------|--------|-------------------------------|------------------|
|      |                              | Y/N/U    |                             | Y/N/U  |                               |                  |
|      |                              | Y/N/U    |                             | Y/N/U  |                               |                  |

**Your Father's Brother and Sisters - include full and half (with and without cancer)**

| Name | Sex | Year of Birth or Approx. Age | Same Father*<br>Same Mother* | Deceased | Year or Approx Age of Death | Cancer | Cancer Type or General Health | Age at Diagnosis |
|------|-----|------------------------------|------------------------------|----------|-----------------------------|--------|-------------------------------|------------------|
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |
|      | M/F |                              | Y/N<br>Y/N                   | Y/N/U    |                             | Y/N/U  |                               |                  |

\*same mother and father as your father

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_

| Your Paternal Cousins - children of your paternal aunts/uncles (with and without cancer) |       |                              |          |           |                             |           |                               |                  |
|--|-------|------------------------------|----------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name   | Sex   | Year of Birth or Approx. Age | Child of | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_

| Your Paternal Cousins - children of your paternal aunts/uncles (with and without cancer) |       |                              |          |           |                             |           |                               |                  |
|--|-------|------------------------------|----------|-----------|-----------------------------|-----------|-------------------------------|------------------|
| Name   | Sex   | Year of Birth or Approx. Age | Child of | Deceased  | Year or Approx Age of Death | Cancer    | Cancer Type or General Health | Age at Diagnosis |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |
|  | M / F |                              |          | Y / N / U |                             | Y / N / U |                               |                  |

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_

| Other Relatives (with cancer) |       |                              |                     |           |                             |             |                  |
|-------------------------------|-------|------------------------------|---------------------|-----------|-----------------------------|-------------|------------------|
| Name                          | Sex   | Year of Birth or Approx. Age | Relationship to you | Deceased  | Year or Approx Age of Death | Cancer Type | Age at Diagnosis |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |
|                               | M / F |                              |                     | Y / N / U |                             |             |                  |

Notes/Extra Space: \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_