Large Granular Lymphocyte (LGL) Leukemia Registry
PATIENT HISTORY

Family Medical History

Part 1 – Family Members with Autoimmune Diseases:

Do you have any family members who have been *diagnosed with an autoimmune disease* (e.g. rheumatoid arthritis, lupus, diabetes, multiple sclerosis, scleroderma, etc.)? ☐ No ☐ Yes ☐ Don't Know

- **If you answered 'No' or 'Don't Know' to the above question**, please skip to "Part 2 – Family Members with Cancer" on page 4.
- **If you answered 'Yes' to the above question**, please complete one box (below) for each family member diagnosed with an autoimmune disease.

Type of Family Member (please check)**:**

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt ☐ uncle ☐ niece ☐ nephew ☐ cousin
☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother
☐ great grandfather ☐ great grandmother ☐ great granddaughter ☐ great grandson ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________________	________ years old
☐ Lupus	____________________	________ years old
☐ Juvenile / Type 1 Diabetes	____________________	________ years old
☐ Psoriasis	____________________	________ years old
☐ Scleroderma	____________________	________ years old
☐ Multiple Sclerosis	____________________	________ years old
☐ Other ________________	____________________	________ years old
☐ Don't Know	____________________	________ years old

Gender: ☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt ☐ uncle ☐ niece ☐ nephew ☐ cousin
☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother
☐ great grandfather ☐ great grandmother ☐ great granddaughter ☐ great grandson ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________________	________ years old
☐ Lupus	____________________	________ years old
☐ Juvenile / Type 1 Diabetes	____________________	________ years old
☐ Psoriasis	____________________	________ years old
☐ Scleroderma	____________________	________ years old
☐ Multiple Sclerosis	____________________	________ years old
☐ Other ________________	____________________	________ years old
☐ Don't Know	____________________	________ years old

Gender: ☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt ☐ uncle ☐ niece ☐ nephew ☐ cousin
☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother
☐ great grandfather ☐ great grandmother ☐ great granddaughter ☐ great grandson ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________________	________ years old
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☐ Psoriasis	____________________	________ years old
☐ Scleroderma	____________________	________ years old
☐ Multiple Sclerosis	____________________	________ years old
☐ Other ________________	____________________	________ years old
☐ Don't Know		

Gender: ☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ______________________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	______________________________	________ years old
☐ Lupus	______________________________	________ years old
☐ Juvenile / Type 1 Diabetes	______________________________	________ years old
☐ Psoriasis	______________________________	________ years old
☐ Scleroderma	______________________________	________ years old
☐ Multiple Sclerosis	______________________________	________ years old
☐ Other ____________________	______________________________	________ years old
☐ Don't Know	______________________________	________ years old

Gender:
☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
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- ☐ father's side

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- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ______________________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	______________________________	________ years old
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☐ Other ____________________	______________________________	________ years old
☐ Don't Know	______________________________	________ years old

Gender:
☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
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- ☐ mother's side
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- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ______________________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	______________________________	________ years old
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☐ Psoriasis	______________________________	________ years old
☐ Scleroderma	______________________________	________ years old
☐ Multiple Sclerosis	______________________________	________ years old
☐ Other ____________________	______________________________	________ years old
☐ Don't Know	______________________________	________ years old

Gender:
☐ Male ☐ Female

Part 2 – Family Members with Cancer:

Do you have any family members who have been *diagnosed with cancer*? ☐ No ☐ Yes ☐ Don't Know

- **If you answered 'No' or 'Don't Know" to the above question**, you are finished. Thank you for your participation.
- **If you answered 'Yes' to the above question**, please complete one box (below) for each family member diagnosed with cancer. (Attach copies of the sheet if more space is needed.)

Type of Family Member: (please check)

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt ☐ uncle ☐ niece ☐ nephew ☐ cousin
☐ grandson ☐ granddaughter ☐ grandfather ☐ grandmother
☐ great grandfather ☐ great grandmother ☐ great granddaughter ☐ great grandson ☐ other: ____________________________

Type of Cancer:	Treatment:	Age at Diagnosis:
☐ Chronic Myelogenous Leukemia (CML)	____________________________	_______ years old
☐ Chronic Lymphocytic Leukemia (CLL)	____________________________	_______ years old
☐ Acute Lymphocytic Leukemia (ALL)	____________________________	_______ years old
☐ Acute Myeloid Leukemia (AML)	____________________________	_______ years old
☐ Hairy Cell Leukemia	____________________________	_______ years old
☐ Non-Hodgkin's Lymphoma	____________________________	_______ years old
☐ Hodgkin's Lymphoma	____________________________	_______ years old
☐ Other ________________________	____________________________	_______ years old
☐ Don't Know	____________________________	_______ years old

Gender: ☐ Male ☐ Female

What is this person's status? (check all that apply)
☐ Family member died - death was related to this cancer
☐ Family member died – death was not related to this cancer
☐ Cancer was treated successfully, there is no longer evidence of cancer
☐ Cancer is currently being treated
☐ Cancer is in remission
☐ Don't know
☐ Other: ____

Type of Family Member: (please check)

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
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☐ aunt ☐ uncle ☐ niece ☐ nephew ☐ cousin
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Type of Cancer:	Treatment:	Age at Diagnosis:
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Gender: ☐ Male ☐ Female

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Type of Cancer: | **Treatment:** | **Age at Diagnosis:**

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- ☐ Hairy Cell Leukemia ____________ ________ years old
- ☐ Non-Hodgkin's Lymphoma ____________ ________ years old
- ☐ Hodgkin's Lymphoma ____________ ________ years old
- ☐ Other ____________ ____________ ________ years old
- ☐ Don't Know ____________ ________ years old

Gender: ☐ Male ☐ Female

What is this person's status? (check all that apply)

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Type of Family Member: (please check)

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Type of Cancer: | **Treatment:** | **Age at Diagnosis:**

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