

## Activity #3: Family Health History (Part 1)

Use the following checklist to create your own family health history. Put a check in the columns for breast, ovarian, or any other cancer for each family member.

If you are unsure put a "?".

Family Member	Breast Cancer	Ovarian Cancer	Any Other Cancer	Cardiac Events
Yourself				
Mother				
Sister				
Daughter				
Grandmother (mother's side)				
Aunt (mother's side)				
Grandmother (father's side)				
Aunt (father's side)				
2 or more cases of cancer after age 50 on same side of family				

Family Member	Breast Cancer	Ovarian Cancer	Any Other Cancer	Cardiac Events
Male with cancer at any age in any relative				
Any relative with coronary artery disease or heart attack before age 50				

Reflection: After completing your family health history, what challenges did you experience? How would you assist a client in addressing these and other challenges that arise when recording their own family health history?

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