SPOT
YOUR CANCER RISK

CANCER RISK QUESTIONNAIRE

Patient Chart No. _____

Name _____ Date of Birth _____

FOR MEN ONLY

TESTICULAR CANCER

YES NO

- ☐ ☐ I have had testicular cancer.
- ☐ ☐ I am between the ages of 15 - 45.
- ☐ ☐ I have had an undescended testicle.
- ☐ ☐ I have one testicle which is smaller (atrophied) than the other

PROSTATE CANCER

YES NO

- ☐ ☐ I am over 50 years of age.
- ☐ ☐ Someone in my family had prostate cancer.
  Who? _____.
- ☐ ☐ I am black.
- ☐ ☐ I have had a vasectomy. When?

SKIN CANCER

YES NO

- ☐ ☐ I have light colored hair, eyes or complexion.
- ☐ ☐ I have a large number of "moles" or moles that are large or irregular in shape or color.
- ☐ ☐ I frequently work or play in the sun.
- ☐ ☐ I was sunburned (blistered) several times before age 20.
- ☐ ☐ My skin is frequently exposed to chemicals or radioactive materials (arsenic, coal, petroleum, uranium, radioisotopes).
- ☐ ☐ I have a family history of skin cancer.
- ☐ ☐ I have been to tanning salons.

LUNG CANCER

YES NO

- ☐ ☐ I smoke cigarettes.
- ☐ ☐ I have smoked cigarettes.
  (How long? _____ date quit? _____)
- ☐ ☐ I am over 40 years of age.
- ☐ ☐ I am exposed to other people's cigarette smoke.
- ☐ ☐ At work, I am exposed to arsenic, asbestor, chromates, nickel, petroleum, or uranium.
- ☐ ☐ Someone in my family has had lung cancer.
  Who? _____

COLON CANCER

YES NO

- ☐ ☐ I have had colon cancer.
- ☐ ☐ A family member has had colon cancer.
  Who? _____
- ☐ ☐ I have had polyp(s) in the colon.
- ☐ ☐ I have had Crohn's disease or ulcerative colitis.
- ☐ ☐ I have had a recent change from my usual bowel movements.
- ☐ ☐ I have noticed blood in my bowel movements.
- ☐ ☐ I am over 50 years of age.

GENERAL HEALTH

YES NO

- ☐ ☐ I have had cancer.
- ☐ ☐ There is a history of cancer in my immediate family.
- ☐ ☐ I am 15 or more pounds overweight.
- ☐ ☐ I eat a diet high in fat content.
- ☐ ☐ I eat fewer that 5 servings of fruit and vegetables per day.
- ☐ ☐ I use chewing tobacco or snuff.
- ☐ ☐ I have not had a complete physical in at least five years.
- ☐ ☐ I drink alcohol regularly.
- ☐ ☐ I have not been to a dentist in over three years.

A joint program developed and funded bt The University of Texas M. D. Anderson Cancer Center and the Texas Academy of Family Physicians.

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CANCER RISK QUESTIONNAIRE

Patient Chart No. _____

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FOR WOMEN ONLY

BREAST CANCER

YES NO

- ☐ ☐ I have had breast cancer.
- ☐ ☐ Someone in my family has had breast cancer.
  Who? _____
- ☐ ☐ I am over 50 years of age.
- ☐ ☐ I have had surgery for "lumps" in the breast.
- ☐ ☐ I have had a female cancer (womb or ovary).
- ☐ ☐ I gave birth to my first child after age 35.
- ☐ ☐ I am 35 years old or older and have not been pregnant to full term (9 months).

CERVICAL CANCER

YES NO

- ☐ ☐ I have had an abnormal pap smear.
- ☐ ☐ It has been longer than one year since my last pap smear.
- ☐ ☐ I have had more than 1 sexual partner.
- ☐ ☐ I began intercourse before age 18.
- ☐ ☐ I have had genital warts.
- ☐ ☐ I smoke cigarettes.
- ☐ ☐ I have a history of bleeding after intercourse or between periods.

SKIN CANCER

YES NO

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- ☐ ☐ I have a large number of "moles" or moles that are large or irregular in shape or color.
- ☐ ☐ I frequently work or play in the sun.
- ☐ ☐ I was sunburned (blistered) several times before age 20.
- ☐ ☐ My skin is frequently exposed to chemicals or radioactive materials (arsenic, coal, petroleum, uranium, radioisotopes).
- ☐ ☐ I have a family history of skin cancer.
- ☐ ☐ I have been to tanning salons.

LUNG CANCER

YES NO

- ☐ ☐ I smoke cigarettes.
- ☐ ☐ I have smoked cigarettes.
  (How long? _____ date quit? _____)
- ☐ ☐ I am over 40 years of age.
- ☐ ☐ I am exposed to other people's cigarette smoke.
- ☐ ☐ At work, I am exposed to arsenic, asbestor, chromates, nickel, petroleum, or uranium.
- ☐ ☐ Someone in my family has had lung cancer.
  Who? _____

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