

## Family History Questionnaire

This questionnaire is a part of our Enrollment/Family History collaborative. Please fill out the answers to reflect the **CHILD'S** history. Thank You.

1. I was born in \_\_\_\_\_.  
City/State

2. My parent's name is \_\_\_\_\_. He or she was

Born in \_\_\_\_\_ on \_\_\_\_\_.  
State or County Date/Year

3. My parent's name is \_\_\_\_\_. He or she was

Born in \_\_\_\_\_ on \_\_\_\_\_.  
State or County Date/Year

4. When my parent was a child they lived in \_\_\_\_\_.

5. When my parent was a child they lived in \_\_\_\_\_.

6. Did my grandparents or great grandparents come from another country?

Which person \_\_\_\_\_

Which person \_\_\_\_\_

7. What are my family's cultural/ethnic heritage? \_\_\_\_\_

8. Does our family have any special customs or traditions? \_\_\_\_\_

9. Does your family have a special relative who's important to our family? \_\_\_\_\_

10. Do you speak another language at home? If yes, what language is it? \_\_\_\_\_

11. What are your parent's occupations? \_\_\_\_\_

12. Is there anything else you would like us to know about you? \_\_\_\_\_