

Assessment of Personal Risk Factors

Personal history

	Yes	No
• Colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>
• Adenomatous polyp	<input type="checkbox"/>	<input type="checkbox"/>
• Inflammatory bowel disease for 8 or more years	<input type="checkbox"/>	<input type="checkbox"/>
• Related cancers	<input type="checkbox"/>	<input type="checkbox"/>
▪ Endometrial	<input type="checkbox"/>	<input type="checkbox"/>
▪ Stomach	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ovarian	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hepatobiliary system	<input type="checkbox"/>	<input type="checkbox"/>
▪ Urinary tract	<input type="checkbox"/>	<input type="checkbox"/>
▪ Small bowel	<input type="checkbox"/>	<input type="checkbox"/>
▪ Brain	<input type="checkbox"/>	<input type="checkbox"/>
▪ Pancreas	<input type="checkbox"/>	<input type="checkbox"/>
▪ Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sebaceous carcinoma	<input type="checkbox"/>	<input type="checkbox"/>