

Prenatal Genetics Questionnaire

- 1 Will you be 35 years or older when the baby is due? Yes No

- 2 Have you, the baby's father, or anyone in either of your families ever had any of the following disorders?
 - ◆ Down Syndrome Yes No
 - ◆ Other chromosomal abnormality Yes No
 - ◆ Neural Tube Defect - i.e. spina bifida (meningomyelocele), anencephaly Yes No
 - ◆ Hemophilia Yes No
 - ◆ Muscular dystrophy Yes No
 - ◆ Cystic Fibrosis Yes No

If yes, indicate the relationship of the affected person to you or the baby's father: _____

- 3 Do you or the baby's father have a birth defect? Yes No
 If yes, who has the defect and what is it? _____

- 4 In any previous marriages, have you or the baby's father had a child, born dead or alive, with a birth defect not listed in question two above? Yes No
 If yes, what was the defect and who had it? _____

- 5 Do you, the baby's father, or close relatives in either of your families have a birth defect, any? Yes No
 If yes, indicate the condition and the relationship of the affected person to you or to the _____

- 6 In any previous marriages, have you or the baby's father had a stillborn child or three or more first-trimester spontaneous pregnancy losses? Yes No

- 7 If you or the baby's father are of Ashkenazi Jewish ancestry, have either of you had genetic screening? Yes No
 If yes, indicate who and the results: _____

- 8 If you or the baby's father are of French-Canadian ancestry, have either of you been screened for Tay-Sachs disease? Yes No
 If yes, indicate who and the results: _____

- 9 If you or the baby's father are of African-American descent, have either of you been screened for sickle cell trait? Yes No
 If yes, indicate who and the results: _____

- 10 If you or the baby's father are of Italian, Greek, or Mediterranean background, have either of you been treated for β thalassemia? Yes No
 If yes, indicate who and the results: _____

- 11 If you or the baby's father are of Phillipine or Southeast Asian ancestry, have either of you been treated for α thalassemia? Yes No
 If yes, indicate who and the results: _____

- 12 Excluding iron and vitamins, have you taken any medication or recreational drugs since being pregnant or since your last menstrual period (please include non-prescription drugs)? Yes No
 If yes, give the name of the medication and time taken during pregnancy: _____