

## Genetic Screening Questionnaire

Name \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Father of Child \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

First day of your last menstrual period \_\_\_\_\_

How many times have you been pregnant, including this time? \_\_\_\_\_

How many miscarriages have you had? \_\_\_\_\_

Have you ever had a stillborn child? Yes \_\_\_ No \_\_\_

Have any of your children died? Yes \_\_\_ No \_\_\_

Do you have a child with a birth defect? Yes \_\_\_ No \_\_\_

Have you been exposed to drugs, X-rays, alcohol, or tobacco use during this pregnancy? Yes \_\_\_ No \_\_\_

If the baby's father has children by another woman, did she have miscarriages, a stillbirth, or children with birth defects? Yes \_\_\_ No \_\_\_

Are you or the father of Eastern European Jewish origin? Yes \_\_\_ No \_\_\_

Are you or the father Black? Yes \_\_\_ No \_\_\_

Are you or the father Greek or Italian? Yes \_\_\_ No \_\_\_

Are you and the father blood relatives? Yes \_\_\_ No \_\_\_

### Check any of the following disorders that occur in your family or the family of the baby's father

- |  |                           |
|--|---------------------------|
| _____ Birth defects                                      | _____ Huntington's Chorea |
| _____ Childhood/Infancy Deaths                           | _____ Porphyria           |
| _____ Mental Retardation                                 | _____ Cleft lip or palate |
| _____ Down's Syndrome                                    | _____ Heart defects       |
| _____ Spina Bifida                                       | _____ Blindness           |
| _____ Hydrocephalus                                      | _____ Deafness            |
| _____ Sickle Cell Trait of Disease                       | _____ Dwarfism            |
| _____ Polycystic Kidney Disease                          | _____ Cystic Fibrosis     |
| _____ Tay-Sachs Carrier of Disease                       | _____ Thalassemia         |
| _____ Galactosemia                                       | _____ Phenylketonuria PKU |
| _____ Hemophilia (bleeding disorder)                     | _____ Muscular Dystrophy  |
| _____ Person under 35 with heart disease                 | _____ Diabetes            |
| _____ Person under 35 with emphysema                     |                           |
| _____ Any disorder or disease that "runs" in the family. | What? _____               |