

Prenatal Risk Questionnaire

The following questions are designed to aid your physician in identifying risk factors that could affect your pregnancy. All of the information shared is confidential. You are not required to complete this questionnaire, but are encouraged to discuss any pertinent issues with your physician.

Name _____

Date of Birth _____

First Day of last menstrual period _____

Dr _____

Please provide details for any YES answers on the back of the questionnaire.

1. Will you be 35 or older when the baby is due? Yes No
2. Have you had 2 or more miscarriages or a stillborn child? Yes No
3. Are you and the baby's father related, or do you have relatives in common? Yes No
4. Do you or your partner have any birth defects, mental retardation or learning problems? Yes No
5. Has anyone in your family or your partner's family ever had:
 - A. Down syndrome? Yes No
 - B. Spina bifida or Neural tube defects and/or Anencephaly? Yes No
 - C. Hydrocephalus? Yes No
 - D. Heart defect present at birth? Yes No
 - E. Mental retardation or learning problems? Yes No
 - F. Hemophilia or other blood disorders? Yes No
 - G. Muscular dystrophy? Yes No
 - H. Cystic fibrosis? Yes No
 - I. Metabolic/chemical disorder or need for a special diet? (ex. PKU) Yes No
 - J. Other genetic or inherited condition not listed here? Yes No
6. Are you and /or the baby's father of African/African American descent? Yes No
If yes, have you been tested for sickle cell trait? Yes No
7. Are you and/or the baby's father of Asian or Mediterranean (Greek, Italian, etc) descent? Yes No
If yes, have you been tested for thalassemia trait? Yes No
8. Are you and/or the baby's father of Eastern European Jewish descent? Yes No
If yes, have you been tested for Tay- Sach's Disease? Yes No
9. During this pregnancy have you:
 - A. Drank alcohol? Yes No
 - B. Smoked cigarettes? Yes No
 - C. Taken any medication? Yes No
 - D. Used any "recreational" street drugs? Yes No
 - E. Had any X-rays? (including dye studies, CAT scan) Yes No
 - F. Had any illnesses, infections, rash or fever greater than 101* for 2 or more days? Yes No
 - G. Had contact at home or at work with cats, cat litter, mice or hamsters? Yes No
 - H. Been exposed to chemical or toxic substances? Yes No
10. Do you have diabetes that requires insulin? Yes No
11. Have you had high blood sugar during this pregnancy or during a previous pregnancy? Yes No
12. Do you have any seizure disorder that requires medication? Yes No
13. Do you feel threatened at home either physically or verbally? Yes No