



## Genetic Questionnaire

Please take a few minutes to complete the following questionnaire.

1. Will you be 35 years of age or older at the time the baby is born?  yes  no
2. Are you and the baby's father related to each other (cousins or otherwise)?  yes  no
3. Have you or the baby's father had 2 or more pregnancies that ended in miscarriage?  yes  no
4. Have you or the baby's father had a stillborn baby?  yes  no
5. Have you or the baby's father had a child that died around the time of delivery or in the first year of life?  yes  no
6. Have you or the baby's father had a child with a birth defect or genetic problem?  yes  no
7. Do you or the baby's father have a birth defect or genetic problem?  yes  no
8. Do any members of your family or the father's family have a birth defect such as a clubfoot, cleft palate, deafness, blindness, or other genetic problem?  yes  no
9. Are you or the baby's father members of any of the following ethnic groups? (check the group or groups)
  - Jewish
  - Black/African
  - Oriental/Asian
  - Mediterranean (Greek, Italian, other)
  - French-Canadian
10. Have you taken any of the following drugs during your pregnancy or around the time the pregnancy began?
  - Seizure medicine
  - Anti-cancer drugs
  - Heart or blood pressure drugs
  - Anticoagulants (blood thinners)
  - Lithium or Accutane
  - Medicines for depression
11. Since the start of this pregnancy, have you had drinks containing alcohol almost each day or frequently?  yes  no
12. Have you used cocaine, marijuana, or any street drug during this pregnancy?  yes  no
13. Are you a diabetic or has anyone ever said you might have diabetes?  yes  no
14. Is any member of your family a diabetic?  yes  no
15. Have you ever had radiation or chemotherapy?  yes  no
16. Have you, the baby's father, or any member of your family or the father's family ever had any of the following?
  - A child with Down Syndrome or other chromosomal problems?
  - An open spine (spina bifida), brain defect, or anencephaly?
  - A child with mental retardation or a child that was a very slow learner?
  - A heart defect?
  - A muscle (muscular dystrophy) or nerve disease?
  - Cystic Fibrosis or any lung disease that started in early childhood?
  - Blood disorders like hemophilia, thalassemia, sickle cell or others?

Anything that you think could be a birth defect or genetic problem that is not listed above?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ MRN \_\_\_\_\_