

**University of Maryland Medical Center  
Ob/Gyn Department**

**PRENATAL DIAGNOSIS SCREENING  
QUESTIONNAIRE**

PATIENT IDENTIFICATION

Please complete the questionnaire and bring with you to your appointment. *CHECK YES or NO.*  
Check any question you do not understand. If you answer yes to any questions marked with  
an asterisk (\*), please call our office so we may obtain further information before you are seen.

	YES	NO
1. Will you be age 35 or older when the baby is due?	_____	_____
2. Since you became pregnant, have you used or taken:		
a. Medications	_____	_____
b. Insulin (shots for Diabetes)	_____	_____
* c. Seizure medications	_____	_____
d. Drugs	_____	_____
e. Alcohol	_____	_____
Cigarettes	_____	_____
3. Since you became pregnant, have you had any:		
a. Infections	_____	_____
b. Rashes	_____	_____
c. High fevers	_____	_____
d. X-rays	_____	_____
4. Have you or the baby's father ever had an illness, sickness or birth defect which required medical care, staying in the hospital, or surgery/operations?	_____	_____
5. Are you and the baby's father related by blood (for example, are you distant cousins)?	_____	_____
6. Are you or the baby's father:		
<input type="checkbox"/> Jewish	<input type="checkbox"/> Black	<input type="checkbox"/> Mediterranean
<input type="checkbox"/> Asian	<input type="checkbox"/> Italian	<input type="checkbox"/> Greek
7. Do you or does the father of the baby, or does anyone in <i>either</i> <i>families</i> have:	_____	_____
* a. Mental retardation	_____	_____
b. Slow or learning disability	_____	_____
c. Birth defect or handicap	_____	_____
d. Stillbirth or baby born dead	_____	_____
e. Early infant death	_____	_____
f. Two(2) or more miscarriages or pregnancy losses	_____	_____
* g. An inherited or genetic disease	_____	_____
h. Down syndrome ("mongolism")	_____	_____
i. Spinal bifida or open spine	_____	_____
j. Hydrocephalus (water on the brain)	_____	_____
* k. Muscular dystrophy or muscle disorder	_____	_____
l. Wheelchair bound	_____	_____
* m. Hemophilia or bleeding disorder	_____	_____



