



## Questionnaire Risk Screening for Down Syndrome and Neural Tube Defects

### Patient details:

Surname

Given names

Date of birth

 /  / 

Weight (Required for accurate results)

 kgs

- First Trimester Serum Screening (FTSS)** You should be between 9 weeks 0 days and 13 weeks 6 days of gestation and have booked an ultrasound appointment for Nuchal Translucency.

Date booked for ultrasound appointment:

 /  / 

- Second Trimester Down Syndrome and Neural Tube Defect Screening**

You should be between 15 weeks 0 days and 21 weeks 6 days of gestation.

**Please complete only ONE of the following options to give the best estimate of weeks and days pregnant:**

1. Date of last ultrasound:

 /  / 

weeks and  days.

(Estimate of weeks and days pregnant on day of ultrasound)

Number of fetuses:

(Single = 1; twins = 2)

2. Expected date of delivery (EDD):

 /  / 

3. Last normal menstrual period (LNMP):

 /  / 

4. Clinical examination:

weeks on:

 /  / 

(Least accurate)

(Date of examination)

**Please answer 'Yes' or 'No' to the following questions:**

- Have you had a previous pregnancy with a Neural tube defect?  Yes  No
- Have you had a previous Down Syndrome pregnancy?  Yes  No
- Do you have insulin-dependent diabetes?  Yes  No
- Have you undergone amniocentesis in the past month?  Yes  No
- Is your pregnancy the result of an IVF procedure?  Yes  No
- Are you a smoker?  Yes  No

**If you answered 'Yes' to any of the questions above, please give further details:**

  


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