



Questionnaire Risk Screening for Down Syndrome and Neural Tube Defects

Patient details:

Surname

Given names

Date of birth

 / /

Current 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 you are intending to have (or have had) an ultrasound for Nuchal Translucency (NT).

Date of NT ultrasound (if known):

 / /

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

You should be between 15 weeks 0 days and 22 weeks 6 days of gestation.

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

Date of last ultrasound:

 / /
 weeks and days.

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

Number of fetuses:

(Single = 1; Twins = 2)

Expected date of delivery (EDD):

 / /

Last normal menstrual period (LNMP):

 / /

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:
