



Laboratory Number

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

### Patient details:

Surname

Given names

Date of birth  /

Current weight (Required for accurate results)

**First Trimester Down Syndrome Screening with ultrasound for Nuchal Translucency (NT)**  
You should be between 8 weeks and 13 weeks 6 days of gestation. (If PIGF requested, can collect from 9 weeks)

Date of NT ultrasound (if known):  /

**Second Trimester Down Syndrome and Neural Tube Defect Screening**  
You should be between 15 weeks and 20 weeks 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. Number of fetuses:

(Estimate of weeks and days pregnant on day of ultrasound) (Single = 1; Twins = 2)

or

Expected date of delivery (EDD):  /

or

Last normal menstrual period (LNMP):  /

or

Clinical examination:  weeks on:  /

(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: