

PRENATAL GENETIC SCREENING QUESTIONNAIRE

Patient and Family History

Does your or your partner's/spouse's family have the following ethnic background?

Yes No Pakistani, Indian, Bangladeshi, Southeast Asian, Chinese, Filipino, Mediterranean or Middle Eastern

If yes to the above, have you or your partner/spouse been tested to see if you are carriers for thalassemia?

Yes No Ashkenazi (northeastern European) Jewish

If yes to the above, have you or your partner/spouse been tested to see if you are carriers for Tay-Sachs?

Yes No African or African American, Caribbean East Indian, Chinese (southern), Mediterranean or Middle Eastern

If yes to the above, have you or your partner/spouse been tested to see if you are carriers for sickle cell anemia?

Yes No Do you or your partner/spouse have any relatives with mental retardation or developmental delay?

Yes No Does anyone in either of your families have a genetic condition or chromosome abnormality?

Yes No Have you or your partner/spouse had a baby that died shortly after birth or in the first few years of life?

Yes No Have you or your partner/spouse had a stillborn child, or three or more miscarriages? Did either of your parents have a stillborn child?

Yes No Are you and your partner/spouse blood-related in any way (e.g., cousins)?

Yes No Is there any other family history that you have concerns about?