



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 10 weeks and 13 weeks 6 days of gestation.

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

Number of fetuses:
(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: