



PARTNERS IN WOMEN'S HEALTH

SCREENING QUESTIONNAIRE

1. Will you be age 35 when you have children? ☐ YES ☐ NO
2. Have you or your partner or anyone in either of your families ever had:
Down syndrome (mongolism) ☐ YES ☐ NO
Spina bifida or Meningomyelocele (open spine) ☐ YES ☐ NO
Hemophilia ☐ YES ☐ NO
Muscular dystrophy ☐ YES ☐ NO
Cystic fibrosis ☐ YES ☐ NO
3. Have you or your partner had a child born dead or alive with a birth defect not listed in Question 2 above? ☐ YES ☐ NO
If yes, describe: _____
4. Do you or your partner have any close relatives who are mentally retarded or have birth defects? ☐ YES ☐ NO
If yes, list cause if known: _____
5. Do you or your partner or a close relative in either of your families have any inherited genetic or chromosomal disease or disorder not listed above? ☐ YES ☐ NO
If yes, describe: _____
6. Have you or your partner had 3 or more spontaneous pregnancy losses (miscarriages, stillbirths, etc.)? ☐ YES ☐ NO
7. Do you or your partner have any close relatives, descended from Jewish people who lived in Eastern Europe (Ashkenazi Jews)? ☐ YES ☐ NO
If yes, have either you or your partner been screened for Tay-Sachs disease? ☐ YES ☐ NO
If yes, indicate the results and who was screened: _____
8. Are you or your partner black? ☐ YES ☐ NO
If yes, have either you or your partner, or any close relative ever been screened for sickle cell trait and found to be positive? ☐ YES ☐ NO
If yes, indicate results and who was screened: _____
9. Do you or your partner have close relatives descended from Mediterranean countries? ☐ YES ☐ NO
If yes, have you, or your partner, been screened for thalassemia (Cooley's anemia)? ☐ YES ☐ NO
If yes, indicate results and who was screened: _____
10. Do you drink alcoholic beverages? ☐ YES ☐ NO
11. Do you take any medications either by prescription or those which can be purchased over the counter in a drug store? ☐ YES ☐ NO
12. Have you ever been tested to determine if you are immune to rubella (German measles)? ☐ YES ☐ NO
If yes, please indicate where and when tested and results of test: _____

Name: _____