

## First PAGE Genetic History Questionnaire for Fertility I Patients

- The answers to these questions will help in the care of your pregnancy.
- Please answer these questions as well as you can. All answers will remain private.
- If you need help answering the questions, please ask.

1. When your baby is born, will you be 35 years of age or older?  No  Yes

Where your ancestors came from may sometimes give us important information about the health of your baby.

2. Is your family...

....from Southeast Asia, Taiwan, China or the Philippines?  No  Yes  Not Sure

....from Italy, Greece or the Middle East?  No  Yes  Not Sure

....African American (Black)?  No  Yes  Not Sure

....Hispanic/Puerto Rican?  No  Yes  Not Sure

3. Is your family, or your baby's father's family, European (Ashkenazi) Jewish?  
 No  Yes  Not Sure

The next nine questions will be about you, your baby's father, and both of your families. When we say "blood relative", we mean your child (or unborn baby), mother, father, sister, brother, grandparent, aunt, uncle, niece, nephew, or cousin.

4. Were you, or your baby's father, or any blood relative born with an opening in the back or spine, also called spina bifida?  No  Yes  Not Sure

5. Was there ever a baby (or unborn baby) in your family or your baby's father's family who had an opening in the head, also called anencephaly?  No  Yes  Not Sure

6. Is any blood relative in your family or your baby's father's family mentally retarded?  
 No  Yes  Not Sure

7. Have you, or your baby's father, or any blood relative had an unborn baby or a child who had Down syndrome (some call it trisomy 21)?  No  Yes  Not Sure

8. Do you, or your baby's father, or any blood relative have any other chromosome problem?  
 No  Yes  Not Sure

Ask your health care provider about multiple marker screening for Down syndrome, spina bifida, and trisomy 18, even if there is NO history of these in your or your baby's father's family.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Do you, or your baby's father, or any blood relative have:

- a. ...cystic fibrosis (CF)?  No  Yes  Not Sure  
*Ask your health care provider about CF screening, even if there is NO history of CF in your or your baby's father's family.*
- b. ... fragile X syndrome?  No  Yes  Not Sure
- c. ... muscular dystrophy?  No  Yes  Not Sure
- d. ... hemophilia or other bleeding disorder?  No  Yes  Not Sure
- e. ... Huntington disease?  No  Yes  Not Sure

10. Were you, or your baby's father, or any blood relative born with:

- a. .... a heart defect?  No  Yes  Not Sure
- b. ... a cleft lip and/or cleft palate?  No  Yes  Not Sure
- c. ... any other birth defect?  No  Yes  Not Sure

11. Have you ever had:

- ... two or more miscarriages?  No  Yes
- ... a stillborn baby *and* one or more miscarriage(s)?  No  Yes

12. Do you, or your baby's father, or any blood relative have any other disease or health problem that is inherited (passed on in the family)?  No  Yes  Not Sure

*The next three questions will be about medical conditions that you (the patient) may have.*

13. Do you have diabetes?  No  Yes

14. Do you have, or have you ever had treatment for, PKU (phenylketonuria) or hyperphenylalaninemia (hyperphe)?  No  Yes  Not Sure

15. During this pregnancy, have you taken:

- a. seizure medication? (Dilantin, valproic acid, Depakene, Tegretol, Atretol, Mysoline, Tridione)  No  Yes
- b. lithium (Eskalith, Lithobid, Lithonate) for bipolar disorder or depression?  No  Yes
- c. pills (Accutane, isotretinoin) for acne?  No  Yes
- d. chemotherapy/immunosuppressive medication? (methotrexate, aminopterin, Rheumatrex)  No  Yes

Completed by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_