

## Questionnaire

Dear expectant parents,

in order to gain better quality and faster testing of your pregnancy, we kindly ask you to fill in the questionnaire below to help us prepare for a personal meeting with you, and assist in a personal approach for each patient.

Thank you for choosing our Center which carries out a wide range of procedures in the field of fetal medicine, including non-invasive testing for chromosomal aberration using the MaterniT21 PLUS test. We are the only company in the Czech Republic to provide this.

### Present Pregnancy:

- type of pregnancy:
  1. spontaneous
  2. after stimulation of ovulation
  3. after artificial fertilization (IVF, ICSI...)
  4. a donated egg, sperm
- Date of the last period:
- Completion of screening tests:
  - result:
- Existing ultrasound:
  - fine
  - Suspected failure of development
- Other tests in pregnancy:

### Questions for Pregnant Women:

#### Family anamnesis:

- Health status of your father:
- Health status of your mother:
- Health status of your siblings:
- Health status of your children :
- Health status of your grandparents:

**Good:**

**More serious - briefly describe:**

- Congenital defects in other relatives:
- Thromboembolic disease in relatives:

**No:**

**Yes – what:**

#### Personal anamnesis:

- Heart disease and circulatory system:

**No:**

**Yes – what:**



- Diseases of the respiratory system:
- Urinary and genital tract diseases:
- Nervous system diseases:
- Musculoskeletal system diseases:
- Digestive system diseases:
- Diabetes:
- Thyroid diseases:
- Allergy to medication:
- Operations undergone:
- Do you take any medications regularly:

**Gynecological anamnesis:**

- Births:
- Abortions:
- Gynecological diseases:

**No:**

**Yes - count, type of disease:**

**Questions for Future Fathers:**

**Family anamnesis:**

- Health status of your father:
- Health status of your mother:
- Health status of your siblings:
- Health status of your children :
- Health status of your grandparents:
- 

**Good:**

**More serious - briefly describe:**

- Congenital defects in wider relatives:
- Thromboembolic disease in relatives:

**No:**

**Yes – what:**

**Personal anamnesis:**

- Heart disease and circulatory system:
- Diseases of the respiratory system:
- Urinary and genital tract diseases:
- Nervous system diseases:
- Musculoskeletal diseases:
- Digestive system diseases:
- Diabetes:
- Thyroid diseases:
- Allergy to medication:
- Operations undergone:
- Do you take any medication regularly:
- Outcome of sperm tests if known:

**No:**

**Yes – what:**

## Questions for Both Parents:

- Have you ever undergone genetic testing before or during pregnancy?

**No:**

**Yes – what:**

You will be informed about test results by our doctor as soon as possible, who can be asked anytime, about any additional questions and uncertainties. Further procedures, individual tests or medical treatment will also be recommended to you in the coming weeks of pregnancy.

Thank you for your confidence and we wish you a smooth pregnancy.