

# PREGNANCY ULTRASOUND QUESTIONNAIRE

NAME \_\_\_\_\_

DOCTOR \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

1) Have you had a serum alpha fetoprotein (AFP) test? (The blood test done at approximately 16 weeks to screen for Down Syndrome & spina bifida)

**NO** **YES** If yes, when? \_\_\_\_\_ Results? \_\_\_\_\_

2) Have you had a previous ultrasound during this pregnancy?

**NO** **YES** If yes, where? \_\_\_\_\_ Results? \_\_\_\_\_

3) Number of pregnancies, **including this one** \_\_\_\_\_ Number of children \_\_\_\_\_

4) When was the first day of your last menstrual period? \_\_\_\_\_

5) What is your expected due date? \_\_\_\_\_

6) Do you have a full bladder? **YES** **NO**

7) Do you have diabetes? **YES** **NO**

8) Do you have high blood pressure? **YES** **NO**

9) Do you currently smoke? **YES** **NO**

10) Have you used birth control pills within six months of your last period? **YES** **NO**

11) Are you currently taking any medications?

**NO** **YES** If yes, please list:

\_\_\_\_\_ How long? \_\_\_\_\_  
\_\_\_\_\_ How long? \_\_\_\_\_

12) Have you had problems with previous pregnancies?

**NO** **YES** If yes, please describe

\_\_\_\_\_

13) Reason for this exam:

\_\_\_\_ Too big for dates      \_\_\_\_ Bleeding, how long? \_\_\_\_\_

\_\_\_\_ Too small for dates      \_\_\_\_ Spotting, how long? \_\_\_\_\_

\_\_\_\_ Uncertain of dates      \_\_\_\_ Pain: Where? \_\_\_\_\_ How long? \_\_\_\_\_