

**PREGNANCY ULTRASOUND QUESTIONNAIRE**

NAME \_\_\_\_\_

SS#: \_\_\_\_\_

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? \_\_\_\_\_
- 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?  
NO            YES
- 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?  
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:<br>Where? _____ How long? |
| _____ Planned C-section   | _____ Other, please explain _____     |
- \_\_\_\_\_