

Appendix B: Family Medical History Questionnaire

NEWBORN FAMILY MEDICAL HISTORY QUESTIONNAIRE

Notice: The baby you have brought in today may have serious medical needs in the future that we don't know about today. Some illnesses, including cancer, are best treated when we know about family medical histories. In addition, sometimes relatives are needed for life-saving treatments. To make sure this baby will have a healthy future, your assistance in completing this questionnaire fully is essential. Thank you.

Please answer these questions as well as you can. If you need help answering the questions, please ask.

If you would prefer to take this form with you, an envelope is provided for you to mail the completed form to the hospital.

Circle one

1. When the baby was born, was the mother 35 years of age or older?	No	Yes	Not Sure
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Where the baby's ancestors came from may sometimes give us important information about the baby's health.

2. Is the baby's family:			
a. from Southeast Asia, Taiwan, China or the Philippines?	No	Yes	Not Sure
b. from Italy, Greece or the Middle East?	No	Yes	Not Sure
c. African American (Black)?	No	Yes	Not Sure
d. Latino/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
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The following questions are about the baby's blood relatives. By "blood relative," we mean the baby's mother, father, sister, brother, grandparent, aunt, uncle, niece, nephew, or cousin.

4. Is any blood relative in the baby's family mentally retarded?	No	Yes	Not Sure
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5. Does the baby have any blood relatives who had an unborn baby or a child who had Down syndrome?	No	Yes	Not Sure
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6. Do any of the baby's blood relatives have any other chromosome problem?	No	Yes	Not Sure
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Circle one

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|---|----|-----|-------------|
| 7. Were any of the baby's blood relatives 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 |
| 8. Do any of the baby's blood relatives have: | | | |
| a. cystic fibrosis? | No | Yes | Not
Sure |
| b. muscular dystrophy? | No | Yes | Not
Sure |
| c. hemophilia or other bleeding disorder? | No | Yes | Not
Sure |
| d. Huntington's disease? | No | Yes | Not
Sure |
| 9. Do any of the baby's blood relatives have any of the following diseases or health
problems? | | | |
| a. high blood pressure | No | Yes | Not
Sure |
| b. diabetes | No | Yes | Not
Sure |
| c. cancer | No | Yes | Not
Sure |
| d. lung disease or breathing problems | No | Yes | Not
Sure |
| e. heart disease or problems | No | Yes | Not
Sure |
| f. nerve or nervous disorders | No | Yes | Not
Sure |
| g. schizophrenia | No | Yes | Not
Sure |
| h. depression or other mental problems | No | Yes | Not
Sure |
| i. glaucoma or other eye problems | No | Yes | Not
Sure |
| j. hearing difficulty | No | Yes | Not
Sure |

The following questions are about medical conditions that the baby's mother may have.

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|-----------------------------|----|-----|-----|
| 10. Does she have diabetes? | No | Yes | Not |
|-----------------------------|----|-----|-----|

Circle one

- | | | | <u>Sure</u> |
|--|----|-----|-------------|
| <i>11.</i> During this pregnancy, has the mother taken: | | | |
| a. medications for seizures? (examples are Dilantin, valproic acid, Depakene, Tegretol, Atretol, Mysoline, Tridione) | No | Yes | Not Sure |
| b. lithium for depression? (examples are Eskalith, Lithobid, Lithonate) | No | Yes | Not Sure |
| c. pills (Accutane, isotretinoin) for acne? | No | Yes | Not Sure |
|
<i>12.</i> Did she have any other problems or complications during her pregnancy? | No | Yes | Not Sure |

Baby's Identification Number: _____

Date of Birth: ____/____/____

Date Form Completed: ____/____/____

Name (optional): _____

Telephone Number (optional): _____