

NIPT Questionnaire

Katakana	D.O.B	/	/	(Yrs)	
Name	Height () cm	Weight () kg			
Address	〒				
	Tel. No				

■ Please mark for all applicable items, and please fill in the brackets.

- No. of weeks pregnant: () wks () days
 - Last menstrual period Ultrasound Fertility treatment
- Number of fetuses
 - Single fetus
 - Twins
- Please tell us the reason why you came for an NIPT consultation.
 - Advanced maternal age
 - Maternal serum marker test result was abnormal
 - Ultrasound examination showed an abnormality
 - You or your spouse/partner have a family history of birth defects, including chromosomal abnormalities
 - Other ()

■ Please tell us about yourself.

- Pregnancy history
 - Birth () times, Miscarriage () times, Abortion () times
- About this pregnancy
 - Natural conception Artificial insemination IVF ICSI
- Race
 - Japanese Other ()
- Smoking Habits
 - N/A Less than 10 a day More than 10 a day
- Illnesses currently receiving treatment for
 - Uterine myoma Ovarian tumor Autoimmune disease ()
 - Other ()
- Current medication
 - N/A Yes ()

■ Please tell us about your spouse / partner

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Name				

- Race
 - Japanese Other ()
- Smoking habits
 - N/A Less than 10 a day More than 10 a day

Thank you for your cooperation.