**Prenatal ultrasound questionnaire: Parent**

 Place sticker of baby here

Please circle the relevant answer to each question

1. Did you know your baby had a heart problem before he/ she was born?

Yes No

1. Did you receive prenatal care?

Yes No

* 1. If yes, at approximately how many weeks in gestation was your first prenatal visit?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks

1. How many ultrasounds did you have during this pregnancy and at what gestational age and where? (circle the appropriate number and complete the adjacent information.)

**0** Were you offered an ultrasound? Yes No

**1** Gestational age: \_\_\_\_\_ Where(obstetricians office, another institution)\_\_\_\_\_\_\_\_\_\_\_\_

**2** Gestational age: \_\_\_\_\_ Where(obstetricians office, another institution)\_\_\_\_\_\_\_\_\_\_\_\_

**3** Gestational age: \_\_\_\_\_ Where(obstetricians office, another institution)\_\_\_\_\_\_\_\_\_\_\_\_

**4** Gestational age: \_\_\_\_\_ Where(obstetricians office, another institution)\_\_\_\_\_\_\_\_\_\_\_\_

Obstetrician’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number/ address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. What were you told regarding your baby’s heart at the time of your ultrasound by your obstetrician?

Not told anything Told it was normal Told it was abnormal Don’t remember

1. Did you have a separate ultrasound specifically examining your baby’s heart (fetal echocardiography)?

Yes No Don’t know

1. Did you get advice on where to deliver your baby?

Yes No Don’t know

If yes, where: Local center Regional referral center Your choice

1. Your date of birth \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_(Month/Day/Year)
2. Your race/ethnicity (check)

\_\_\_\_\_Caucasian \_\_\_\_\_African-American \_\_\_\_\_Hispanic

\_\_\_\_\_Asian \_\_\_\_\_Native American \_\_\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_

1. Your level of education (Check)

\_\_\_\_Graduate/professional

\_\_\_\_College

\_\_\_\_Technical school/trade school/other school after high school

\_\_\_\_Grade 9-12

\_\_\_\_Grade 6-8

\_\_\_\_Kindergarden-5

1. Your partner’s/spouse’s level of education

\_\_\_\_Graduate/professional

\_\_\_\_College

\_\_\_\_Technical school/trade school/other school after high school

\_\_\_\_Grade 9-12

\_\_\_\_Grade 6-8

\_\_\_\_Kindergarden-5

1. How would you describe your work outside of the home?

\_\_\_\_Full-time

\_\_\_\_Part-time

\_\_\_\_Not at all

1. What is your total household income?

\_\_\_\_\_Greater than $100,000

\_\_\_\_\_$50,000-100,000

\_\_\_\_\_$25,000-50,000

\_\_\_\_\_less than $25,000

1. What is your zip-code?
2. What is your health care/insurance type?

\_\_\_\_ HMO

\_\_\_\_ PPO

\_\_\_\_Medi-caid

\_\_\_\_Fee for service

\_\_\_\_I am not sure

**Perinatal Data Sheet: M.D./ RN**

Infant’s cardiac diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Age at diagnosis/presentation \_\_\_\_\_\_\_\_(days/months)

Hospital of baby’s birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the baby transported by ambulance to a tertiary care center? Yes No

Mark the appropriate answer:

\_\_\_\_\_Born in local hospital **without** prior knowledge of the baby’s heart condition.

\_\_\_\_\_ Born in local hospital **with** prior knowledge of the baby’s heart condition.

\_\_\_\_\_Born in regional (referral- with high risk obstetricians on staff) hospital **without** prior knowledge of the baby’s heart condition.

\_\_\_\_\_Born in regional (referral- with high risk obstetricians on staff) hospital **with** prior knowledge of the baby’s heart condition.

**Highest Level of Fetal Cardiac Imaging**

\_\_\_\_\_ None

\_\_\_\_\_ Obstetrician (Level I Ultrasound)

\_\_\_\_\_ High-Risk Obstetrician/MFM Specialist (Level II Ultrasound)

\_\_\_\_\_ Fetal Echocardiogram

**Clinical data**

Lowest pH at presentation \_\_\_\_\_\_\_\_\_\_.

Highest lactate at presentation \_\_\_\_\_\_\_\_.

Lowest pO2 at presentation \_\_\_\_\_\_\_\_\_\_\_.

Ventilated at presentation? Yes No

PGE at presentation: Yes No

Has the baby had an interventional procedure (surgical or cath) or is one planned? Y N

Does the baby have non-cardiac pathology? Y N

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this non-cardiac pathology prenatally detected? Yes No