

# Questionnaire about prenatal examinations

**Age:** ..... **Gestational week:** .....

**Number of children:** ..... **Previous miscarriages:** .....

**Mother tongue:** .....

**Education:**

- Elementary school or similar
- High school or similar
- University, two years or more
- Other: .....

**1. Have any examinations been performed on your fetus?**  Yes  No

If yes, **which?**

- First trimester combined test (FCT)
- Amniocentesis
- Chorionic villus sampling
- Ultrasound examination, week: .....
- Other: .....

**2. I think that examinations aiming to detect fetal abnormalities are ...** *(Score one alternative per row.)*

- |                     |                          |                          |                          |                          |                          |                 |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| a) Good             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bad             |
| b) Frightening      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not frightening |
| c) Not calming      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Calming         |
| d) Not self-evident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self-evident    |

**3. What is your attitude towards:**

	Very positive				Very negative	Not familiar with the method
First trimester combined test (FCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amniocentesis/chorionic villus sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood sample från the mother which with high accuracy can tell if the fetus has a chromosomal aberration so-called non-invasive prenatal testing (NIPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. How would you react upon having a child with a chromosomal aberration (such as Down syndrome)?**

- It would not matter
- Negatively
- Very negatively

**5. How likely do you think it is that your expected child has a chromosomal aberration?**

Very likely      Not likely at all

**6a. What do you think is a high probability of having a child with a chromosomal aberration?**

- 1:20 000  1:10 000  1:2000  1:1000  1:200  1:100  1:20  1:10  1:2  1:1
- I don't know

**6b. What do you think is *your* probability of having a child with a chromosomal aberration?**

- 1:20 000  1:10 000  1:2000  1:1000  1:200  1:100  1:20  1:10  1:2  1:1
- I don't know

**7a. Have you heard that it is possible to take a blood sample in early pregnancy that with high accuracy can tell if the fetus has a chromosomal aberration?**

- Yes     No

**7b. Would you like to have such a test if it was available?**

- Yes, I am completely sure                        No, absolutely not

**7c. Would you need information to help your decision if to perform such a test?**

- Yes     No

If yes, how would you like to receive the information? *You may select several answers.*

- Oral information by the midwife at the maternity clinic  
 A separate visit to a doctor/midwife  
 Written information  
 Information on the internet  
 Other: .....

**7d. If this blood sample would not be covered by the national health insurance, would you be willing to pay by yourself?**     Yes     No

If yes, how much would you be willing to pay?

- €50     €100     €200     €500     €1000     €5000

**8. What information would you like to get after undergoing NIPT?**

Yes    No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| The fetal sex   | <input type="checkbox"/> | <input type="checkbox"/> |
| If the fetus has Down syndrome                                | <input type="checkbox"/> | <input type="checkbox"/> |
| If the fetus has another, more severe chromosomal abnormality | <input type="checkbox"/> | <input type="checkbox"/> |
| All chromosomal abnormalities that are detectable             | <input type="checkbox"/> | <input type="checkbox"/> |

**9a. What affects your decision to undergo chromosomal examinations on your fetus?** *You may select several answers.*

- Expectations from others  
 Worry about the baby's health  
 The values of the society  
 I do not see any reason to decline  
 It is important to know the fetal sex  
 Everyone else is having such tests  
 I want to know as much as possible  
 Own experience by person with a chromosomal abnormality or other severe congenital disease  
 Other: .....

**9b. Who affects your decision to undergo chromosomal examinations on your fetus?** *You may select several answers.*

- Myself  
 My partner  
 Family and friends  
 The midwife at the maternity clinic  
 The doctor at the maternity clinic  
 Other: .....

*Thank you for your participation!*