

34. Have you or your partner consulted a physician for a fertility or other reproductive problem?

Yes

No

If yes, specify who consulted the physician:

Self

Spouse/partner

Self and partner

If yes, specify diagnosis made: _____

35. Have you or your partner ever conceived a child resulting in a miscarriage, still birth or a child with malformations or birth defects?

Yes

No

If yes, specify:

Miscarriage

Still birth

Malformations or birth defects

If outcome was a child with malformations or birth defects, please specify type:

36. Was this outcome a result of a pregnancy of:

Yours with present partner

Yours with a previous partner