**Questionnaire to determine the spectrum of CHD in infant with Down Syndrome, Khartoum, Sudan**

1. Serial No:

2. Name……………….................... 3. Age: .............

4. Gender: 1) Male 2) Female

5.Contact:……………………………phone No. ..............................

6. Age of the mother: ……….. 7.Age of the father……………

8. History of consanguinity : 1) yes 2) No

9. Family history of Down syndrome 1) yes 2) NO

10 .Do you know that your infant is Down syndrome? 1) yes 2)No

11.Do you know that Down syndrome may has the following abnormalities ?

1)cardiac lesions 2)GIT abnormalities 3)Hypothyroidism

4)Leukemia 5) Learning difficulty and delayed milestones

12.Did you receive any counseling about Down syndrome 1)YES 2)NO

13.Do you think the counseling about Down syndrome was 1)good 2)bad

14. Your infant is 1 ) 1st born 2) 2nd born 3) 3rd born 4) other …….

15. Diagnosis of Down syndrome done by: 1) clinical features 2) karyotyping 3) both 1 and 2

16. Time of diagnosis 1) prenatally 2) postnatally

17. Congenital heart disease 1) present 2) absent

18. Diagnosis of CHD done by: 1) echocardiography 2) catheter

19. Type of CHD 1)VSD 2)AVSD 3) ASD 4)PDA 5) TOF 6) others........................

20. Anthropometric measurements: a)Wt.........Kg b)Length.........cm

wt/length 1) < 5th percentile 2) 5th ---95th percentile 3) >95th percentile