

## Demographic Information Questionnaire

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PILOT STUDY TO INVESTIGATE THE USE OF THERMAL IMAGING FOR RESEARCH AND CLINICAL USE IN  
PREGNANCY

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Protocol/Study number: \_\_\_\_\_ Participant identification number: \_\_\_\_\_

1. Gender: Female ☒ Male ☐

2. Age: \_\_\_\_\_(years) Would rather not say ☐

3. Height: \_\_\_\_\_(cm) Would rather not say ☐

4. Weight: \_\_\_\_\_(Kg) Would rather not say ☐

5. Can you please tell us how many weeks pregnant you are? \_\_\_\_\_(weeks)

6. Have you ever been pregnant before? Yes ☐ No ☐ Would rather not say ☐

7. Have you ever given birth before? Yes ☐ No ☐ Would rather not say ☐