

**PERINATAL FACTORS & DEVELOPMENT QUESTIONNAIRE (TWIN VERSION)**

Your name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Today's date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

**DIRECTIONS:** Please answer the following questions as best you can. If you think you know the answer to a question but are unsure, mark your answer with a "?". If you have no idea, please write "unknown". If you prefer not to answer a particular question, please write "skip"

TWIN A: Name \_\_\_\_\_ Sex: \_\_\_\_ Birthweight \_\_\_\_\_

TWIN B: Name \_\_\_\_\_ Sex: \_\_\_\_ Birthweight \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gestational age (in weeks): \_\_\_\_\_ Are they identical twins: \_\_\_\_\_

**I. DESCRIPTION OF YOUR FAMILY**

**Mother's** date of birth \_\_\_\_\_ Does she work outside the home? \_\_\_\_ If yes, how many hours per week? \_\_\_\_\_  
Job title: \_\_\_\_\_ Describe duties : \_\_\_\_\_

**Father's** date of birth \_\_\_\_\_ Does he work outside the home? \_\_\_\_ If yes, how many hours per week? \_\_\_\_\_  
Job title: \_\_\_\_\_ Describe duties: \_\_\_\_\_

Do both twins live with both of the above parents? If not, explain \_\_\_\_\_

Are the twins biologically related to both parents? If not, explain \_\_\_\_\_

What was the highest grade of education that you completed?

	Less than 9 <sup>th</sup> grade	9 <sup>th</sup> -11 <sup>th</sup> grade	High school graduate	Some college or technical training	College grad (BA/BS)	Advanced degree (Masters/PhD/MD)
Mother						
Father						

**2. Other brothers and sisters**

Sibling's name	Sex	Date of birth	Gestational age	Birthweight	Additional information*

\* Please use this column to indicate if the child is adopted, a step-child, or deceased.

3. If you suffered any pregnancy losses (e.g., miscarriages, stillbirths) not listed in 2, please indicate the cause and gestational age at the time of the loss.

**II. INFORMATION ABOUT THE MOTHER'S OVERALL HEALTH**

1. Do you have any chronic medical conditions? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

2. Do you regularly take any medications (prescription or nonprescription)? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**III. INFORMATION ABOUT THIS PREGNANCY**

1. I weighed \_\_\_\_\_ pounds when I became pregnant. I weighed \_\_\_\_\_ pounds when I delivered.

2. How many cigarettes/day did you smoke while pregnant? \_\_\_\_\_
3. How many alcoholic drinks/day did you have while pregnant? \_\_\_\_\_
4. Did you take vitamins or supplements while pregnant? \_\_\_\_\_
5. List any illicit drugs (e.g., marijuana, cocaine, amphetamines) you used while pregnant \_\_\_\_\_
6. How many weeks pregnant were you when you first receive prenatal care? \_\_\_\_\_
7. If this pregnancy was the result of infertility treatment, please indicate the method used \_\_\_\_\_

8. If your twins are identical, did they share a placenta? Yes/No/Don't Know

9. **Pregnancy complications.** If you experienced any health problems or pregnancy complications, please indicate when each was first diagnosed and any treatment that was given.

Complication	Yes/No	Week	Treatment
Preterm labor			
Cervical thinning or dilatation			
Premature Rupture of Membranes			
Uterine infection			
Gestational diabetes			
Preeclampsia (Pregnancy induced hypertension)			
Eclampsia (seizures due to high blood pressure)			
HELLP syndrome (kidney/liver failure)			
Intrauterine Growth Restriction			
Urinary tract infection			
Placental previa			
Placental abruption			
Vaginal bleeding other than 1 <sup>st</sup> trimester spotting)			
Twin-twin transfusion			
Fetal distress (decreased movement, heartrate)			
Too much amniotic fluid			
Too little amniotic fluid			
Loss of a higher-order multiple (e.g., triplet)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

8. **Prenatal drugs.** If you took any drugs while pregnant, please indicate when you took them and why. If you were given more than one course of the drug, list separately each time you took the drug.

Example: A mother received 1 course of magnesium sulfate at 30 weeks for preterm labor and 1 course at 36 weeks for preeclampsia. The mother also got weekly betamethasone (steroid) shots from weeks 28 through 31 because of threatened preterm delivery. This mother should fill out the chart this way:

Drug	# courses	Week given (reason)
Magnesium sulfate	2	30 weeks (preterm labor), 36 weeks (preeclampsia)
Steroids (betamethasone)	4	28, 29, 30 & 31 weeks (threatened preterm delivery)

Drug*	# courses	Week given (reason)
Magnesium sulfate		
Other anti-contraction drugs		
Steroids (injected or IV)		
Steroids (oral or inhaled)		
Anti-diabetes drugs		
Anti-hypertension drugs		
Antibiotics		
Heparin		
Aspirin		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

\* Give the name of the drug and how it was given (e.g., pill, IV, intramuscular, subcutaneously)

**IV INFORMATION ABOUT YOUR TWINS' BIRTH & NEONATAL PERIOD**

1. If your twins were born vaginally, please answer the following questions.
  - a. Was labor induced? \_\_\_\_\_
  - b. How long were you in active labor? \_\_\_\_\_
  - c. Which twin was delivered first? \_\_\_\_\_
  - d. How much time elapsed between the delivery of twin A and twin B? \_\_\_\_\_
  - e. Was Twin A breech? \_\_\_\_\_ Was Twin B breech? \_\_\_\_\_
2. If your twins were delivered by cesarean-section, please answer the following questions
  - a. Was it a planned (nonemergency) c-section? \_\_\_\_\_
  - b. If it wasn't planned, describe the situation that led up to the c-section \_\_\_\_\_
3. Did your twins breath or cry spontaneously? Twin A \_\_\_\_\_ Twin B \_\_\_\_\_
4. If you know them, give your twins 1 & 5 minute Apgar scores:  
 Twin A 1 min \_\_\_\_\_ 5 min \_\_\_\_\_ Twin B 1 min \_\_\_\_\_ 5 min \_\_\_\_\_
5. How long did the twins stay in the hospital? Twin A \_\_\_\_\_ Twin B \_\_\_\_\_
6. How long did the twins stay in a neonatal intensive care unit (NICU)? Twin A \_\_\_\_\_ Twin B \_\_\_\_\_

7. Did the twins receive surfactant to improve breathing? Twin A \_\_\_\_\_ Twin B \_\_\_\_\_
8. Did the twins receive postnatal steroids to improve breathing? Twin A \_\_\_\_\_ Twin B \_\_\_\_\_
9. List any other drugs or supplements that were given during the first 8 weeks of life  
 Twin A \_\_\_\_\_  
 Twin B \_\_\_\_\_
10. Did Twin A receive breastmilk? \_\_\_\_ If yes, how much & for how long? \_\_\_\_\_  
 Did Twin B receive breastmilk? \_\_\_\_ If yes, how much & for how long? \_\_\_\_\_

**11. Complications/Problems.** Indicate any problems your twins have had

Complication	Twin A	Twin B	Treatment
Anemia			
Apnea			
Bradycardia			
Bronchopulmonary Dysplasia			
Gastroesophageal Reflux			
Hernias/Hydroceles			
Hydrocephalus			
Intraventricular Hemorrhage (Indicate grade for each side)			
Jaundice			
Hearing loss (indicate which ear)			
High Blood Sugar			
Low Blood Sugar			
Low Blood Pressure			
Meningitis			
Necrotizing Enterocolitis			
Patent Ductus Arteriosus			
Periventricular Leukomalacia			
Polycythemia (too 'thick' blood)			
Respiratory Distress Syndrome			
Pneumonia			
Retinopathy of Prematurity (indicate grade for each side)			
Seizures			
Sepsis (blood infection)			
Urinary Tract Infection			
Uncorrectable visual impairment (indicate which eye(s))			
Breathing problems (describe)			
Congenital abnormality (describe)			
Heart problems (describe)			
Neurological problems (describe)			
Feeding problems (describe)			
Slow growth (describe)			
Other (describe)			
Other (describe)			

**VI. THERAPY & SPECIAL EDUCATIONAL SERVICES** If either of your twins has ever received any therapy or special educational services, please fill out the following chart. Use an A to indicate the services Twin A received at each age, and a B to indicate the services Twin B received at each age

Service or Therapy	AGE (in years)									
	0	1	2	3	4	5	6	7	8	
Speech/language therapy										
Feeding therapy										
Occupational therapy										
Physical therapy										
Behavior therapy										
Psychological therapy/counseling										
Reading specialist										
Math specialist										
Classroom aide (part-time)										
Classroom aide (full-time)										
Repeated grade in school										
Special classroom (part-time)										
Special classroom (full-time)										
Other										

**VII DEVELOPMENTAL MILESTONES.** Give the age (in months or years) at which your twins began to:

1. Smile at parents: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
2. Sit alone (without support): Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
3. Walk alone: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
4. Climb stairs: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
5. Run: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
6. Feed self with fingers: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
7. Feed self with fork or spoon: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
8. Drink from an open cup: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
9. Babble (e.g., "bababa"): Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
10. Say single words other than "Mama" & "Dada": Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
11. Say 2 word sentences (e.g., "Daddy go", "more cookie"): Twin A \_\_\_\_\_; Twin B \_\_\_\_\_
12. Speak so most people could understand him: Twin A \_\_\_\_\_; Twin B \_\_\_\_\_

**VIII. LANGUAGE BACKGROUND OF CAREGIVERS**

First (primary) language of mother: \_\_\_\_\_ First language of father: \_\_\_\_\_

Have your twins regularly been exposed to languages other than English? If so, indicate what languages and the amount of exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_