

T10 – M6 Module Questionnaire

Name _____ Date _____

Birth Date _____ Birth Time _____

Birth Place _____

For full term twins:

Do you have a living twin? _____ Are you: MZ DZ
(circle one)

What is your birth order? _____

How much time was there between you and your twin? _____

How were you born? CS Vaginal delivery
(circle one)

What was your birth presentation? Vertex Breech
(circle one)

What was your twin's presentation position? Vertex Breech
(circle one)

Your birth weight: _____ Your twin's birth weight: _____

What other interventions were used? _____

Were you: Full term Premature, If yes, how many weeks _____
(circle one)

Were there other complications? _____

Did you and your twin breastfeed? _____ How long? _____

For Lost Twins:

Do you know if you had a twin? _____ yes no maybe

If yes, when do you suspect your twin left? (circle one)

preconception tube journey implantation
late first trimester second trimester early third trimester full term

Did your mother have a bleed during her pregnancy with you? _____

If yes, when? _____

What was the zygosity of your twin? DZ MZ

Abortion (for M7)

Do you know if your parents considered or attempted to have an abortion with you?

(circle one) yes no don't know