

NewTwin Survey, English version

Your relationship to the children:

- ☐ Mother
- ☐ Father
- ☐ Other, please describe:
- ☐ Don't know
- ☐ Don't want to answer

Are you the biological parent?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

The other guardians relationship with the children:

- ☐ Mother
- ☐ Father
- ☐ There is only one guardian
- ☐ Other, please describe: _____
- ☐ Don't know
- ☐ Don't want to answer

Is the other guardian the biological parent?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Are the twins adopted?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Was the pregnancy a result from fertility treatment or assisted fertilisation?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

What form of fertility treatment or assisted fertilisation did you do?

- ☐ Hormonal ovarian stimulation
- ☐ Insemination
- ☐ IVF (In vitro fertilization)
- ☐ ICSI (intracytoplasmatic sperm injection)
- ☐ Surrogacy
- ☐ Other, please describe:
- ☐ Don't know
- ☐ Don't want to answer

Did you use your own germcells?

- ☐ Yes, our own egg and sperm cells
- ☐ No, egg donation
- ☐ No, sperm donation
- ☐ No, embryo donation
- ☐ Don't know
- ☐ Don't want to answer

What form of treatment to the germcells was used at fertilisation?

- ☐ Fresh germ cells
- ☐ Frozen germ cells
- ☐ Don't know
- ☐ Don't want to answer

Which germcells were frozen?

- ☐ Egg cells
- ☐ Semen
- ☐ Embryo
- ☐ Don't know
- ☐ Don't want to answer

Who is on parental leave for the twins now?

- ☐ Me
- ☐ The other guardian
- ☐ Both
- ☐ No one
- ☐ Other, please describe:
- ☐ Don't know
- ☐ Don't want to answer

The childrens living situation:

- ☐ Living with both guardians full time
- ☐ Living approximately 50/50 split between both guardians
- ☐ Living mostly with me
- ☐ Living mostly with the other guardian
- ☐ Living only with me
- ☐ Living only with the other guardian
- ☐ Other living situation, please describe:
- ☐ Don't know
- ☐ Don't want to answer

How many adults live in your household?

- ☐ Number of adults: _____
- ☐ Don't know
- ☐ Don't want to answer

How many children live in your household (including the twins)?

- ☐ Number of children: _____
- ☐ Don't know
- ☐ Don't want to answer

In what type of residence does the children live in?

- ☐ Rented housing
- ☐ Tenant owned apartment
- ☐ Own detached house or terrace house
- ☐ Farm
- ☐ Lodger/student apartment
- ☐ Subleasing
- ☐ Other accommodation

- ☐ Don't know
- ☐ Don't want to answer

On how many square metres do you live?

- ☐ Number of square metres: _____
- ☐ Don't know
- ☐ Don't want to answer

Is there pets in the home?

- ☐ Yes, what kind of animal/animals: _____
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

In what country are you born?

- ☐ Sweden
- ☐ Other country, namely: _____
- ☐ Don't know
- ☐ Don't want to answer

How many years have you lived in Sweden?

- ☐ Number of years: _____
- ☐ Don't know
- ☐ Don't want to answer

In what country is the other guardian born?

- ☐ Sweden
- ☐ Other country, namely: _____
- ☐ Don't know
- ☐ Don't want to answer

How many years have the other guardian lived in Sweden?

- ☐ Number of years: _____
- ☐ Don't know
- ☐ Don't want to answer

What is your highest completed level of education?

- ☐ Preschool
- ☐ Primary and lower secondary education, elementary school or similar, less than 9 years
- ☐ Primary and lower secondary education, elementary school or similar, 9 (10) years
- ☐ Upper secondary education or high school
- ☐ University or college, less than 2 years
- ☐ University or college, 2 years or more
- ☐ Postgraduate education, doctoral level
- ☐ Don't know
- ☐ Don't want to answer

What is the other guardian's highest completed level of education?

- ☐ Preschool
- ☐ Primary and lower secondary education, elementary school or similar, less than 9 years
- ☐ Primary and lower secondary education, elementary school or similar, 9 (10) years
- ☐ Upper secondary education or high school
- ☐ University or college, less than 2 years
- ☐ University or college, 2 years or more
- ☐ Postgraduate education, doctoral level
- ☐ Don't know
- ☐ Don't want to answer

Which of the following groups do you belong to?

- ☐ Working (also sick leave and parental leave)
- ☐ Studying
- ☐ Unemployed
- ☐ Retired
- ☐ Sickness benefit (disability pension)
- ☐ Taking care of own household
- ☐ Other group: _____
- ☐ Don't know
- ☐ Don't want to answer

Which of the following groups does the other guardian belong to?

- ☐ Working (also sick leave and parental leave)
- ☐ Studying
- ☐ Unemployed
- ☐ Retired
- ☐ Sickness benefit (disability pension)

- ☐ Taking care of own household
- ☐ Other group: _____
- ☐ Don't know
- ☐ Don't want to answer

Are you working or have you previously worked?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

What is or was your main profession or job?

How much did or do you work on average a week?

- ☐ Full time
- ☐ Part time, at least 15 hours a week
- ☐ Part time, less than 15 hours a week
- ☐ Don't know
- ☐ Don't want to answer

Is the other guardian working or has he/she previously worked?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

What is or was the other guardian's main profession or job?

How much did or does the other guardian work on average a week?

- ☐ Full time
- ☐ Part time, at least 15 hours a week
- ☐ Part time, less than 15 hours a week
- ☐ Don't know
- ☐ Don't want to answer

Approximately how high is the familys common monthly income before tax (salary and other allowances)

- ☐ <20 000 kr
- ☐ 20 000-29 999 kr
- ☐ 30 000-39 999 kr
- ☐ 40 000-49 999 kr
- ☐ 50 000-59 999 kr
- ☐ 60 000-69 999 kr
- ☐ 70 000-79 999 kr
- ☐ 80 000-89 999 kr
- ☐ 90 000-100 000 kr
- ☐ >100 000 kr
- ☐ Don't know
- ☐ Don't want to answer

Could you or your household be able to pay unexpected costs of 12,000 crowns within a month without borrowing or asking for help?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

In the last 12 months, have you ever had difficulty in managing the regular expenses for food, rent, bills etc.?

- ☐ No
- ☐ Yes, once
- ☐ Yes, more than once
- ☐ Don't know
- ☐ Don't want to answer

How would you describe your health in general?

- ☐ Very good
- ☐ Quite good
- ☐ Mediocre
- ☐ Quite poor
- ☐ Very poor
- ☐ Don't know
- ☐ Don't want to answer

Your height:

- ☐ Write answer in centimetres: _____
- ☐ Don't know
- ☐ Don't want to answer

Your weight:

- ☐ Write answer in kilograms: _____
- ☐ Don't know
- ☐ Don't want to answer

The other guardian's height:

- ☐ Write answer in centimetres: _____
- ☐ Don't know
- ☐ Don't want to answer

The other guardian's weight:

- ☐ Write answer in kilograms: _____
- ☐ Don't know
- ☐ Don't want to answer

Have you (the biological mother) had any contact with the healthcare (for example counsellor, therapist, psychologist, nurse or doctor) for struggles with depression, anxiety or worries?

- ☐ No, never
- ☐ Yes, before the pregnancy with the twins
- ☐ Yes, during the pregnancy with the twins
- ☐ Yes, after the birth of the twins
- ☐ Don't know
- ☐ Don't want to answer

Any use of medication for depression, anxiety or worries?

- ☐ No, never
- ☐ Yes, before the pregnancy with the twins
- ☐ Yes, during the pregnancy with the twins
- ☐ Yes, after the birth of the twins
- ☐ Don't know
- ☐ Don't want to answer

If yes, before the pregnancy:

Before pregnancy:

Medicine 1: _____
Medicine 2: _____
Medicine 3: _____
Medicine 4: _____
Medicine 5: _____

If yes, during the pregnancy:

During pregnancy:

Medicine 1: _____
Medicine 2: _____
Medicine 3: _____
Medicine 4: _____
Medicine 5: _____

If yes, after the birth:

After birth:

Medicine 1: _____
Medicine 2: _____
Medicine 3: _____
Medicine 4: _____
Medicine 5: _____

Have you (the biological mother) ever gotten diagnosed with depression from a doctor or psychologist?

- ☐ No, never
- ☐ Yes, before the pregnancy with the twins
- ☐ Yes, during the pregnancy with the twins
- ☐ Yes, after the birth of the twins
- ☐ Don't know
- ☐ Don't want to answer

Has the other guardian had any contact with the healthcare (for example counsellor, therapist, psychologist, nurse or doctor) for struggles with depression, anxiety or worries?

- ☐ No, never
- ☐ Yes, before the pregnancy with the twins
- ☐ Yes, during the pregnancy with the twins
- ☐ Yes, after the birth of the twins
- ☐ Don't know
- ☐ Don't want to answer

Do you smoke?

- ☐ No, have never regularly smoked
- ☐ No, but have regularly smoked earlier in life
- ☐ Yes, sometimes
- ☐ Yes, daily
- ☐ Don't know
- ☐ Don't want to answer

How many cigarettes do you smoke per day?

- ☐ Number of cigarettes per day: _____
- ☐ Don't know
- ☐ Don't want to answer

Does the other guardian smoke?

- ☐ No, have never regularly smoked
- ☐ No, but have regularly smoked earlier in life
- ☐ Yes, sometimes
- ☐ Yes, daily
- ☐ Don't know
- ☐ Don't want to answer

How many cigarettes does the other guardian smoke per day?

- ☐ Number of cigarettes per day: _____
- ☐ Don't know
- ☐ Don't want to answer

Does smoking occur inside the home?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Did you drink any alcohol during the pregnancy?

- ☐ No, never
- ☐ Yes, occasionally
- ☐ Yes, once a month
- ☐ Yes, 2-4 times a month
- ☐ Yes, 2-3 times a week
- ☐ Yes, 4 times a week or more
- ☐ Don't know
- ☐ Don't want to answer

Did the other guardian drink any alcohol during the pregnancy?

- ☐ No, never
- ☐ Yes, occasionally
- ☐ Yes, once a month
- ☐ Yes, 2-4 times a month
- ☐ Yes, 2-3 times a week
- ☐ Yes, 4 times a week or more
- ☐ Don't know
- ☐ Don't want to answer

At any time during this pregnancy, did you (the biological mother) have any of following conditions?

- ☐ Fever 38°C or more
- ☐ Infection that needed treatment with antibiotics
- ☐ Virus disease (for example influenza)
- ☐ Seizure
- ☐ Diabetes (including gestational diabetes)
- ☐ Preterm contractions that needed treatment like bed rest or medication
- ☐ Preterm premature rupture of membranes
- ☐ Preeclampsia
- ☐ Placenta previa
- ☐ Cervical insufficiency
- ☐ Covid-19

- ☐ Other serious disease or injury: _____
- ☐ None of the above
- ☐ Don't know
- ☐ Don't want to answer

Did you (the biological mother) undergo any of following screenings during the pregnancy?

- ☐ NIPT (Non-Invasive Prenatal Testing)
- ☐ CUB (combined ultrasound and blood test)
- ☐ Ultrasound
- ☐ Amniocentesis or chorionic villus sampling
- ☐ Other, please specify: _____
- ☐ None of the above
- ☐ Don't know
- ☐ Don't want to answer

During this pregnancy, did twin 1 have any anomalies at:

- ☐ NIPT (Non-Invasive Prenatal Testing)
- ☐ CUB (combined ultrasound and blood test)
- ☐ Ultrasound
- ☐ Amniocentesis or chorionic villus sampling
- ☐ Other examination, please specify: _____
- ☐ No anomaly find
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of anomalies that was discovered at the screening:

During this pregnancy, did twin 2 have any anomalies at:

- ☐ NIPT (Non-Invasive Prenatal Testing)
- ☐ CUB (combined ultrasound and blood test)
- ☐ Ultrasound
- ☐ Amniocentesis or chorionic villus sampling
- ☐ Other examination, please specify: _____
- ☐ No anomaly find
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of anomalies that was discovered at the screening:

Was there any extra ultrasounds made for any reasons?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short the reason for extra ultrasound:

During this pregnancy, did the condition twin-to-twin transfusion occurred?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short which medical complication or complications that occurred related to twin-to-twin transfusion:

What did twin 1 weighed at birth?

- ☐ Write answer in grams: _____
- ☐ Don't know
- ☐ Don't want to answer

What height was twin 1 at birth?

- ☐ Write answer in centimetres: _____
- ☐ Don't know
- ☐ Don't want to answer

What did twin 2 weighed at birth?

- ☐ Write answer in grams: _____
- ☐ Don't know
- ☐ Don't want to answer

What height was twin 2 at birth?

- ☐ Write answer in centimetres: _____

- ☐ Don't know
- ☐ Don't want to answer

Was twin 1 skin-to-skin with you (the biological mother) direct after birth until he/she had sucked and/or fallen asleep?

- ☐ Yes
- ☐ Yes, partly
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Was twin 2 skin-to-skin with you (the biological mother) direct after birth until he/she had sucked and/or fallen asleep?

- ☐ Yes
- ☐ Yes, partly
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Was twin 1 admitted to a neonatal ward?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Why was twin 1 admitted to a neonatal ward?

- ☐ Preterm birth
- ☐ Low birth weight
- ☐ Needed feeding (for example tube feeding)
- ☐ Needed warmth
- ☐ Anemia (low number of red blood cells)
- ☐ Thrombocytopenia (low levels of platelets)
- ☐ Infection
- ☐ Neonatal sepsis/meningitis
- ☐ Neonatal herpes simplex encephalitis (infection in the brain caused by herpes virus)
- ☐ Breathing problems (need of oxygen/CPAP)
- ☐ Lung disease (for example BPD - Bronchopulmonary dysplasia)
- ☐ Pneumothorax (leakage of air to the pleural space)

- ☐ Persistent pulmonary hypertension - PPHN (lung vessels are not open wide enough)
- ☐ Jaundice
- ☐ Heart disease
- ☐ Ductus
- ☐ Asphyxia/Hypoxic ischemic encephalopathy (HIE)
- ☐ Cerebral haemorrhage
- ☐ Hydrocephalus
- ☐ Meconium aspiration syndrome (MAS)
- ☐ Necrotising enterocolitis - NEC (Inflammation in the intestines)
- ☐ Blood glucose abnormalities
- ☐ For observation of vital signs (for example high pulse, low pulse, respiration rate etc)
- ☐ Other: _____
- ☐ Don't know
- ☐ Don't want to answer

Was twin 2 admitted to a neonatal ward?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Why was twin 2 admitted to a neonatal ward?

- ☐ Preterm birth
- ☐ Low birth weight
- ☐ Needed feeding (for example tube feeding)
- ☐ Needed warmth
- ☐ Anemia (low number of red blood cells)
- ☐ Thrombocytopenia (low levels of platelets)
- ☐ Infection
- ☐ Neonatal sepsis/meningitis
- ☐ Neonatal herpes simplex encephalitis (infection in the brain caused by herpes virus)
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- ☐ Persistent pulmonary hypertension - PPHN (lung vessels are not open wide enough)
- ☐ Jaundice
- ☐ Heart disease
- ☐ Ductus

- ☐ Asphyxia/Hypoxic ischemic encephalopathy (HIE)
- ☐ Cerebral haemorrhage
- ☐ Hydrocephalus
- ☐ Meconium aspiration syndrome (MAS)
- ☐ Necrotising enterocolitis - NEC (Inflammation in the intestines)
- ☐ Blood glucose abnormalities
- ☐ For observation of vital signs (for example high pulse, low pulse, respiration rate etc)
- ☐ Other: _____
- ☐ Don't know
- ☐ Don't want to answer

Has twin 1 been breastfeeding?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

From what age was twin 1 exclusively breastfeeding (no formula or solid food)?

- ☐ Have never exclusively breastfed
- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months

- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ Don't know
- ☐ Don't want to answer

To what age was twin 1 exclusively breastfeeding (no formula or solid food)?

- ☐ Have never exclusively breastfed
- ☐ Still exclusively breastfeeding (No formula or solid food)
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

From what age was twin 1 nonexclusively breastfeeding (also formula and/or solid food)?

- ☐ Still exclusively breastfeeding (No formula or solid food)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

To what age was twin 1 nonexclusively breastfeeding (also formula and/or solid food)?

- ☐ Still exclusively breastfeeding (No formula or solid food)
- ☐ Still partly breastfeeding (also formula and/or solid food)
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks

- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

Has twin 2 been breastfeeding?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

From what age was twin 2 exclusively breastfeeding (no formula or solid food)?

- ☐ Have never exclusively breastfed
- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ Don't know
- ☐ Don't want to answer

To what age was twin 2 exclusively breastfeeding (no formula or solid food)?

- ☐ Have never exclusively breastfed
- ☐ Still exclusively breastfeeding (No formula or solid food)
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months

- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

From what age was twin 2 nonexclusively breastfeeding (also formula and/or solid food)?

- ☐ Still exclusively breastfeeding (No formula or solid food)
- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

To what age was twin 2 nonexclusively breastfeeding (also formula and/or solid food)?

- ☐ Still exclusively breastfeeding (No formula or solid food)
- ☐ Still partly breastfeeding (also formula and/or solid food)
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8 months
- ☐ 9 months
- ☐ 10 months
- ☐ 11 months
- ☐ 12 months
- ☐ Don't know
- ☐ Don't want to answer

Does twin 1 suck on a pacifier or the thumb?

- ☐ Yes, pacifier

- ☐ Yes, thumb
- ☐ Yes, both pacifier and thumb
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Does twin 2 suck on a pacifier or the thumb?

- ☐ Yes, pacifier
- ☐ Yes, thumb
- ☐ Yes, both pacifier and thumb
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Have the twins followed the vaccination program at BVC?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Which vaccine have you refrained?

- ☐ Rotavirus
- ☐ Diphtheria
- ☐ Tetanus
- ☐ Pertussis
- ☐ Polio
- ☐ Hib (Haemophilus influenzae type b)
- ☐ Pneumococcal
- ☐ Hepatitis B (included in the vaccine program in some regions)
- ☐ Don't know
- ☐ Don't want to answer

Have the twins had any other vaccine than the vaccines included in the national vaccination program?

- ☐ No
- ☐ Hepatitis A
- ☐ Hepatitis B (included in the vaccine program in some regions)
- ☐ BCG (tuberculosis)

- ☐ TBE (Tick-born encephalitis)
- ☐ Meningococcal disease
- ☐ Chickenpox
- ☐ Influenza
- ☐ Other: _____
- ☐ Don't know
- ☐ Don't want to answer

How many months old were the twins at the last BVC visit?

- ☐ Number of months: _____
- ☐ Don't know
- ☐ Don't want to answer

Has any anomalies been discovered at BVC and/or at a doctor's visit for twin 1?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of anomalies: _____

Has any anomalies been discovered at BVC and/or at a doctor's visit for twin 2?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of anomalies: _____

How would you describe twin 1 health in general?

- ☐ Very good
- ☐ Quite good
- ☐ Mediocre
- ☐ Quite poor
- ☐ Very poor
- ☐ Don't know
- ☐ Don't want to answer

How would you describe twin 2 health in general?

- ☐ Very good
- ☐ Quite good
- ☐ Mediocre
- ☐ Quite poor
- ☐ Very poor
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 1 is making eye contact with you?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 2 is making eye contact with you?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 1 is smiling back to you?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 2 is smiling back to you?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 1 is "talking back" to you when you talk to her/him?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 2 is "talking back" to you when you talk to her/him?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 1 has a variegated babble with a various of consonants and vowels together?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 2 has a variegated babble with a various of consonants and vowels together?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

How is twin 1 sleeping habits at the moment?

- ☐ Enough and regular sleep
- ☐ Irregular sleep and overtiredness
- ☐ Difficulties falling asleep at night and falling back asleep during the night
- ☐ Wakes up several times during the night
- ☐ Other sleeping problems
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of other sleeping problems:_____

How is twin 2 sleeping habits at the moment?

- ☐ Enough and regular sleep
- ☐ Irregular sleep and overtiredness
- ☐ Difficulties falling asleep at night and falling back asleep during the night
- ☐ Wakes up several times during the night
- ☐ Other sleeping problems
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what kind of other sleeping problems:_____

How many hours does twin 1 sleep during the day?

- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ More than 4 hours
- ☐ Don't know
- ☐ Don't want to answer

How many hours does twin 2 sleep during the day?

- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 hours
- ☐ More than 4 hours
- ☐ Don't know
- ☐ Don't want to answer

How many continuous hours does twin 1 sleep at night?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours
- ☐ Don't know
- ☐ Don't want to answer

How many continuous hours does twin 2 sleep at night?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 8 hours

- ☐ Don't know
- ☐ Don't want to answer

Do you think that twin 1 is dissatisfied or satisfied for the most part of the day and night?

--	--	--	--	--	--	--	--	--	--	--	--

1 2 3 4 5 6 7 8 9 10 Don't know Don't want to answer

Do you think that twin 2 is dissatisfied or satisfied for the most part of the day and night?

--	--	--	--	--	--	--	--	--	--	--	--

1 2 3 4 5 6 7 8 9 10 Don't know Don't want to answer

Is there something that worries you regarding twin 1 health and/or development?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what worries you: _____

Is there something that worries you regarding twin 2 health and/or development?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Please describe in short what worries you: _____

Are the twins "like peas in a pod" or are they not more similar than siblings in general?

- ☐ Like peas in a pod
- ☐ Not more similar than siblings in general
- ☐ Don't know
- ☐ Don't want to answer

Do you know if your twins are identical or fraternal twins?

- ☐ Probably fraternal twins
- ☐ Surely fraternal twins
- ☐ Probably identical twins
- ☐ Surely identical twins
- ☐ Don't know
- ☐ Don't want to answer

Could you (the biological mother) feel the difference between the children's fetal movements during the pregnancy?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

Do you dress the children in similar clothes?

- ☐ Yes, always
- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ No, never
- ☐ Don't know
- ☐ Don't want to answer

Do you hear a difference in the children's voice?

- ☐ Yes, always
- ☐ Yes, often
- ☐ Yes, sometimes
- ☐ No, never
- ☐ Don't know
- ☐ Don't want to answer

Do you think that the children have different personality?

- ☐ Yes, big difference in personality
- ☐ Yes, small difference in personality
- ☐ No, no difference in personality
- ☐ Don't know
- ☐ Don't want to answer

Is there something substantially that differs between the children (for example personality, sleeping habits or temper)? Please describe: _____

How many hours a day do you actively play with the children (participates in the play, read for them or play in the park)?

- ☐ Hours: _____
- ☐ Minutes: _____
- ☐ Don't know
- ☐ Don't want to answer

Do you have the function screen time activated on your smartphone? Examples of apps/settings that registers your screen time (usually in settings menu on your mobile phone): Screen Time (iPhone), Digital wellbeing (Android), Mobile Uses, Screen Time Management, ActionDash

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't want to answer

If yes:

How many hours/minutes a day do you on average spend on your mobile phone? Specify the average that is under screen time on your mobile:

- ☐ Hours: _____
- ☐ Minutes: _____
- ☐ Don't know
- ☐ Don't want to answer

If no:

How many hours/minutes a day do you on average spend on your mobile phone? Specify your estimated average:

- ☐ Hours: _____
- ☐ Minutes: _____
- ☐ Don't know
- ☐ Don't want to answer

How many hours/minutes a day do you estimate that the children gets to watch TV, iPad and/or mobile phone?

- ☐ Hours: _____
- ☐ Minutes: _____
- ☐ No time
- ☐ Don't know
- ☐ Don't want to answer