

Please carefully align numbers in boxes

Patient study no.

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Mother's date of birth

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year

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### 3 MONTH POSTPARTUM QUESTIONNAIRE

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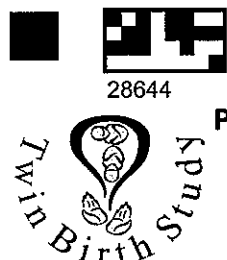


Thank you for your continuing participation in the Twin Birth Study. An important part of the answer to our research question is how participants are AFTER the babies are born, how they are feeling, and how they felt about their care.

Your answers on the following questionnaire will be very helpful. All of your answers will be kept strictly confidential.

Thank you very much for your help in answering an important question in obstetrical care today.





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Patient Study Number

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Mother's date of birth

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year				/		month		/		day	

**3 MONTH POSTPARTUM QUESTIONNAIRE**

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**PART A: Your General Health**

The following questions ask for your views about your health, how you feel, and how well you are able to do your usual activities. Please answer each question with the response that is closest to your views. If you are unsure about how to answer a question, please give the best answer you can.

**A1. In general, would you say your health is:**

- Excellent     
  Very Good     
  Good     
  Fair     
  Poor

**A2. Compared to one year ago, how would you rate your health in general now?**

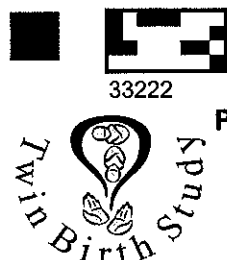
- Much better now than one year ago     
  Somewhat better now than one year ago     
  About the same as one year ago     
  Somewhat worse now than one year ago     
  Much worse now than one year ago

**A3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking one hundred yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A4. During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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**3 MONTH POSTPARTUM QUESTIONNAIRE**

Please mark circles like this: ● NOT like this:

**PART A. Your General Health (continued)**

**A5. During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did work or other activities less carefully than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

- Not at all     Slightly     Moderately     Quite a bit     Extremely

**A7. How much bodily pain have you had during the past four weeks?**

- None     Very Mild     Mild     Moderate     Severe     Very Severe

**A8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

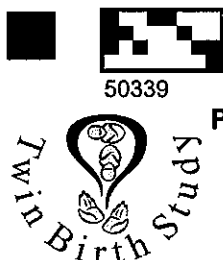
- Not at all     A little bit     Moderately     Quite a bit     Extremely

**A9. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past four weeks...**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been very nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**A10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?**

- All of the time     Most of the time     Some of the time     A little of the time     None of the time



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**3 MONTH POSTPARTUM QUESTIONNAIRE**

Please mark circles like this: ● NOT like this: ~~○~~ ✓

**A11. How TRUE or FALSE is each of the following statements for you?**

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART B: Fatigue Assessment**

These questions are about fatigue and the effect of fatigue on your activities. For each item, please mark the circle below the number that most closely indicates how you have been feeling during the past 7 days.

**B1. To what degree have you experienced fatigue? (In the past 7 days)**

Not at all								A great deal	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↳ If you have experienced no fatigue at all please skip to Part C, the next page of this questionnaire

**B2. How severe is the fatigue which you have been experiencing? (In the past 7 days)**

Mild								Severe	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B3. To what degree has fatigue caused you distress? (In the past 7 days)**

No distress								A great deal of distress	
1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B4. In the past week, to what degree has fatigue interfered with your ability to:**

	Not at all							A great deal		
	1	2	3	4	5	6	7	8	9	10
a. Do household chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bathe or wash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Visit or socialise with family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Engage in sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Engage in leisure and recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Shop and do errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Exercise, other than walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Care for or nurture your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Mother's date of birth

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**3 MONTH POSTPARTUM QUESTIONNAIRE**Please mark circles like this: ● NOT like this:  **B5. Over the past week, how often have you been fatigued?**

- Every day     
  Most, but not all days     
  Occasionally, but not most days     
  Hardly any days

**B6. To what degree has your fatigue changed during the past week?**

- Increased     
  Fatigue has gone up and down     
  Stayed the same     
  Decreased

**PART C: Mood Or Happiness Scale**

The following statements will help us to understand how you have been feeling over the past week. Please mark the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

**IN THE PAST 7 DAYS...****C1. I have been able to laugh and see the funny side of things: (In the past 7 days)**

(mark ONE ONLY)

- As much as I always could     
  Not quite so much now     
  Definitely not so much now     
  Not at all

**C2. I have looked forward with enjoyment to things: (In the past 7 days)**

(mark ONE ONLY)

- As much as I ever did     
  Rather less than I used to     
  Definitely less than I used to     
  Hardly at all

**C3. I have blamed myself unnecessarily when things went wrong: (In the past 7 days)**

(mark ONE ONLY)

- Yes, most of the time     
  Yes, some of the time     
  Not very often     
  No, never

**C4. I have been anxious or worried for no good reason: (In the past 7 days)**

(mark ONE ONLY)

- No, not at all     
  Hardly ever     
  Yes, sometimes     
  Yes, very often

**C5. I have felt scared or panicky for no very good reason: (In the past 7 days)**

(mark ONE ONLY)

- Yes, quite a lot     
  Yes, sometimes     
  No, not much     
  No, not at all

**C6. Things have been getting on top of me: (In the past 7 days)**

(mark ONE ONLY)

- Yes, most of the time I haven't been able to cope at all     
  Yes, sometimes I haven't been coping as well as usual     
  No, most of the time I have coped quite well     
  No, I have been coping as well as ever

**C7. I have been so unhappy that I have had difficulty sleeping: (In the past 7 days)**

(mark ONE ONLY)

- Yes, most of the time     
  Yes, sometimes     
  Not very often     
  No, not at all

**C8. I have felt sad or miserable: (In the past 7 days)**

(mark ONE ONLY)

- Yes, most of the time     
  Yes, quite often     
  Not very often     
  No, not at all

**C9. I have been so unhappy that I have been crying: (In the past 7 days)**

(mark ONE ONLY)

- Yes, most of the time     
  Yes, quite often     
  Only occasionally     
  No, never

**C10. The thought of harming myself has occurred to me: (In the past 7 days)**

(mark ONE ONLY)

- Yes, quite often     
  Sometimes     
  Hardly ever     
  Never



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Mother's date of birth

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year				month		day			

**3 MONTH POSTPARTUM QUESTIONNAIRE**

Please mark circles like this: ● NOT like this: ✗ ✓

**PART D: Urinary Function**

**D1. In the past 7 days, have you lost or leaked urine when you coughed, laughed, sneezed etc?**

- no     yes → If no, skip to part E, below

→ If yes, how much of a problem has this been for you?  
(mark ONE ONLY)

- no problem at all → If urine leakage is not a problem skip to Part E, below
- a little problem
- a big problem

**D2. Has urine leakage affected your...**

	Not at all	Slightly	Moderately	Greatly
a. Ability to do household chores (cooking, housecleaning, laundry)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical recreation such as walking, swimming, or other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Entertainment activities (movies, concerts, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Ability to travel by car or bus more than 30 minutes from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Participation in social activities outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Emotional health (nervousness, depression, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART E: Bowel Function**

**E1. In the past 7 days, have you lost or leaked faeces/stool, fluid or mucous unexpectedly from your bowels?**

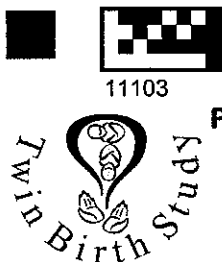
- no     yes → If yes, how much of a problem has this been for you?  
(mark ONE ONLY)

- no problem at all
- a little problem
- a big problem

**E2. In the past 7 days, have you passed gas/wind unexpectedly?**

- no     yes → If yes, how much of a problem has this been for you?  
(mark ONE ONLY)

- no problem at all
- a little problem
- a big problem



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**3 MONTH POSTPARTUM QUESTIONNAIRE**

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**PART F: Method Of Care Evaluation**

During your recent childbirth experience you had a vaginal delivery or a caesarean delivery or both. If you had a caesarean delivery, you may or may not have had labour. Listed below are statements that women have made about their experiences during childbirth. Not all of the statements will apply to you. Think about your recent childbirth experience, and place a mark in the circle beside every statement that reflects how you feel about your childbirth experience. Section 2 is a list of things you may have **LIKED** about your childbirth experience and Section 3 is a list of things you may have **DISLIKED** about your experience.

**Section 1**

**Would you be willing to have the same method of delivery again or recommend it to a friend?**

- No     Yes

**Section 2**

**Here is what I LIKED about my recent childbirth experience:** (mark ALL that apply)

- 1  I am glad I experienced labour.
- 2  I am glad I did not experience labour.
- 3  I liked that it was "natural."
- 4  I liked the fact that my childbirth experience was not very painful.
- 5  I liked being able to schedule the delivery.
- 6  I liked the method of delivery that I had.
- 7  I was able to participate actively in the birth of my babies.
- 8  I felt reassured about my health.
- 9  I felt reassured about my babies' health.
- 10  I liked the fact that recovering from my childbirth experience was not difficult.
- 11  I liked nothing about my childbirth experience.
- 12  Other (please explain): \_\_\_\_\_

**Section 3**

**Here is what I DISLIKED about my recent childbirth experience:** (mark ALL that apply)

- 1  I disliked having to experience labour.
- 2  I was disappointed that I did not experience labour.
- 3  I disliked the fact that my childbirth experience was very painful.
- 4  I disliked the fact that my childbirth experience was not "natural."
- 5  I disliked the method of delivery that I had.
- 6  I disliked the fact that I was not able to participate actively in my babies' birth.
- 7  I disliked planning for one method of delivery but actually ending up with the other method of delivery.
- 8  I was worried about my health.
- 9  I was worried about my babies' health.
- 10  I disliked the fact that recovering from my childbirth experience was difficult.
- 11  There was nothing I disliked about my experience.
- 12  Other (please explain): \_\_\_\_\_





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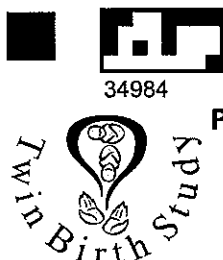
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**3 MONTH POSTPARTUM QUESTIONNAIRE**Please mark circles like this: ● NOT like this: ~~○~~ ✓**PART F (continued): Method Of Care Evaluation****Section 4. General questions about my care:**

- 1. On balance, thinking back to what happened to you and what the nurses, midwives and/or doctors did, how would you describe your care in labour and/or during your birth?**  
(mark ONE ONLY)
  - Very good
  - Good
  - Mixed
  - Poor
  - Very poor
- 2. Did you feel you were given an active say in making decisions about what happened during your labour and/or during your birth?** (mark ONE ONLY)
  - Yes, in all cases
  - Yes, in most cases
  - Only sometimes
  - No, not at all
  - Uncertain
  - Did not want an active say
- 3. How helpful did you find the nurses or midwives?** (mark ONE ONLY)
  - Very helpful
  - Fairly helpful
  - Somewhat helpful
  - Only a little helpful
  - Not helpful at all
  - There were no nurses or midwives involved in my care
- 4. How helpful did you find the doctors?** (mark ONE ONLY)
  - Very helpful
  - Fairly helpful
  - Somewhat helpful
  - Only a little helpful
  - Not helpful at all
  - There were no doctors involved in my care
- 5. Was the pain you experienced during your labour and delivery more or less than you expected?**  
(mark ONE ONLY)
  - Much less than expected
  - Somewhat less than expected
  - As expected
  - Somewhat more than expected
  - Much more than expected
  - Uncertain what to expect
- 6. Was the pain you experienced during the first few weeks after your delivery more or less than you expected?** (mark ONE ONLY)
  - Much less than expected
  - Somewhat less than expected
  - As expected
  - Somewhat more than expected
  - Much more than expected
  - Uncertain what to expect



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**3 MONTH POSTPARTUM QUESTIONNAIRE**

Please mark circles like this: ● NOT like this: ⊗ ✓

**PART G: Study Participation Evaluation**

This section is not about your childbirth experience. It is about your experience as a participant in the Twin Birth Study. Section 1 is about what you may have **LIKED** about participating in this research study. Section 2 is about what you may have **DISLIKED** about participating in this research study. Place a mark in the circle beside each statement that applies to how you feel about being a participant in the Twin Birth Study.

**Section 1**

Here is what I **LIKED** about participating in the Twin Birth Study: (mark ALL that apply)

- 1  I liked my contacts with the research staff.
- 2  I liked being randomised.
- 3  I liked the fact that there were few extra demands upon my time, finances, etc.
- 4  I liked the fact that I had a chance to have the method of delivery I wanted.
- 5  I liked the fact that I had a chance to assist with research to help others like me.
- 6  Participating in the Twin Birth Study caused me to feel reassured about my health.
- 7  Participating in the Twin Birth Study caused me to feel reassured about my babies' health.
- 8  There was nothing I liked about being a participant in the Twin Birth Study.
- 9  Other (please explain): \_\_\_\_\_

**Section 2**

Here is what I **DISLIKED** about participating in the Twin Birth Study: (mark ALL that apply)

- 1  I disliked my contacts with the research staff.
- 2  I disliked being randomised.
- 3  I disliked the fact that there were extra demands upon my time, finances, etc.
- 4  Participating in the Twin Birth Study caused me to have a method of delivery I did not want.
- 5  Participating in the Twin Birth Study caused me to feel worried about my health.
- 6  Participating in the Twin Birth Study caused me to feel worried about my babies' health.
- 7  There was nothing I disliked about being a participant in the Twin Birth Study.
- 8  Other (please explain): \_\_\_\_\_

**Section 3**

If time suddenly went backwards, and you had to do it all over again, would you agree to participate in this research study? (mark ONE ONLY)

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Please explain your answer to Section 3:

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### 3 MONTH POSTPARTUM QUESTIONNAIRE

Please mark circles like this: ● NOT like this: ⊗ ✓

#### PART H: Relationships With Your Husband/Partner

H1. Relationships can at times be both happy and unhappy, but in general would you say your relationship with your husband/partner since the birth of your babies is... (mark ONE ONLY)

- not applicable
- very happy
- somewhat happy
- somewhat unhappy
- very unhappy

H2. Compared to before the birth of your babies, is your relationship with your husband/partner, in general ... (mark ONE ONLY)

- not applicable
- better
- about the same
- worse

#### PART I: Sexual Activity

I1. Have you had sexual intercourse since the birth of your babies?

- no
- yes → If yes, generally, has sexual intercourse been painful?
  - no
  - yes → If yes, how severe was the pain?
    - mild or a small amount of pain
    - quite a lot of pain
    - severe or excruciating/terrible pain

#### PART J: Breast Feeding Your Babies

J1. Did you breast feed either of your babies at any time?

- no
- yes → If yes, for how long did you breast feed either of your babies?
  - still breast feeding
  - stopped breast feeding

date stopped

				/			/		
year					month			day	

#### PART K: General Information

The following additional questions will provide us with a little more information about you.

K1. When were YOU born?

1	9			/			/		
year					month			day	

K2. What is the date today?

2	0			/			/		
year					month			day	

K3. How did you complete this questionnaire?

- by mail
- by telephone
- at a personal interview

K4. Did anyone help you to answer any of the questions in this form?

- no
- yes → If yes, who?
  - your husband/partner
  - a friend
  - another member of your family
  - a doctor or nurse from the hospital
  - another person (please describe) \_\_\_\_\_

Please use the back of this page to write any additional comments about your childbirth experience and your participation in this study that you think will be helpful to this evaluation of the delivery of twins.

Please put the completed form in the envelope provided and return by mail.

Thank you for your help!

