## **2020** Research Survey on the NICU Experience of Twin MoMs

State Reps.: Please distribute to club members who had multiples in the NICU. If more than one set of multiples were in the NICU, fill out separate forms.

Name:	Club:
1. What was the gestational age of your multiples at birth? A) 38-40 weeks B) 35-37 weeks C) 32-34 weeks D) 29-31 weeks E) 26-28 weeks F) Less than 26 weeks	
	e NICU? Please indicate answer for each multiple below.
	Baby C Baby D
	eeks D) 5-6 weeks E) 7-8 weeks F) 9-10 weeks G) 11-12 weeks
H) More than 12 weeks	
_	ht, did any of your multiples experience any medical
problems? Please check all that apply.	
Baby ABaby B	Baby C Baby D
A) Anemia	R) Necrotizing enterocolitis
B) Apnea, or breathing	S) Oral aversion
problems	T) Pneumonia
C) Asthma	U) Pneumothorax, collapsed
D) Bradycardia, or low heart	lung
Rate	V) Pulmonary hemorrhage
E) Broncho-pulmonary	W) Reflux
dysplasia	X) Serious vision problems or
F) Cerebral Palsy	blindness
G) Congenital heart defect	Y) Serious hearing problems
H) Dystonia	or deafness
I) Epilepsy, or seizures	Z) Torticollis, or wry neck
J) Growth delay, severe	Other:
K) Hernia	
L) Hydrocephalus	
M) Intra-ventricular	
Hemorrhage	
N) Jaundice	
O) Kidney reflux	
P) Meningitis	
Q) Mental retardation	

4. How far was the NICU from your home? A) Less than 5 miles B) 5-10 miles C)11-15 miles D) 16-20 miles E) 21-25 miles F) Greater than 25 miles

5. Did the parents take turns visiting the NICU or go together? A) Took turns B) Went together C) Single parent D) Both – sometimes took turns/ sometimes together 6. How many days a week did each parent visit?  Mom Indicate a number 1-7 or No Dad  Mom #2 Indicate a number 1-7
7. On a scale of 1-5, 5 being well supported, to what degree, did you feel supported by NICU staff? Indicate a number 1-5
8. On a scale of 1-5, 5 being very guilty, to what degree did you feel guilty your babies were in the NICU? Indicate a number 1-5
9. At the time your babies were in the NICU, did you belong to the local MOTC or MoMs club?  A) Yes B) No
10. If you answered yes that you belonged, did you feel supported by the local club? A) Yes B) No 11a. If yes, you did feel supported by the local club, what kind of support did you receive? Check all that apply.
A) Name of contact person to call to notify of births and ask questions B) Hospital visit C) Phone call D) Card E) Baby gifts F) Mommy gifts G) Meals once at home H) Other
11b. If no, you did not feel supported, what could the local club have done to provide support? Check all that apply.
A) Given me a contact person to notify of births and to ask questions B) Visited me in the hospital C) Called me D) Sent a card E) Sent gifts for the babies F) Sent me a gift G) Provided me with meals at home H) Other
12. If you didn't belong, what could the local MOTC/MoMs club have done to reach out and support NICU MoMs? A) Provided the NICU with pamphlets for MoMs about the local club and numbers to call for support and information B) Provided the NICU with care packages for MoMs C) Provided visits to the new MoMs on request to offer support D) Other
<ul><li>13. What would you have liked to have received in a care package as a MoM with new babies in the NICU? A) Something funny about multiples and/or preemies B) Comforting self-care items</li><li>C) Informational pamphlets D) Gift card of small amount E) Baby-care items F) Other</li></ul>
14. Was a NICU parent support group available to you? A) Yes B) Yes, but wasn't allowed to attend while in the hospital C) No
15a. If available, did you attend? A) Yes B) No
15b. If yes, on a scale of 1-5, to what degree did you find it helpful, where 5 is very helpful and 1 is not helpful at all? Indicate a number 1-5
16. If a NICU support group was not available, on a scale of 1-5, what would be the likelihood you would have attended a NICU support group, where 5 is most definitely and 1 is very unlikely?