

WELCOME TO

TEDS  
Research Centre  
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SE5 8YZ  
(0800) 317029

PLEASE TURN TO THE FIRST PAGE OF THIS BOOKLET

## CONSENT FORM

If you and your family would like to be part of TEDS it is important that you sign this form. As in all research, we can only involve you if you sign.

When you sign the form, you are agreeing to fill out this booklet as best you can.

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**Your Name** .....

**Relationship to the twins (eg. mother, guardian etc)** .....

**Your address** .....

..... **Postcode**

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**Your telephone number** .....

**YES, I agree to myself and my family taking part in TEDS, Twins' Early Development Study. I understand that we can withdraw from the study at any time, and that all information will be kept strictly confidential.**

**Signature** ..... **Today's Date** ...../...../..... (Day/Month/Year)

Thank you for agreeing to fill out this booklet. Before you start, here are a few instructions which we would like you to read.

### HOW TO FILL IN THIS BOOKLET

There are **no right or wrong answers** to any of the questions we ask. Every child has a different way of developing, and this is a big part of what interests us. Please be as honest as you can when answering our questions. Everything you tell us will be kept strictly confidential.

Please try to answer *all* the questions you are asked. It is very important that the booklets are completed as fully as possible, so that we can get a full picture of your twins.

We realise that parents of twins are very busy, so don't feel that you have to answer all our questions on the same day. However, please date the pages at the top.

It would be helpful if you would write as clearly possible.

Here is an example of how a question *could* be answered.

Most of the questions in this booklet will ask you to tick a box next to the answer that is most suitable. Some will also ask you to describe this answer in more detail, for example:

**Are there differences in the colour of your twins' eyes?** (PLEASE TICK ONE)

None     Only slight difference     Clear difference

If there is a difference, please describe:

This means that there is a slight difference in your twins' eye colour: one of the twins has darker blue eyes than the other.

THANK YOU FOR YOUR TIME AND ASSISTANCE IN FILLING OUT THIS BOOKLET.

TODAY'S DATE ...../...../19..... (Day/Month/Year)

## YOU AND YOUR TWINS

For Office  
Use Only

### **ABOUT YOU**

**First name** .....

**Last name** .....

Male  Female

**Address** .....

**Telephone number** .....

**Do you have a relative or friend?** (in case you move or we are unable to contact you)

**Their first name** .....

**Their last name** .....

**Address** .....

**Telephone number** ..... **Relationship to you** .....

### **FIRST BORN twin**

**First name** .....

**Last name** .....

**Sex** (PLEASE TICK ONE)  Boy  Girl

**Date of Birth** ...../...../..... (Day/Month/Year)

### **SECOND BORN twin**

**First name** .....

**Last name** .....

**Sex** (PLEASE TICK ONE)  Boy  Girl

**Date of Birth** ...../...../..... (Day/Month/Year)

**What is the ethnic origin of your twins?** (PLEASE TICK ONE)

Asian  Black  Mixed race (PLEASE DESCRIBE).....

White  Other (PLEASE DESCRIBE).....

**Main language spoken at home** .....

# YOUR TWINS DAY TO DAY

For Office  
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1) **Are you a member of a Twins' Club?** (PLEASE TICK ONE)

YES       NO

Why/why not? (PLEASE DESCRIBE) .....  
.....

## **FEEDING**

2) **Were your twins ever breastfed?** (PLEASE TICK ONE)

YES       NO

If YES, for how long? **1st born** .....Months .....Weeks .....Days

**2nd born** .....Months .....Weeks .....Days

If NO, were they fed breast milk by bottle/cup?

YES, 1st born       YES, 2nd born       YES, both twins       NO

If YES, for how long? **1st born** .....Months .....Weeks .....Days

**2nd born** .....Months .....Weeks .....Days



3) **Who feeds your twins apart from you?** (PLEASE TICK ALL THAT APPLY)

The other parent of the twins

Other relatives

Friends

Professional carers (eg. nanny)

Anyone else? (PLEASE DESCRIBE) .....

4) **How often do others feed your twins?** (PLEASE TICK ONE FOR EACH)

**Daily**     Never     Once     2-3 times     More than 3 times

**Weekly**     Never     Once     2-3 times     More than 3 times

5) **Is either twin a fussy eater?** (PLEASE TICK ONE)

YES, 1st born     YES, 2nd born     YES, both twins     NO

6) **Do you usually feed your twins together (or less than 5 minutes apart)?**

(PLEASE TICK ONE)

YES       NO

If NO, how long do you leave between feeding them? .....Hours.....Minutes

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**DRESSING**

7) **Do you usually try to dress your twins as similarly as possible?**

(PLEASE TICK ONE)

YES       NO

**If NO, please go on to question 9**

If YES, why is this? (PLEASE TICK ALL THAT APPLY)

- I like them to match
- They like to look the same
- It's easier to dress them the same
- It's cheaper to dress them the same
- I have been given matching clothes

Any other reason? (PLEASE DESCRIBE) .....

8) **Is it possible to tell your twins apart by one aspect of the way they dress?  
(for example, labels, certain colours, hairstyles)** (PLEASE TICK ONE)

YES       NO

**SLEEPING**

9) **Do your twins share a room at night?** (PLEASE TICK ONE)

YES       NO

10) **Do your twins have a regular sleeping pattern?** (PLEASE TICK ONE)

YES, 1st born     YES, 2nd born     YES, both twins     NO

11) **Does one twin sleep more than the other?** (PLEASE TICK ONE)

YES, 1st born     YES, 2nd born     NO

12) **If one twin wakes up and is crying, does the other twin wake up?**

(PLEASE TICK ONE)

YES       NO       Sometimes

13) **Who usually puts the twins to bed at night?** (PLEASE TICK ALL THAT APPLY)

- One parent
- Both parents
- Other relatives
- Friends
- Professional carer (eg. nanny)

Anyone else? (PLEASE DESCRIBE).....

**CARE**

14) **Have you started working or studying since the birth of your twins?**

(PLEASE TICK ONE)

YES, full-time       YES, part-time       NO

If YES, how old were the twins when you began working or studying?

.....Months      .....Weeks      .....Days

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15) **Do you ever leave your twins to be looked after by other people?**

(PLEASE TICK ALL THAT APPLY)

Other parent

Other relatives

Friends

Professional carer (eg. nanny)

Anyone else?  (PLEASE DESCRIBE) .....

If you ticked any of the above, how many hours in a usual week do you leave them for? .....Hours

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16) **How many hours per week does each twin usually spend alone with you?**

1st born ..... Hours

2nd born ..... Hours



17) **Are your twins ever separated for more than half an hour?**

(PLEASE TICK ONE)

YES       NO

**OTHER SIBLINGS**

IF YOUR TWINS **DO NOT** HAVE BROTHERS OR SISTERS PLEASE GO TO QUESTION 26 ON PAGE 5

18) **How many other children live in the home with your twins?**

Younger (male)..... Older (male).....

Younger (female)..... Older (female).....

--	--

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19) **Please tell us about the younger children in the home:**

Child's name(s)      Date of birth       Boy       Girl  
 ...../...../..... (Day/Month/Year)

**Does this child have the same parents as the twins?** (PLEASE TICK ONE)

both parents the same       one parent the same       no parent the same

Child's name(s)      Date of birth       Boy       Girl  
 ...../...../..... (Day/Month/Year)

**Does this child have the same parents as the twins?** (PLEASE TICK ONE)

both parents the same       one parent the same       no parent the same

IF THERE ARE MORE THAN TWO YOUNGER CHILDREN, PLEASE TELL US ABOUT THEM ON THE BACK PAGE OF THIS BOOKLET AND TICK THIS BOX:

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## YOUR TWINS: IDENTICAL OR NON-IDENTICAL?

PLEASE NOTE: NON IDENTICAL TWINS ARE OFTEN CALLED FRATERNAL TWINS

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Use Only

**IF YOUR TWINS ARE OF OPPOSITE SEX, PLEASE TURN TO PAGE 9.**

- 28) **Have you ever been told by a *health professional* (for example doctor, nurse, consultant) that your twins are identical or non-identical?** (PLEASE TICK ONE)

YES, identical       YES, non-identical       NO

If YES, why did they think this?

- 29) **Do you think your twins are identical or non identical?** (PLEASE TICK ONE)

Identical       Non-identical

Why do you think this?

### PHYSICAL DIFFERENCES

- 30) **Are there differences in the *shade* of your twins' hair?** (PLEASE TICK ONE)

None       Only slight difference       Clear difference

If there is a difference, please describe:

- 31) **Are there differences in the *texture* of your twins' hair (fine or coarse, straight or curly etc.)?** (PLEASE TICK ONE)

None       Only slight difference       Clear difference

If there is a difference, please describe:

- 32) **Are there differences in the *colour* of your twins' eyes?** (PLEASE TICK ONE)

None       Only slight difference       Clear difference

If there is a difference, please describe:

- 33) **Are there differences in the *shape* of your twins' ear lobes?** (PLEASE TICK ONE)

None       Only slight difference       Clear difference

If there is a difference, please describe:

34) **Did the twins' teeth begin to come through at about the same time?**

(PLEASE TICK ONE)

- The twins had matching teeth on the same side come through within a few days of each other
- The twins had matching teeth on opposite sides come through within a few days of each other
- The twins had different teeth come through within a few days of each other
- The twins' first teeth did not come through within a few days of each other
- The twins' teeth have not come through yet

35) **Do your twins look at all different?** (PLEASE DESCRIBE)

36) **Do you know of any physical differences between your twins that are not clear from looking at them (eg. differences in internal organs)?** (PLEASE TICK ONE)

- YES
- NO

If YES, please describe:

37) **Do you know your twins' ABO blood group and Rhesus (Rh) factors?**

(PLEASE TICK ONE)

- YES
- NO

If YES, are they: (PLEASE TICK A BLOOD GROUP AND RHESUS FACTOR FOR EACH TWIN)

1st born  A  B  AB  O  Rh+  Rh-

2nd born  A  B  AB  O  Rh+  Rh-

38) **If there are differences between your twins, are they because of anything like problems at birth; an accident; or illness?** (PLEASE TICK ONE)

- YES
- NO
- Don't Know
- There are no differences

If YES, please describe:

39) **As your twins have grown older, has the likeness between them:**

(PLEASE TICK ONE)

- Remained the same
- Become less
- Become more

## TELLING THE TWINS APART

40) **How do you tell the twins apart?** (PLEASE DESCRIBE)

41) **How do other members of your family tell them apart?** (PLEASE DESCRIBE)

42) **When looking at a new photograph of your twins, can you tell them apart (without looking at their clothes or using any other clues)?**

(PLEASE TICK ONE)

- YES, easily
- YES, but it is hard sometimes
- NO, I often confuse them in photographs

43) **Do any of the following people ever mistake your twins for each other?**

(PLEASE TICK ONE FOR EACH GROUP OF PEOPLE)

• **Other parent of the twins**

- YES, often
- YES, sometimes
- Rarely or never
- No other parent

• **Older brothers or sisters**

- YES, often
- YES, sometimes
- Rarely or never
- No older brothers or sisters

• **Other relatives**

- YES, often
- YES, sometimes
- Rarely or never

• **Babysitter/day carer**

- YES, often
- YES, sometimes
- Rarely or never
- No babysitter/day carer

• **Parents' close friends**

- YES, often
- YES, sometimes
- Rarely or never

• **Parents' casual friends**

- YES, often
- YES, sometimes
- Rarely or never

• **People meeting the twins for the first time**

- YES, often
- YES, sometimes
- Rarely or never

44) **If the twins are ever mistaken for one another, does this ever occur when they are together?** (PLEASE TICK ONE)

- Yes, often
- Yes, sometimes
- No, almost never
- They are not mistaken for one another

45) **Would you say that your twins:** (PLEASE TICK ONE)

- are as physically alike as "two peas in a pod" (virtually the same)
- are as physically alike as brothers and sisters are
- do not look very much alike at all

TODAY'S DATE ...../...../19..... (Day/Month/Year)

**INFORMATION ABOUT THE ADULTS IN THE HOME**

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**ABOUT YOU**

**First name** .....

**Last name** .....

Male  Female

**Relationship to the twins** (PLEASE TICK ONE)

Natural mother of the twins  Natural father of the twins  Legal guardian of the twins

Other (PLEASE DESCRIBE).....

**Date of birth** ...../...../..... (Day/Month/Year)

46) **What educational qualifications do you have?** (PLEASE TICK ALL THAT APPLY)

No qualifications

CSE (Grade 2, 3, 4, 5) or GSCE (D, E, F, G)

CSE (Grade 1) or 'O'level (A, B, C) or GSCE (A, B, C)

'A'level, 'S'level

Higher National Certificate (HNC)

Higher National Diploma (HND)

Undergraduate degree

Postgraduate qualification (eg Masters, PhD)

PLEASE DESCRIBE:.....

Other

PLEASE DESCRIBE:.....

47) **Do you currently have a job?** (PLEASE TICK ONE)

YES  NO  Staying at home to look after the children

**If YES, please continue, if NO, or staying at home to look after the children, please go to question 51**

48) **What is your FULL job title?** .....

49) **Do you need any special qualification for your job?** (PLEASE TICK ONE)

YES  NO  Don't Know

If YES, please describe:

50) **Of the following, which best describes you at work?** (PLEASE TICK ONE)

manager  employee  self-employed - with employees

foreman  apprentice  self-employed - with no employees

51) **Marital status** (PLEASE TICK ONE)

Married to or cohabiting with:  parent of the twins  someone else

Single parent:  divorced  separated  widowed  unmarried

**If you are a single parent, please go to question 58 on page 11.**

**ABOUT THE PERSON YOU LIVE WITH**

**First name** .....

**Last name** .....

Male  Female

**Relationship to the twins** (PLEASE TICK ONE)

Natural mother of the twins  Natural father of the twins  Legal guardian of the twins

Other (PLEASE DESCRIBE).....

**Date of birth** ...../...../..... (Day/Month/Year)

52) **What educational qualifications does s/he have?** (PLEASE TICK ALL THAT APPLY)

No qualifications

CSE (Grade 2, 3, 4, 5) or GSCE (D, E, F, G)

CSE (Grade 1) or 'O'level (A, B, C) or GSCE (A, B, C)

'A'level, 'S'level

Higher National Certificate (HNC)

Higher National Diploma (HND)

Undergraduate degree

Postgraduate qualification (eg Masters, PhD)

PLEASE DESCRIBE:.....

Other

PLEASE DESCRIBE:.....

53) **Does s/he currently have a job?** (PLEASE TICK ONE)

YES  NO  Staying at home to look after the children

If YES, please continue, if NO, or staying at home to look after the children, please go to question 57.

54) **What is his/her FULL job title?** .....

55) **Does s/he need any special qualification for the job?** (PLEASE TICK ONE)

YES  NO  Don't Know

If YES, please describe:

56) **Of the following, which best describes him/her at work?** (PLEASE TICK ONE)

manager  employee  self-employed - with employees  
 foreman  apprentice  self-employed - with no employees

57) **Marital status** (PLEASE TICK ONE)

Married to or cohabiting with:  parent of the twins  someone else

Single parent:  divorced  separated  widowed  unmarried

TODAY'S DATE ...../...../19..... (Day/Month/Year)

**MOTHER'S PREGNANCY AND BIRTH**

For Office  
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**TWINS' FIRST NAME(S):** FIRST BORN .....  
SECOND BORN .....

**YOUR PREGNANCY**

58) **When you became pregnant, were you having any fertility treatment?**

(PLEASE TICK ONE)

YES  NO

If YES, please describe:

59) **Were you regularly taking any medicine whilst pregnant?** (PLEASE TICK ONE)

YES  NO

If YES, was this: (PLEASE TICK ALL THAT APPLY)

for the first 3 months  for the middle 3 months  for the last 3 months

What was the medicine?

60) **Did you smoke cigarettes whilst pregnant?** (PLEASE TICK ONE)

YES  NO

If YES, was this: (PLEASE TICK ALL THAT APPLY)

for the first 3 months  for the middle 3 months  for the last 3 months

How many cigarettes did you smoke each day, on average?.....

61) **Were you on a special diet whilst pregnant (vegetarian, vegan, etc.)?**

(PLEASE TICK ONE)

YES  NO

If YES, please describe:

62) **Did you drink alcohol whilst pregnant?** (PLEASE TICK ONE)

YES  NO

If YES, was this: (PLEASE TICK ALL THAT APPLY)

for the first 3 months  for the middle 3 months  for the last 3 months

How many units of alcohol did you drink, per week, on average?.....

(1 unit = 1 glass of wine, OR, 1 measure of spirits, OR, 1/2 a pint of beer)

63) **Did you experience any severe stress during your pregnancy (for example, bereavement, serious illness in the family, major money problems)?**

(PLEASE TICK ONE)

YES  NO

If YES, please describe:

64) **Did your doctor suggest that you stay in bed for part of your pregnancy?**

(PLEASE TICK ONE)

YES  NO  Don't Know

If YES: Why?

For how long?.....Months .....Weeks .....Days

65) **During your pregnancy did you experience any of the following:**

(PLEASE TICK ONE FOR EACH ITEM)

- Amniocentesis  YES  NO  Don't Know
- High blood pressure  YES  NO  Don't Know
- Diabetes  YES  NO  Don't Know
- Toxaemia/pre-eclampsia  YES  NO  Don't Know
- Vaginal bleeding  YES  NO  Don't Know
- Rubella/German Measles  YES  NO  Don't Know
- Slow growth of baby/ies  YES  NO  Don't Know
- Waters breaking more than 11 hours before labour  YES  NO  Don't Know


**THE TWINS' BIRTH**

66) **How many weeks pregnant were you at the time of delivery?** (PLEASE TICK ONE)

- under 31 31 32 33 34 35 36 37 38 39 40 41 42 43
- 

If under 31, please specify number of weeks:.....


67) **Was your labour induced?** (PLEASE TICK ONE)

- YES  NO  Don't Know

--

68) **How long was your labour?** (PLEASE TICK ONE)

.....Hours

--

69) **Were you given any drugs, including an epidural, to help you through your labour?** (PLEASE TICK ONE)

- YES  NO  Don't Know

If YES, what drugs were given?


70) **Were there any complications during the birth of your twins?** (PLEASE TICK ONE)

- YES  NO  Don't Know

If YES, please describe:


71) **Was the birth by Caesarean section?** (PLEASE TICK ONE)

- YES, expected  YES, emergency  NO  Don't Know

If YES, why?


72) **Roughly how long was the gap between the births?**

..... Hours ..... Minutes

--	--

73) **What were the lengths and the weights of the twins at birth?**

LENGTH **1st born:** ..... cms OR ..... inches  
**2nd born:** ..... cms OR ..... inches  
 WEIGHT **1st born:** ..... lbs ..... oz OR ..... kgs  
**2nd born:** ..... lbs ..... oz OR ..... kgs


74) **Was there any concern about either twin at birth (for example, did either twin have any breathing problems)?** (PLEASE TICK ONE FOR EACH CHILD)

**1st born**  YES  NO  Don't Know  
**2nd born**  YES  NO  Don't Know

If YES, please describe:


75) **Did either of the twins have any special care when born (for example, incubators etc)?** (PLEASE TICK ONE FOR EACH CHILD)

**1st born**  YES  NO  Don't Know  
**2nd born**  YES  NO  Don't Know

If YES, please describe :

How long did they stay in special care?

**1st born** .....Months .....Weeks .....Days  
**2nd born** .....Months .....Weeks .....Days


76) **How long did the twins stay in hospital after birth?**

**1st born** .....Months .....Weeks .....Days  
**2nd born** .....Months .....Weeks .....Days


77) **Has either of the twins had to go back to hospital as an outpatient?** (PLEASE TICK ONE FOR EACH CHILD)

**1st born**  YES  NO  Don't Know  
**2nd born**  YES  NO  Don't Know

If YES, please describe :


78) **Has either of the twins had to go back to hospital to stay overnight?** (PLEASE TICK ONE FOR EACH CHILD)

**1st born**  YES  NO  Don't Know  
**2nd born**  YES  NO  Don't Know

If YES, please describe :




79) **Have either of your twins:** (PLEASE TICK ONE FOR EACH ITEM)

- any medical problems in the first two weeks after birth?  
 YES, 1st born    YES, 2nd born    YES, both    NO    Don't Know  
 If YES, please describe:

  


- physical problems (for example, cleft lip, hole in the heart)?  
 YES, 1st born    YES, 2nd born    YES, both    NO    Don't Know  
 If YES, please describe:

  


- genetic or chromosomal problems (for example, Down's Syndrome, PKU)?  
 YES, 1st born    YES, 2nd born    YES, both    NO    Don't Know  
 If YES, please describe:

  


- a problem with vision?  
 YES, 1st born    YES, 2nd born    YES, both    NO    Don't Know  
 If YES, please describe:

  


80) **Has either of the twins ever had any fits, seizures or convulsions?**

(PLEASE TICK ONE FOR EACH CHILD)

- 1st born**    YES, at least one without a temperature    YES, but only with a high temperature    NO    Don't know
- 2nd born**    YES, at least one without a temperature    YES, but only with a high temperature    NO    Don't know

  


81) **Which hand does each twin use for most activities (eating, colouring, picking up objects)?** (PLEASE TICK ONE FOR EACH CHILD)

- 1st born**    Always right hand    Usually right hand    Either hand    Usually left hand    Always left hand    Don't know
- 2nd born**    Always right hand    Usually right hand    Either hand    Usually left hand    Always left hand    Don't know

  


82) **Have you any comments about the twins' general health?**

## YOUR TWINS' HEARING

For Office  
Use Only

83) **Have you, or has anyone else, ever suspected, that either of the twins may have a hearing problem?** (PLEASE TICK ONE)

1st born             YES             NO

2nd born             YES             NO

84) **During or after a cold, do either of the twins seem to have difficulty hearing?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

85) **During a cold, do either of the twins get a heavy yellow/green (catarrhal) discharge from their nose?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

86) **Do either of the twins pull, poke, or scratch their ears?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

87) **Do either of the twins' ears go red and look sore for a long time? (Please note: an ear that has just been slept on may look red for a short time, and does not apply in this question)** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

88) **Has pus or a sticky mucus (not ear wax) ever leaked out of either of the twins' ears?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

89) **Do either of the twins breathe through their mouth, rather than through their nose?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

90) **Do either of the twins snore or make snorting noises during their sleep?** (PLEASE TICK ONE)

1st born     Often     Sometimes     Occasionally     Never

2nd born     Often     Sometimes     Occasionally     Never

**MEDICAL RECORDS CONSENT FORM**

**PLEASE NOTE: This consent form should be completed by the natural mother of the twins.**

All information will be kept strictly confidential.

Please give your full name and address at the time of the birth of the twins, and also the Hospital address and Consultant's name (if known), then sign and date the bottom of the page.

**Your Name:** .....

**Your Date of Birth:** ...../...../..... (Day/Month/Year)

**Your Address at the time of the twins' birth:** .....  
(If different from current address) .....

**Your NHS number (if known)**

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

**Your National Insurance (NI) number (if known)**

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

**Hospital Name:** .....

**Hospital Location (town/city etc):** .....

**Full Hospital Address (if known):** .....  
.....  
.....

**Consultant: (if known)** .....

-----  
**Would you let us request your hospital records regarding pregnancy and childbirth?**

YES, I give my consent for my medical records regarding pregnancy and child birth to be made available to the TEDS Project Co-ordinator. PLEASE SIGN AND DATE THE BOTTOM OF THIS PAGE.

**Please note - you can still be part of TEDS whether you give this consent or not**

NO, PLEASE SIGN AND DATE THE BOTTOM OF THIS PAGE.

**Signature** ..... **Today's Date** ...../...../..... (Day/Month/Year)

THANK YOU FOR FILLING IN THIS BOOKLET, YOUR TIME AND  
ASSISTANCE IS VERY MUCH APPRECIATED!

Please post in the FREEPOST envelope

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