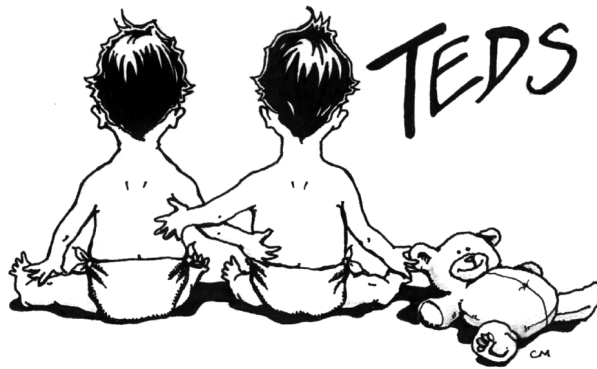


1st contact interview



TWINS' EARLY DEVELOPMENT STUDY

TEDS
Research Centre
FREEPOST LON7567
LONDON
SE5 8YZ
(0800) 317 029

September 2005 version

Family details and verbal consent

Please take down the following details and tick the box to show that the parent has given verbal consent.

Your Name

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

Your address

..... **Postcode**

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Your telephone number and email address

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.

Verbal consent? Please tick:

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

YOU AND YOUR TWINS

FIRST BORN twin

First name

Last name

Sex (PLEASE TICK ONE) Boy Girl

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

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SECOND BORN twin

First name

Last name

Sex (PLEASE TICK ONE) Boy Girl

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

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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

INFORMATION ABOUT THE ADULTS IN THE HOME

ABOUT YOU

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

1) **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:.....

2) **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 6

3) **What is your FULL job title?**

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

- YES
- NO
- Don't Know

If YES, please describe:

5) **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

6) **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 13 on page 6

MOTHER'S PREGNANCY AND BIRTH

YOUR PREGNANCY

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

(PLEASE TICK ONE)

YES NO

If YES, please describe:

14) **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?

15) **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

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

(PLEASE TICK ONE)

YES NO

If YES, please describe:

17) **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, ½ a pint of beer)

18) **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:

19) **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?.....MonthsWeeksDays

For Office
Use Only

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

(PLEASE TICK ONE FOR EACH ITEM)

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| • Amniocentesis | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • High blood pressure | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Diabetes | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Toxaemia/pre-eclampsia | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Vaginal bleeding | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Rubella/German Measles | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Slow growth of baby/ies | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| • Waters breaking more than 11 hours before labour | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |

THE TWINS' BIRTH

21) **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:.....

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

- YES
 NO
 Don't Know

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

.....Hours

24) **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?

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

- YES
 NO
 Don't Know

If YES, please describe:

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

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

If YES, why?

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

..... Hours Minutes

28) **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

29) **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:

30) **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 bornMonthsWeeksDays
2nd bornMonthsWeeksDays

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

1st bornMonthsWeeksDays
2nd bornMonthsWeeksDays

32) **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:
