

THIS BOOKLET IS FOR YOU

TEDS
Research Centre
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LONDON
SE5 8YZ
(0800) 317029

IMPORTANT

We know that parents of young children often move house - parents of young twins seem to move even more frequently!

PLEASE HELP US TO STAY IN TOUCH WITH YOU BY GIVING US THE NAME AND ADDRESS OF A RELATIVE OR FRIEND WHO IS **UNLIKELY** TO MOVE IN THE NEAR FUTURE.

Their first name

Their last name

Relationship to you

Address

.....

..... **Postcode**

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Telephone number

THANK YOU!

CONSENT FORM

If you and your twins would like to take part in this stage 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 these **three** booklets as best you can.

.....

For Office
Use Only

Your first name

Your last name

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

Your address

.....

..... **Postcode**

Your telephone number

First born twins' name

First born twins' last name

First born twins' date of birth/...../..... (DAY/MONTH/YEAR)

Second born twins' name

Second born twins' last name

Second born twins' date of birth/...../..... (DAY/MONTH/YEAR)

YES, I agree to myself and my twins taking part in this stage of 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 **Date**/...../.....(DAY/MONTH/YEAR)

IS THERE ANYTHING NEW TO TELL US?

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1) **What is your marital status at the present time?** (PLEASE TICK ONE)

- married to parent of the twins
- married to someone else
- cohabiting with parent of the twins
- cohabiting with someone else
- divorced
- separated
- widowed
- unmarried

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Questions 2 - 9 are about things that have changed since we last contacted you

2) **Are there any new children living in the home with the twins?** (PLEASE TICK ONE)

- YES
- NO

If YES, please tell us about them:

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

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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

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IF THERE ARE MORE THAN TWO NEW CHILDREN LIVING IN THE HOME, PLEASE TELL US ABOUT THEM ON PAGE 2 OF THIS BOOKLET AND TICK THIS BOX:

3) **Is the mother of the twins pregnant?** (PLEASE TICK ONE)

- YES
- NO

If YES, when is the baby expected to be born?/...../..... (DAY/MONTH/YEAR)

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4) **Has your job changed in any way?** (PLEASE TICK ONE)

- YES
- NO

If YES, please tell us about your job now (new job title, new hours of work etc)

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5) **Has your partner's job changed in any way?** (PLEASE TICK ONE)

- YES
- NO
- DO NOT HAVE A PARTNER

If YES, please tell us about his/her job now (new job title, new hours of work etc)

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6) **Since we last contacted you have either of the twins' parents or brothers or sisters had any SERIOUS illness or accident?** (PLEASE TICK ONE)

YES NO

If YES, please tell us:

Who? (PLEASE TICK ALL THAT APPLY)

Mother of the twins Father of the twins Brother/sister

What was wrong?

Mother.....
Father.....
Brother/sister.....

Was a visit or stay in hospital necessary?

Mother YES NO
Father YES NO
Brother/sister YES NO

How long did the illness last?

Mother.....
Father.....
Brother/sister.....

How is s/he now?

Mother.....
Father.....
Brother/sister.....

7) **Is there anything else you would like to tell us?** (PLEASE DESCRIBE)

YOUR TWINS DAY TO DAY

For Office Use Only

- 1) **Do you try to dress your twins as similarly as you can?** (PLEASE TICK ONE)
- YES, usually YES, sometimes NO, but I co-ordinate their clothes NO, never

If NO, never, please go on to question 3

Why do you dress them in this way? (PLEASE TICK ONE FOR EACH)

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| I like them to match | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| They like to look similar | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| It's easier to dress them similarly | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| It's cheaper to dress them similarly | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| I have been given matching clothes | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| I like people to know they are twins | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |
| Any other reason? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Don't Know |

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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Please describe

- 2) **Is it possible to tell your twins apart by one aspect of the way they dress?** (PLEASE TICK ONE)
(for example, labels, certain colours, hairstyles)
- YES NO

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| <input type="checkbox"/> |
| <input type="checkbox"/> |

If YES, please describe

- 3) **How old were the twins when you stopped feeding them breast milk by breast or bottle/cup?** (PLEASE ANSWER FOR EACH CHILD)

- | | | |
|--|---|---|
| 1st born.....months.....weeks.....days | <input type="checkbox"/> Still fed breast milk | <input type="checkbox"/> Never fed breast milk |
| 2nd born.....months.....weeks.....days | <input type="checkbox"/> Still fed breast milk | <input type="checkbox"/> Never fed breast milk |

| | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 4) **In a usual week, do your twins attend a play group or nursery?** (PLEASE TICK ONE FOR EACH)

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

If YES, both twins, do they go to the same play group or nursery?

- YES, always YES, sometimes NO

If YES, always or YES, sometimes, are they in the same "class"?

- YES, always YES, sometimes NO

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| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

- 5) **On average, how often do others put your twins to bed?**

(PLEASE TICK ONE FOR EACH)

- | | often
(eg daily) | frequently
(eg 2-3 times/week) | occasionally
(eg 1-2 times/month) | never |
|---------------------------------|--------------------------|-----------------------------------|--------------------------------------|--------------------------|
| Other parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional carers (eg. nanny) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anyone else? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Please describe

6) **Do your twins share a room with anyone at night?** (PLEASE TICK ONE)
 YES, with each other YES, with each other and someone else YES, with someone else NO

7) **Do your twins share a bed with anyone at night?** (PLEASE TICK ONE)
 YES, 1st born YES, 2nd born YES, both twins NO

8) **Do your twins go to sleep with a light on?** (PLEASE TICK ONE FOR EACH)
room light YES, 1st born YES, 2nd born YES, both twins NO
lamp in room YES, 1st born YES, 2nd born YES, both twins NO
night light YES, 1st born YES, 2nd born YES, both twins NO
landing light YES, 1st born YES, 2nd born YES, both twins NO
no light YES, 1st born YES, 2nd born YES, both twins NO

9) **Do your twins have any difficulty with sleep?** (PLEASE TICK ONE FOR EACH)
difficulty getting to sleep YES, 1st born YES, 2nd born YES, both twins NO
frequent waking at night YES, 1st born YES, 2nd born YES, both twins NO
nightmares YES, 1st born YES, 2nd born YES, both twins NO
waking early YES, 1st born YES, 2nd born YES, both twins NO

10) **At what age would you expect your twins to be dry at night?** (PLEASE TICK ONE)
 2 2½ 3 3½ 4 4½ 5 older than 5

11) **Do your twins recognise when to use the toilet/potty during the day?** (PLEASE TICK ONE FOR EACH CHILD)
1st born often sometimes occasionally never
2nd born often sometimes occasionally never

12) **Do your twins continue to wear nappies?** (PLEASE ANSWER FOR EACH CHILD)
during the day: **1st born** always sometimes never
 2nd born always sometimes never
at night: **1st born** always sometimes never
 2nd born always sometimes never

13) **Have you tried, or are you trying to toilet/potty train your twins?**

Have tried in the past (PLEASE TICK ONE)

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

Trying at the moment (PLEASE TICK ONE)

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

14) **Are your twins dry throughout the day?** (PLEASE TICK ONE FOR EACH CHILD)

1st born every day most days some days hardly ever never

2nd born every day most days some days hardly ever never

15) **Are your twins dry throughout the night?** (PLEASE TICK ONE FOR EACH CHILD)

1st born every night most nights some nights hardly ever never

2nd born every night most nights some nights hardly ever never

16) **Have you tried any of the following at night?**

If both of the twins are fully potty/toilet trained, please go straight to page 6

(PLEASE TICK ONE FOR EACH)

often

sometimes

never

try without nappies

1st born

2nd born

stop drinks before bed

1st born

2nd born

offer rewards for being dry

1st born

2nd born

let child sleep in parent's bed

1st born

2nd born

wake child to go to the toilet during the night

1st born

2nd born

lift child to the toilet (toilet child without waking) during the night

1st born

2nd born

reassure child that it's OK if the bed is wet

1st born

2nd born

17) **Are your twins ever *APART* from each other for more than half an hour because:** (PLEASE TICK ONE FOR EACH)

They are put to bed at different times YES NO Don't Know

They wake up at different times YES NO Don't Know

You spend time **alone** with first born twin without second born twin YES NO Don't Know

You spend time **alone** with second born twin without first born twin YES NO Don't Know

Other people spend time **alone** with first born twin without second born twin YES NO Don't Know

Other people spend time **alone** with second born twin without first born twin YES NO Don't Know

Any other reason? YES NO Don't Know

Please describe

If you ticked YES to any of the above, how many hours ***in total*** in a ***usual*** week do they spend apart from each other?Hours

18) **Is there anything else you would like to tell us about how your twins get on with each other, or anything else that you find interesting about caring for twins?**

YOUR TWINS: IDENTICAL OR NON-IDENTICAL?

IF YOUR TWINS ARE OF OPPOSITE SEX, PLEASE TURN TO PAGE 10.

We are interested in whether you think your twins are identical, or fraternal (non-identical). As they get older, it sometimes becomes easier to tell whether twins are identical or fraternal (non-identical). This is why we would like to ask you the following questions, many of which you have seen in an earlier TEDS booklet, when your twins were younger..

1st BORN TWIN'S NAME
2nd BORN TWIN'S NAME

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Use Only

1) **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?

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

- Identical Non-identical

Why do you think this?

PHYSICAL DIFFERENCES

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

- None Only slight difference Clear difference

If there is **any** difference, please describe:

4) **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 **any** difference, please describe:

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

- None Only slight difference Clear difference

If there is **any** difference, please describe:

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

- None Only slight difference Clear difference

If there is **any** difference, please describe:

7) **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

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

9) **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:

10) **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-

11) **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:

12) **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

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

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

15) **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

16) **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
- THERE IS NO OTHER PARENT

• **Older brothers or sisters**

- YES, often
- YES, sometimes
- Rarely or never
- THERE ARE NO OLDER BROTHERS OR SISTERS

• **Other relatives**

- YES, often
- YES, sometimes
- Rarely or never
- THERE ARE NO OTHER RELATIVES

• **Babysitter/day carer**

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

17) **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

18) **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

YOUR TWINS' HEARING

For each of the following questions, please tick one box for each twin

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Use Only

1) **Have you, or has anyone else, ever suspected, that either of the twins may have a hearing problem even for a short period?**

1st born YES NO
2nd born YES NO

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

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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3) **Have either of the twins ever had earache?**

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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5) **Do either of the twins breathe through their mouth, rather than through their nose?**

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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6) **Do either of the twins snore or make snorting noises during their sleep?**

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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7) **Do either of the twins ever seem to ignore what people are saying?**

1st born Often Sometimes Occasionally Never
2nd born Often Sometimes Occasionally Never

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8) **Have you, or has anyone else ever thought that either of the twins may have had a problem with talking?**

1st born YES NO
2nd born YES NO

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TWINS' EARLY EXPERIENCES

These questions are about some of the things your twins may do, and about some of the experiences they may have. Some things may be very similar for both twins, while others may be quite different. We are interested in any differences, so we ask you about each twin separately. For each item, first please think about your **1st born twin**, and tick a box on the left to tell us about him/her. Then think about whether the item applies more, less, or about the same amount to your **2nd born twin**, and tick a box on the right.

How you talk to your twins

1) **Does your 1st born twin take part in nursery rhymes, simple songs, or prayers?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Does your 2nd born twin do this more or less?

- a lot more
- a little more
- about equally
- a little less
- a lot less

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2) **Do you ever correct words that your 1st born twin pronounces wrongly (for example, if s/he says 'boon' for 'spoon')?**

- never or rarely
- occasionally
- about half the time
- quite often
- almost always

Do you do this more or less with your 2nd born twin?

- a lot more
- a little more
- about equally
- a little less
- a lot less

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3) **Do you ever correct your 1st born twin's sentence structure (for example, if s/he says 'me not want it' instead of 'I don't want it')?**

- never or rarely
- occasionally
- about half the time
- quite often
- almost always

Do you do this more or less with your 2nd born twin?

- a lot more
- a little more
- about equally
- a little less
- a lot less

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4) **Do you ever correct your 1st born if s/he says the wrong word for something (for example, if s/he calls a cow a horse)?**

- never or rarely
- occasionally
- about half the time
- quite often
- almost always

Do you do this more or less with your 2nd born twin?

- a lot more
- a little more
- about equally
- a little less
- a lot less

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5) **Do you teach your 1st born twin about directions and locations (for example, left and right, where the shops are)?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Do you do this more or less with your 2nd born twin?

- a lot more
- a little more
- about equally
- a little less
- a lot less

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6) **Does your 1st born twin read books or look at books with you?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Does this happen more or less with your 2nd born twin?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equally | a little less | a lot less |

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7) **Do you talk to your 1st born twin when you are doing household chores?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Do you do this more or less with your 2nd born twin?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equally | a little less | a lot less |

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8) **Do you let your 1st born twin choose what to eat at either breakfast or lunch-time?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Does this happen more or less with your 2nd born twin?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equally | a little less | a lot less |

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Your Twins' Play

9) **Does your 1st born twin get into "messy" play (for example, finger paints, cooking, water)?**

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Does your 2nd born twin do this more or less?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equally | a little less | a lot less |

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10) **Does your 1st born twin have any puzzles (for example, jigsaws, puzzle boards)**

(These may be shared with other children in the family)

- none
- 1 - 3
- 4 - 6
- 7 - 10
- 11 or more

Does your 2nd born twin have fewer or more puzzles?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equal | a little less | a lot less |

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11) **Do either of your twins have a cassette/record/CD player that s/he may use him/herself?**

(This may be shared with other members of the family.)

- YES NO

If YES, how often does your 1st born use it?

- less than once a month
- once or twice a month
- once or twice a week
- several times a week
- almost daily

Does your 2nd born twin use it more or less?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a lot more | a little more | about equally | a little less | a lot less |

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|--------------------------|---|--------------------------|------------------|------------|--------------------------|--------------------------|--------------------------|--|
| 12) | Does your 1st born twin have any children's tapes/records/CDs (for example, of nursery rhymes, stories)? (These may be shared with other children in the family.) | | | | | | | |
| | <input type="checkbox"/> none <input type="checkbox"/> 1-3 <input type="checkbox"/> 4 - 6 <input type="checkbox"/> 7 - 10 <input type="checkbox"/> 11 or more | | | | | | | |
| | Does your 2nd born twin have fewer or more of them? <input type="checkbox"/> a lot more <input type="checkbox"/> a little more <input type="checkbox"/> about equal <input type="checkbox"/> a little less <input type="checkbox"/> a lot less | | | | | | | |
| 13) | Does your 1st born twin have any children's books? (These may be shared with other children in the family.) | | | | | | | |
| | <input type="checkbox"/> none <input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 or more | | | | | | | |
| | Does your 2nd born twin have fewer or more books? <input type="checkbox"/> a lot more <input type="checkbox"/> a little more <input type="checkbox"/> about equal <input type="checkbox"/> a little less <input type="checkbox"/> a lot less | | | | | | | |
| 14) | Has your 1st born twin been taken to a theme centre (for example, zoo, museum, castle) in the past year? (Do not include parks, playgrounds or amusement parks) | | | | | | | |
| | <input type="checkbox"/> no <input type="checkbox"/> once <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or 5 times <input type="checkbox"/> 6 or more times | | | | | | | |
| | Has your 2nd born twin been taken more or less? <input type="checkbox"/> a lot more <input type="checkbox"/> a little more <input type="checkbox"/> about equal <input type="checkbox"/> a little less <input type="checkbox"/> a lot less | | | | | | | |
| 15) | Does your 1st born twin play physical games with you (for example, football, catch, tag)? | | | | | | | |
| | <input type="checkbox"/> less than once a month <input type="checkbox"/> once or twice a month <input type="checkbox"/> once or twice a week <input type="checkbox"/> several times a week <input type="checkbox"/> almost daily | | | | | | | |
| | Does your 2nd born twin do this more or less? <input type="checkbox"/> a lot more <input type="checkbox"/> a little more <input type="checkbox"/> about equally <input type="checkbox"/> a little less <input type="checkbox"/> a lot less | | | | | | | |
| 16) | Does your 1st born twin play board games or card games with you (for example, "snakes and ladders", "happy families", "snap")? | | | | | | | |
| | <input type="checkbox"/> less than once a month <input type="checkbox"/> once or twice a month <input type="checkbox"/> once or twice a week <input type="checkbox"/> several times a week <input type="checkbox"/> almost daily | | | | | | | |
| | Does your 2nd born twin do this more or less? <input type="checkbox"/> a lot more <input type="checkbox"/> a little more <input type="checkbox"/> about equally <input type="checkbox"/> a little less <input type="checkbox"/> a lot less | | | | | | | |
| 17) | Do either of your twins have any of the following, either easily available (they can get them without help, whenever they want to), or put away somewhere (for example, on a high shelf)? | | | | | | | |
| | <ul style="list-style-type: none"> • Play-dough, clay, or plasticine • Tricycle, scooter or kiddie car • Outdoor toys (for example, bat & ball, swing, slide) • Hanging mobile • Fine hand-eye coordination toys (for example, fit together toys, threading beads, shapes that fit into holes) | | | | | | | |
| | <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Always available</td> <td style="padding: 0 10px;">Usually put away</td> <td style="padding: 0 10px;">No/not yet</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Always available | Usually put away | No/not yet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Always available | Usually put away | No/not yet | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
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Discipline

For Office
Use Only

Parents have many ways of disciplining their children, and different children need different sorts of discipline. Below, there are some discipline methods that parents often use. Please show us how often you use each method, for each of your twins.

For each item, first please think about your **1st born twin**, and circle a number to show us how often you use the method mentioned. Then think about whether the item applies more, less, or about the same amount to your **2nd born twin**, and tick a box on the right.

SCALE: This shows you what you tell us about your 1st born twin when you circle a number

| | | | | |
|---------------------------|------------------------|---------------------|-----------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| I rarely or never do this | I occasionally do this | I sometimes do this | I often do this | I usually do this |

18) **Give a smack or slap**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

19) **Telling off or shouting**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

20) **Explain to child, or reason with child**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

21) **Be firm and calm with child**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

22) **Make a joke out of it**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

23) **Ask someone else to deal with the situation (for example, other parent)**
 Never Sometimes Usually
 1 2 3 4 5

Do you do this more or less with your 2nd born twin?

 a lot more a little more about equally a little less a lot less

Being a Parent of Twins

For Office Use Only

Every parent experiences all sorts of positive and negative feelings towards their children. We are interested in how it feels to be a parent of twins. On the next page, there are some positive and negative feelings that some parents may experience.

For each item, first please think about your **1st born twin**, and circle a number to show us how much you feel the statement reflects your feelings towards him/her. Then think about whether you feel this way more, less or about the same with your **2nd born twin**, and tick a box on the right. Try to give your answers without leaving any out, or looking back at what you have said before.

SCALE: This shows you what you tell us about your 1st born twin when you circle a number

| | | | | |
|-------------------|-----------------|---------------------------|---------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| definitely untrue | somewhat untrue | not really true or untrue | somewhat true | definitely true |

24) **Sometimes I feel very impatient with him/her**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

25) **I usually feel quite happy about my relationship with him/her**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

26) **Sometimes I am amused by him/her**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

27) **Sometimes I wish s/he would go away for a few minutes**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

28) **Sometimes s/he makes me angry**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

29) **I usually feel close to him/her**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

30) **Sometimes I am frustrated by him/her**

Untrue True
1 2 3 4 5

Do you feel this way more or less with your 2nd born twin?

a lot more a little more about equally a little less a lot less

| |
|--|
| |
| |

How You Feel

For Office
Use Only

The following questions should be answered by the mother of the twins where possible. If she is not available, please tick this box and answer the questions yourself, about yourself.

We would like to know how **you** feel. Please read the following statements and tick the statement that is **closest** to how you have been feeling **in the past seven days** (not just how you feel today).

In the past seven days :

31) **I have been able to laugh and see the funny side of things**

- as much as I always could
- not quite so much now
- definitely not so much now
- not at all

32) **I have looked forward with enjoyment to things**

- as much as I ever did
- rather less than I used to
- definitely less than I used to
- hardly at all

33) **I have blamed myself unnecessarily when things went wrong**

- yes, most of the time
- yes, some of the time
- not very often
- no, never

34) **I have been anxious or worried for no good reason**

- no, not at all
- hardly ever
- yes, sometimes
- yes, very often

35) **I have felt scared or panicky for no very good reason**

- yes, quite a lot
- yes, sometimes
- no, not much
- no, not at all

36) **Things have been getting on top of me**

- 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

37) **I have been so unhappy that I have had difficulty sleeping**

- yes, most of the time
- yes, sometimes
- not very often
- no, not at all

38) **I have felt sad or miserable**

- yes, most of the time
- yes, quite often
- not very often
- no, not at all

39) **I have been so unhappy that I have been crying**

- yes, most of the time
- yes, quite often
- only occasionally
- no, never

40) **The thought of harming myself has occurred to me**

- yes, quite often
- sometimes
- hardly ever
- never

Your Home

Below are some things that happen in most homes. Please read each item carefully and circle the number beside it to tell us what best describes **your** home.

SCALE: This shows you what you tell us about your 1st born twin when you circle a number

| | | | | |
|-------------------|-----------------|---------------------------|---------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| definitely untrue | somewhat untrue | not really true or untrue | somewhat true | definitely true |

| | | | | | | |
|--|---|--------|---|---|------|--|
| | | untrue | | | true | |
| 41) The twins have a regular bedtime routine (for example, same bed each night, a bath before bed, reading a story, saying prayers) | 1 | 2 | 3 | 4 | 5 | |
| 42) You can't hear yourself think in our home | 1 | 2 | 3 | 4 | 5 | |
| 43) It's a real zoo in our home | 1 | 2 | 3 | 4 | 5 | |
| 44) We are usually able to stay on top of things | 1 | 2 | 3 | 4 | 5 | |
| 45) There is usually a television turned on somewhere in our home | 1 | 2 | 3 | 4 | 5 | |
| 46) The atmosphere in our house is calm | 1 | 2 | 3 | 4 | 5 | |

COMPLETE DATA ARE ESSENTIAL, PLEASE MAKE SURE THAT YOU HAVE COMPLETED AS MUCH OF THIS BOOK AS YOU CAN.

THANK YOU FOR YOUR TIME AND EFFORT!

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