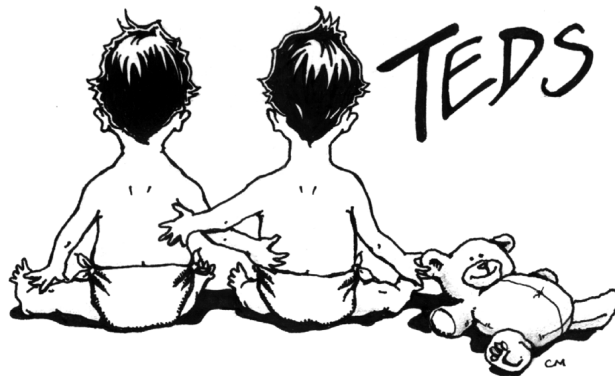


THIS BOOKLET IS FOR YOU



TWINS' EARLY DEVELOPMENT STUDY

TEDS
Research Centre
113 Denmark Hill
FREEPOST LON7567
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**

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

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Second born twins' name

Second born twins' last name

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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)

<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

TODAY'S DATE/...../..... (DAY/MONTH/YEAR)



TWINS' EARLY DEVELOPMENT STUDY

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

Questions 2 - 9 are about things that have *changed* since your twins' 3rd birthdays

2) **Are there any new children living in the home with the twins?**

- 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

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 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?**

- YES
- NO

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

4) **Has your job changed in any way?**

- YES
- NO

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

5) **Has your partner's job changed in any way?**

- 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)

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

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)

<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"/>
<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"/>		



YOUR TWINS DAY TO DAY

For Office Use Only

1) **Do you try to dress your twins as similarly as you can?**

- YES, usually
- YES, sometimes
- NO, but I coordinate 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 YES NO Don't Know
 - They like to look similar YES NO Don't Know
 - It's easier to dress them similarly YES NO Don't Know
 - It's cheaper to dress them similarly YES NO Don't Know
 - I have been given matching clothes YES NO Don't Know
 - I like people to know they are twins YES NO Don't Know
 - Any other reason? YES NO Don't Know
- Please describe

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

- YES
- NO

If YES, please describe

3) **In a usual week, do your twins attend a play group or nursery?**

- 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

4) **Have your twins ever "talked" to each other in a language that other people can not understand?**

- YES, at the moment
- YES, in the past
- NO, never

If YES at the moment or YES in the past, do/did they switch between normal language and their own language?

- YES
- NO

Is there anything else you would like to tell us about their special "language"?

.....
.....

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"/>
Please describe				

6) **Do your twins share a room with anyone at night?**

- 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?**

- 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	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
lamp in room	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
night light	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
landing light	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
no light	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO

9) **Do your twins have any difficulty with sleep?** (PLEASE TICK ONE FOR EACH)

difficulty getting to sleep	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
frequent waking at night	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
nightmares	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
waking early	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO

10) **At what age would you expect your twins to be dry at night?**

- 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	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> occasionally	<input type="checkbox"/> never
2nd born	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> occasionally	<input type="checkbox"/> never

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

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

18) **Do you know FOR SURE if your twins are identical or non-identical?**

YES NO

If **NO**, would you be interested in finding out if your twins are identical or non-identical?

very a little not really definitely would not like to know

19) **Would you have agreed to testing to see whether the twins are identical or non-identical if:** (PLEASE TICK ONE FOR EACH)

offered at birth YES, definitely YES, maybe NO

offered now YES, definitely YES, maybe NO

ON THE NEXT FEW PAGES YOU WILL BE ASKED SOME MORE QUESTIONS ABOUT WHETHER YOUR TWINS ARE IDENTICAL OR NOT. PLEASE BE SURE TO ANSWER ALL OF THE QUESTIONS, EVEN IF SOME OF THEM SEEM SIMILAR TO THOSE ASKED ON THIS PAGE.

YOUR TWINS IDENTICAL OR NON-IDENTICAL?

REMEMBER: 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.

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

- YES, Identical YES, non-identical NO

If **YES**, why did they think this?

For Office
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2) **Do *you* think your twins are identical or non identical?**

- Identical Non-identical

Why do you think this?

PHYSICAL DIFFERENCES

3) **Are there differences in the *shade* of your twins' hair?**

- 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.)?**

- None Only slight difference Clear difference

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

5) **Are there differences in the colour of your twins' eyes?**

- 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
- The twins' teeth have not come through yet

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)?**

- 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?**

- 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)?**

- 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?**

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

18) **Would you say that your twins:**

- 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' HEALTH

For Office
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?**

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

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

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

3) **Have either of the twins ever been prescribed a hearing aid?**

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

For the following questions, please tick one for each of your twins.

4) **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

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

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

6) **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

7) **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

8) **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

9) **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

10) **Have either of your twins ever had skin problems associated with itching and scratching (for example eczema)?**

1st born YES, at the moment YES, previously NO
2nd born YES, at the moment YES, previously NO

If NO for both twins, please go on to question 15.

11) **In the past 12 months have either of your twins taken any treatment (e.g. medicine, ointments) for an itchy rash or eczema?**

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



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- 12) **Where on the body was the skin problem?** (PLEASE TICK ONE FOR EACH)
- Face YES, 1st born YES, 2nd born YES, both twins NO
- Inside knees and/or elbows YES, 1st born YES, 2nd born YES, both twins NO
- Wrists and/or ankles YES, 1st born YES, 2nd born YES, both twins NO
- Somewhere else YES, 1st born YES, 2nd born YES, both twins NO
- (Please describe where)

- 13) **At what age did the skin problem start?**
- 1st bornyears.....months Not affected
- 2nd bornyears.....months Not affected

- 14) **Is it still present?**
- YES, 1st born YES, 2nd born YES, both twins NO

--

- 15) **Have either of your twins been prescribed medicine to control asthma?**
- YES, 1st born YES, 2nd born YES, both twins NO

--

- 16) **Do either of the twins experience any persistent allergy (e.g. food, textiles etc)?**
- YES, 1st born YES, 2nd born YES, both twins NO
- If YES, please describe:
- 1st born
- 2nd born

- 17) **Do either of your twins have problems at the moment with:** (PLEASE TICK FOR EACH)
- Eyesight? YES, 1st born YES, 2nd born YES, both twins NO
- Stomachaches? YES, 1st born YES, 2nd born YES, both twins NO
- Sickness or vomiting? YES, 1st born YES, 2nd born YES, both twins NO
- Severe headaches? YES, 1st born YES, 2nd born YES, both twins NO
- Diabetes? YES, 1st born YES, 2nd born YES, both twins NO
- Weakness or paralysis of arms or legs? YES, 1st born YES, 2nd born YES, both twins NO
- Fits (spell, convulsion or other attack that a doctor has called a fit)? YES, 1st born YES, 2nd born YES, both twins NO

- 18) **Do either of the twins have any known learning disability that makes him/her different from other children?**
- YES, 1st born YES, 2nd born YES, both twins NO Don't know
- If YES, please describe:
- 1st born
- 2nd born

- 19) **Have either of the twins been seen by your doctor (G.P.) in the last 12 months?**
- YES, 1st born YES, 2nd born YES, both twins NO
- If YES, how many times? 1st born..... 2nd born.....

20) **Have either of the twins suffered from bacterial meningitis since birth?**
 YES, 1st born YES, 2nd born YES, both twins NO Don't know
If YES, what type of bacterial meningitis was this? (PLEASE TICK FOR EACH)

Meningococcal?	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
Pneumococcal?	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
Group B Streptococcus?	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
Haemophilus?	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO
Other?	<input type="checkbox"/> YES, 1st born	<input type="checkbox"/> YES, 2nd born	<input type="checkbox"/> YES, both twins	<input type="checkbox"/> NO

21) **Has your child been admitted to hospital to stay over night in the last 12 months?**
 YES, 1st born YES, 2nd born YES, both twins NO
If YES, how many times? 1st born..... 2nd born.....
How long (in days) was the longest stay in hospital?
1st born.....days 2nd born.....days

22) **Has your child been to hospital casualty in the last 12 months?**
 YES, 1st born YES, 2nd born YES, both twins NO
If YES, how many times? 1st born..... 2nd born.....

23) **Has your child had a surgical operation in the last 12 months?**
 YES, 1st born YES, 2nd born YES, both twins NO
If YES, at what age was the first operation?
1st born.....years.....months 2nd born.....years.....months
What was it for? (PLEASE DESCRIBE)
1st born..... 2nd born.....
Did it require general anaesthetic?
 YES, 1st born YES, 2nd born YES, both twins NO

We know that family history is very important in a child's development. It would be useful if you could tell us just a little bit about the twins' family.

1) **Is there a family history of:** (FOR EACH, PLEASE TICK FOR BOTH SIDES OF THE FAMILY)

	Twins' mother's family			Twins' father's family		
High blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know
Weight problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know
Diabetes mellitus?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know
Heart disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know

2) **Has the mother of the twins ever had diabetes?**

While pregnant with the twins?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know
While pregnant with other child(ren)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know
At another time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Don't Know



TWINS' EARLY EXPERIENCES

For Office Use Only

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

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

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

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

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

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?

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

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?

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

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?

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

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?

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

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?

- a lot more
- a little more
- about equal
- a little less
- a lot less

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?

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



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.)

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

Does your 2nd born twin have fewer or more of them?

- a lot more
- a little more
- about equal
- a little less
- a lot less

13) **Does your 1st born twin have any children's books?**

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

- none
- 1 - 10
- 11 - 50
- 51 - 100
- 101 or more

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

- a lot more
- a little more
- about equal
- a little less
- 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)

- no
- once
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Has your 2nd born twin been taken more or less?

- a lot more
- a little more
- about equal
- a little less
- a lot less

15) **Does your 1st born twin play physical games with you (for example, football, catch, tag)?**

- 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

16) **Does your 1st born twin play board games or card games with you (for example, "snakes and ladders", "happy families", "snap")?**

- 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

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)?**

	Always available	Usually put away	No/not yet
• Play-dough, clay, or plasticine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tricycle, scooter or kiddie car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outdoor toys (for example, bat & ball, swing, slide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hanging mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fine hand-eye coordination toys (for example, fit together toys, threading beads, shapes that fit into holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Being a Parent of Twins

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

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

Untrue 1 2 3 4 5 True

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

Untrue 1 2 3 4 5 True

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 am amused by him/her**

Untrue 1 2 3 4 5 True

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

Untrue 1 2 3 4 5 True

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

Untrue 1 2 3 4 5 True

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

Untrue 1 2 3 4 5 True

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

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

Untrue 1 2 3 4 5 True

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 :

32) **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

33) **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

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

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

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

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

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

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

37) **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

38) **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

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

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

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

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

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

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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YOU DO NOT NEED A STAMP.