ID: _____ DE #1: _____ DE #2: _____

Healthy Twins Survey
Ages 3-7 years

Michigan State University Twin Registry
Department of Psychology, Michigan State University
(517) 432-5604 | msutr@msu.edu

Thank you for your participation. ***All information you provide is strictly confidential.***

TODAY'S DATE: __ ____ / ____ ____ / __ ____ _
M D Y

FAMILY NAMES:

Mother / Parent A: _____
First Middle Last

Father / Parent B: _____
First Middle Last

Twins: _____ _____
First Born Second Born

Individuals sometimes change their names between the time of the twins' births and the time of this assessment. This can occur because of marriages, divorces, etc. It is important for MDHHS staff to have the parents' current names and the names at the time of the twins' births in order to correctly match birth certificate data with current information. Given the above, we would ask that you please provide the name of each parent below, as they were listed on the twins' birth certificates. Please list this information even if the name has not changed.

Mother / Parent A: _____
First Middle Last

Father / Parent B: _____
First Middle Last

Please provide a phone number and email address where a parent can be reached:

Phone: (__ __ __) __ __ __ - __ __ __ __ Confirm Phone: (__ __ __) __ __ __ - __ __ __ __

Email: _____ Confirm Email: _____

NOTE: Compensation for participating will be sent to the e-mail address listed above within 30 days of completing the questionnaire. You will ONLY be contacted by phone in the event of incomplete forms and/or difficulty sending your compensation for participation.

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We hope to identify twin families who may be interested in participating in future research. Agreeing to participate in this database **in no way obligates** you or your twins to participate in future studies; it simply indicates that you are willing to be contacted to learn about future studies and determine your family's interest in participating. **Studies include compensation (e.g., money) for your time.**

I give my permission to be contacted regarding future studies. **YES** _________ **NO** _________

Please indicate below which parent/guardian completed the questionnaire:

- ☐ Biological or birth mother
- ☐ Step-mother
- ☐ Adoptive mother
- ☐ Biological or birth father
- ☐ Step-father
- ☐ Adoptive father
- ☐ Other (specify):__________________ Legal guardian?: ☐ Yes ☐ No

TWIN/PARENT BACKGROUND INFORMATION

Please answer for the biological or birth parents of the twins, if this information can be shared.

If information is not available for the biological or birth mother, please check here: ☐

If information is not available for the biological or birth father, please check here: ☐

If you checked either or both boxes, please answer instead for the parents/guardians with whom the twins now live.

	TWINS	MOTHER / PARENT A	FATHER / PARENT B
BIRTH DATE:	___/___/___ M D Y	___/___/___ M D Y	___/___/___ M D Y
RACE/ ETHNICITY:	☐ White, not of Hispanic origins ☐ Black, not of Hispanic origins ☐ Hispanic ☐ Asian or Pacific Rim ☐ Native American ☐ Multiracial ☐ Other (please specify): ____________	☐ White, not of Hispanic origins ☐ Black, not of Hispanic origins ☐ Hispanic ☐ Asian or Pacific Rim ☐ Native American ☐ Multiracial ☐ Other (please specify): ____________	☐ White, not of Hispanic origins ☐ Black, not of Hispanic origins ☐ Hispanic ☐ Asian or Pacific Rim ☐ Native American ☐ Multiracial ☐ Other (please specify): ____________

Please provide income information for the parent(s) **with whom the twins now live**. If the twins only live with one parent, please complete information only for the parent with whom they live.

	MOTHER / PARENT A	FATHER / PARENT B
Average Annual Income: please check box	☐ $0-25K ☐ $51-75K ☐ $101-150K ☐ $26-50K ☐ $76-100K ☐ more than $150K	☐ $0-25K ☐ $51-75K ☐ $101-150K ☐ $26-50K ☐ $76-100K ☐ more than $150K

With the twins standing together, please compare their eyes and hair and circle the number below to indicate how similar they are:

A. Eyes: 1 = Same color & shade 2 = Different shade 3 = Different color

B. Hair: 1 = Same color & shade 2 = Different shade 3 = Different color

Twins often differ quite a bit in height or weight, from birth or as a result of accident or illness.
In the questions below, try to ignore such differences in height or size.

C. Are the twins as alike as "two peas in a pod" or are they no more alike in appearance than ordinary sisters or brothers? 1 = Like "two peas" 2 = Ordinary likeness 3 = Quite unalike

D. Are they so similar in appearance now that people have difficulty telling them apart?

1 = Never 2 = Sometimes 3 = Even family members confuse them

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E. Could one twin fool friends or family by pretending to be the other? 1 = Yes 2 = Maybe 3 = No

F. Do you think your twins are identical or fraternal? 1 = Identical 2 = Fraternal

G. What gender are your twins? 1 = Both boys 2 = Both girls 3 = Boy and Girl [boy was first-born ___]
[boy was second-born___]

H. Current height of twins: 1st born twin: Ft. _____ In. _____ 2nd born twin: Ft. _____ In. _____

I. Current weight of twins: 1st born twin: Lbs. _____ 2nd born twin: Lbs. _____

J. Birth weight of twins: 1st born twin: Lbs. _____ Oz. _____ 2nd born twin: Lbs. _____ Oz. _____

K. Were the twins conceived with the aid of fertility treatment/medications (e.g., Clomid, IVF, etc.)? 1 = Yes 2 = No

L. Were the twins conceived through an egg donor? 1 = Yes 2 = No

M. Were the twins conceived through a sperm donor? 1 = Yes 2 = No

N. Was either twin born with a birth defect or congenital malformation? 1 = Yes 2 = No

If "Yes", please describe: _____

PERSONALITY & BEHAVIOR -- Below is a list of items that describe children. Think of what each of your twins has generally been like. Please circle"**2**" if the item has generally been ***certainly or often true*** of that twin. Circle "**1**" if the item has been ***somewhat*** or ***sometimes true*** of that twin. If the item is ***not true*** of that twin, circle "**0**".

	1ST BORN TWIN			**2ND BORN TWIN**		
	Not true	**Somewhat true**	**Certainly true**	**Not true**	**Somewhat true**	**Certainly true**
1. Enjoys eating……..	0	1	2	0	1	2
2. Often has temper tantrums or hot tempers……..	0	1	2	0	1	2
3. Eats meat and/or fish……..	0	1	2	0	1	2
4. Generally obedient, does what is asked of him/her……..	0	1	2	0	1	2
5. Steals from home, school, or elsewhere……..	0	1	2	0	1	2
6. Eats junky snack foods but will not eat at mealtime……..	0	1	2	0	1	2
7. Often lies or cheats……..	0	1	2	0	1	2
8. Whines or cries at feeding time……..	0	1	2	0	1	2
9. Often fights with other children or bullies them……..	0	1	2	0	1	2
10. Often needs to be coaxed to take a bite of food……..	0	1	2	0	1	2
11. Destroys things that belong to others……..	0	1	2	0	1	2
12. Sets fires……..	0	1	2	0	1	2

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FAMILY HEALTH SURVEY: For each item below, please check "Yes" if that person has ever had the condition. Please answer for the biological or birth parents of the twins, if this information is available and can be shared.

CONDITION	1ST BORN TWIN	2ND BORN TWIN	MOTHER / PARENT A	FATHER / PARENT B
Please check the "Insufficient information" box if there is not enough information to complete.			☐ *Insufficient information*	☐ *Insufficient information*
1. Alcohol or Drug Abuse	☐ Yes	☐ Yes	☐ Yes	☐ Yes
2. Cerebral Palsy	☐ Yes	☐ Yes	☐ Yes	☐ Yes
3. Stuttering	☐ Yes	☐ Yes	☐ Yes	☐ Yes
4. Delinquency, ADD/ADHD, or Oppositional Defiant Disorder	☐ Yes	☐ Yes	☐ Yes	☐ Yes
5. Depression or Bipolar Disorder	☐ Yes	☐ Yes	☐ Yes	☐ Yes
6. Anorexia, Bulimia, or Binge Eating Disorder	☐ Yes	☐ Yes	☐ Yes	☐ Yes
7. Anxiety Disorder (e.g., Panic Disorder, Generalized Anxiety Disorder, Social Anxiety, Obsessive Compulsive Disorder)	☐ Yes	☐ Yes	☐ Yes	☐ Yes