ID:	DE #1:	DE #2:

## **Healthy Twins Survey** Ages 8-17 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	<u> </u>		
FAMILY NAMES:				
Mother / Parent A: _				-
	First	Middle	Last	
Father / Parent B:				-
	First	Middle	Last	
Twins: First B				
First B	orn	Second	d Born	
certificate data with	current inform , as they were	mation. Given the abo	ve, we would ask that	r to correctly match birth t you please provide the name se list this information even if
Mother / Parent A: _				
	First	Middle	Last	
Father / Parent B:				
	First	Middle	Last	
Please provide a pho	ne number ar	nd email address when	re a parent can be rea	ched:
Phone: ()		Confir	m Phone: ()	<del>-</del>
Email:		Confir	m 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.

ID:			DE #1:	DE #2:
this database <u>in</u> willing to be cor	no way obligates you or you	ur twins to participa studies and determin	te in future studies;	search. Agreeing to participate in it simply indicates that you are erest in participating. <b>Studies</b>
I give my per	mission to be contacted rega	rding future studies.	YES	NO
Please indicate l	pelow which parent/guardian	n completed the ques	stionnaire:	
□ Step	-mother	<ul><li>Biological or birt</li><li>Step-father</li><li>Adoptive father</li></ul>		er (specify): egal guardian?:
TWIN/PARENT	BACKGROUND INFORMAT	ION		
Please answer	for the <u>biological or birth</u> p	arents of the twins	, if this informatio	n can be shared.
If information is	not available for the biologic	cal or birth mother, p	olease check here: I	<b>3</b>
If information is	s not available for the biologi	cal or birth father, pl	ease check here:	1
If you checked now live.	either or both boxes, pleas	e answer instead fo	or the parents/gua	rdians with whom the twins
	TWINS	мотне	R / PARENT A	FATHER / PARENT B
BIRTH DATE:	/ /	/_		/
RACE/ ETHNICITY:	<ul> <li>White, not of Hispanic or</li> <li>□ Black, not of Hispanic ori</li> <li>□ Hispanic</li> <li>□ Asian or Pacific Rim</li> <li>□ Native American</li> <li>□ Multiracial</li> <li>□ Other (please specify):</li> </ul>	igins	of Hispanic origins of Hispanic origins acific Rim erican	<ul> <li>White, not of Hispanic origins</li> <li>□ Black, not of Hispanic origins</li> <li>□ Hispanic</li> <li>□ Asian or Pacific Rim</li> <li>□ Native American</li> <li>□ Multiracial</li> <li>□ Other (please specify):</li> </ul>
*	omplete information only for	the parent with who	m they live.	e. If the twins only live with one
Average Annua	MOTHER / P			R / PARENT B
<b>Income:</b> please	<b>4</b> \$0-25K <b>4</b> \$51-75K	□ \$101-150K	□ \$0-25K □ \$51-	75K <b>□</b> \$101-150K 100K <b>□</b> more than \$150K
With the twins how similar the	standing together, please o			e the number below to indicate
A. Eyes:	1 = Same color & shade	2 = Differe	ent shade	3 = Different color
B. Hair:	1 = Same color & shade	2 = Differe	ent shade	3 = Different color
	fer quite a bit in height or v s below, try to ignore such			cident or illness.
C. Are the twins brothers?	as alike as "two peas in a poo 1 = Like "two peas"			ice than ordinary sisters or ite unalike
D. Are they so s	imilar in appearance now tha 1 = Never	nt people have difficu 2 = Sometimes		rt? en family members confuse them

ID:	DE	E#1: DE	E #2:	
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	e identical or fraternal?	1 = Identical	2 = Fra	ternal
G. What gender are your twin	s? 1 = Both boys 2 = Both girls	3 = Boy and Girl [l	boy was first-bor boy was second-b	_
H. Current height of twins:	1 <sup>st</sup> born twin: Ft In	$2^{nd}$ born twin:	Ft In	
I. Current weight of twins:	1 <sup>st</sup> born twin: Lbs	2 <sup>nd</sup> born twin:	Lbs	
J. Birth weight of twins:	1 <sup>st</sup> born twin: Lbs Oz	$2^{nd}$ born twin:	Lbs 0z	
K. Were the twins conceived v	with the aid of fertility treatment/medicat	ions (e.g., Clomid, IV	'F, etc.)? 1 = Yes	2 = No
L. Were the twins conceived t	hrough 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  If "Yes", please descri	a birth defect or congenital malformation?	? 1 = Yes	2 = No	

**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".

		1 <sup>ST</sup> BORN TWIN		2 <sup>ND</sup> BORN TWIN		IN	
		Not true	Somewhat	- 1	Not true	Somewhat	Certainly
1.	Very dissatisfied with body weight or shape	0	true 1	true 2	0	true 1	true 2
2.	Often has temper tantrums or hot tempers	0	1	2	0	1	2
3.	Definite fear of gaining weight or of becoming fat	0	1	2	0	1	2
	Generally obedient, does what is asked of him/her	0	1	2	0	1	2
5.	Feels fat	0	1	2	0	1	2
	Feels guilty about what he/she eats because of the effect on body weight and/or shape	0	1	2	0	1	2
7.	Often lies or cheats	0	1	2	0	1	2
8.	Has vomited to control weight	0	1	2	0	1	2
9.	Often fights with other children or bullies them	0	1	2	0	1	2
10.	Has a strong desire to lose weight	0	1	2	0	1	2
11.	Diets to control weight	0	1	2	0	1	2
12.	Destroys things that belong to others	0	1	2	0	1	2
13.	Eats lots of food and can't stop	0	1	2	0	1	2
14.	Sets fires	0	1	2	0	1	2
15.	Steals from home, school, or elsewhere	0	1	2	0	1	2
16.	Body weight and/or shape influences how twin thinks about (judges) him/herself as a person	0	1	2	0	1	2

n.	DE #	/1	DE #2.
υ.			DE #2:

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

<u> </u>				
CONDITION	1 <sup>ST</sup> BORN TWIN	2 <sup>ND</sup> BORN TWIN	MOTHER / PARENT A	FATHER / PARENT B
Please check the "Insufficient information" box if there is not enough	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