



**Michigan State University Twin Registry
Michigan Twins Project**

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<https://msutwinstudies.com>
Ages 3-7

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

NAMES:

A. Mother / Parent A: _____
First Middle Last

B. Father / Parent B: _____
First Middle Last

C. Twins: _____
First Born Second Born

TODAY'S DATE: _____
m d y

FUTURE RESEARCH: We hope to identify twin families who may be interested in participating in future research through the Statewide Database for Michigan Twins. 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 _____

ADDRESS UPDATES: If you would like to provide a different mailing address than what was used to contact you for this study, please do so here:

Name: _____
New Address: _____

Please complete the questionnaire only after discussing the study with your family. If you do not discuss participation in this study with your family members, we may not be able to use some or all of the data you provide. Please indicate below whether you discussed this study with your twin children and their other parent(s).

I have discussed the completion of this study with the twins. They understand that I will be answering potentially sensitive questions on their behalf regarding demographic information, behaviors, and medical history.

YES _____

NO – I believe my twins are too young to understand _____

NO – I did not discuss the study with my twins for the following reason(s): _____

IF YES: In one sentence, please describe how you discussed the study with your twins, e.g., "I discussed it with my twins after school" or "We discussed it over dinner."

I have discussed the completion of this study with the twins' other parent(s). They understand that I will be answering potentially sensitive questions on their behalf regarding demographic information, behaviors, and medical history.

YES _____

NO – I did not discuss the study with my twins' other parent(s) for the following reason(s): _____

IF YES: In one sentence, please describe how you discussed the study with the twins' other parent(s), e.g., "I called the twins' biological father" or "We discussed it over dinner."

BIOGRAPHICAL QUESTIONNAIRE

We prefer that the parent who knows the twins best complete the questionnaire. Often, this is a biological or birth mother or father, but it may also include a step-parent, adoptive parent, or other guardian. Please indicate below which parent/guardian completed the questionnaire:

We define birth parents as those who gave birth to and raised their twins but are not genetically related to them (via sperm donation, egg donation, or embryo adoption). We define biological parents as those who gave birth to their twins and are genetically related to them.

- Biological or Birth mother
- Biological or Birth father
- Step-mother
- Step-father

- Adoptive mother
 - Adoptive father
 - Other (specify): _____
- Legal guardian?: Yes No

I. THE TWINS

A. Twins' birthdate: _____ / _____ / _____
m d y

B. Twins' sex (circle):

First Born: 1 = M	Second Born: 1 = M
2 = F	2 = F

C. Twins' race/ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> White, not of Hispanic origins | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Black, not of Hispanic origins | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Asian or Pacific Rim | |

Please mark ONE of the two options below and follow the instructions:

- 1) If your twins are opposite-sex twins (i.e., a boy and a girl), mark here _____. **Please skip to Section II.**
- 2) If your twins are the same gender (i.e., either two boys or two girls), mark here _____. **Please complete the remainder of Section I (A through F).**

With the twins standing together, please compare their eyes and hair and circle the number below to indicate how similar or different 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 unlike
- 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
- 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:
 1 = Identical 2 = Fraternal

II. SIBLING INFORMATION

Please list the birthdates of the twins' closest-in-age sisters and brothers, and circle each sibling's sex and relationship to the twins. Please mark any NOT living at home or any that are deceased below the birth date.

A. Birthdate: _____ m d y	_____ m d y	_____ m d y	_____ m d y
<input type="checkbox"/> Not living at home	<input type="checkbox"/> Not living at home	<input type="checkbox"/> Not living at home	<input type="checkbox"/> Not living at home
<input type="checkbox"/> Deceased	<input type="checkbox"/> Deceased	<input type="checkbox"/> Deceased	<input type="checkbox"/> Deceased
B. Sex: 1 = M 2 = F	1 = M 2 = F	1 = M 2 = F	1 = M 2 = F
C. Relationship: Full Biological Sibling Half Sibling - maternal Half Sibling - paternal Step-Sibling Adopted Sibling Foster Sibling	Full Biological Sibling Half Sibling - maternal Half Sibling - paternal Step-Sibling Adopted Sibling Foster Sibling	Full Biological Sibling Half Sibling - maternal Half Sibling - paternal Step-Sibling Adopted Sibling Foster Sibling	Full Biological Sibling Half Sibling - maternal Half Sibling - paternal Step-Sibling Adopted Sibling Foster Sibling

C. Race/ethnicity:

- White, not of Hispanic origins American Indian
- Black, not of Hispanic origins Multiracial
- Hispanic Other (specify): _____
- Asian or Pacific Rim

D. Are the twins now living with their biological or birth father? 1 = Yes 2 = No

IF NO: Is the biological or birth father deceased? 1 = Yes 2 = No

Are the twins now living with an adoptive father, foster father, or step-father?

1 = Yes 2 = No

E. Education and Career: (Please complete these items for the father or the parent listed as Parent B above with whom the twins now live; skip to V if the twins do not live with their father or the parent listed as Parent B.)

1. Circle number of years of education completed: 8 or less 9 10 11 12 1 2 3 4 5 6 ≥7
High School College Post-Graduate

2. Circle current role (mark all that apply): student homemaker wage earner retired

3. Circle average annual income (in thousands of \$):

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 110 120 130 140 ≥150

V. FAMILY HEALTH SURVEY

NOTE: In the list below and on the next pages, please answer for the biological or birth parents of the twins, if this information is available. If this information is not available, please answer for the parents/guardians with whom the twins now live.

	<u>1st Born Twin</u>	<u>2nd Born Twin</u>	<u>Mother / Parent A</u>	<u>Father / Parent B</u>
A. Current height in feet and inches...	___Ft. ___In.	___Ft. ___In.	___Ft. ___In.	___Ft. ___In.
B. Current weight in pounds.....	___Lbs.	___Lbs.	___Lbs.	___Lbs.
C. Birth weight in pounds and ounces..	___Lbs. ___Oz.	___Lbs. ___Oz.		

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

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

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

G. Was either twin born with a birth defect or congenital malformation?

1st Born Twin? 1 = Yes 2 = No (If "Yes", please describe: _____)

2nd Born Twin? 1 = Yes 2 = No (If "Yes", please describe: _____)

H. Is either twin currently taking any prescription medications?

1st Born Twin? 1 = Yes 2 = No (If "Yes", specify what medications and for what conditions: _____)

2nd Born Twin? 1 = Yes 2 = No (If "Yes", specify what medications and for what conditions: _____)

I. MEDICAL -- For each condition below, please write "C" if that person has ever had the **condition**. Please ALSO write "T" if that person has ever received **treatment** for the condition (e.g., medical treatment, medication, treatment from a mental health professional, pastoral care, hospitalization, etc.). Mark all that apply. If that person has never had the condition, please leave that space blank.

- Check here if there is insufficient information to complete this section for the mother or Parent A.
- Check here if there is insufficient information to complete this section for the father or Parent B.

	<u>1st Born Twin</u>	<u>2nd Born Twin</u>	<u>Mother / Parent A</u>	<u>Father / Parent B</u>
1. Alcoholism.....	n/a	n/a	_____	_____
2. Asthma.....	_____	_____	_____	_____
3. Attention disorder (ADD/ADHD).....	_____	_____	_____	_____
4. Cerebral Palsy.....	_____	_____	_____	_____
5. Drug Abuse.....	n/a	n/a	_____	_____
6. Conduct disorder or delinquency.....	_____	_____	_____	_____
7. Depression.....	_____	_____	_____	_____
8. Oppositional Defiant Disorder.....	_____	_____	_____	_____
9. Antisocial Personality Disorder.....	n/a	n/a	_____	_____
10. Borderline Personality Disorder.....	n/a	n/a	_____	_____
11. Separation Anxiety Disorder.....	_____	_____	_____	_____
12. Anorexia.....	_____	_____	_____	_____
13. Bulimia.....	_____	_____	_____	_____
14. Binge Eating Disorder (BED).....	_____	_____	_____	_____
15. Other eating or feeding disorder not listed above.....	_____	_____	_____	_____
16. Diabetes.....	_____	_____	_____	_____
17. Bipolar Disorder (Manic Depression)	_____	_____	_____	_____
18. Schizophrenia.....	_____	_____	_____	_____
19. Obsessive Compulsive Disorder (OCD)	_____	_____	_____	_____
20. Panic Disorder.....	_____	_____	_____	_____
21. Posttraumatic Stress Disorder (PTSD)	_____	_____	_____	_____
22. Generalized Anxiety Disorder.....	_____	_____	_____	_____
23. Social Anxiety.....	_____	_____	_____	_____
24. Hearing problems.....	_____	_____	_____	_____
25. Learning disability.....	_____	_____	_____	_____
26. Reading problems.....	_____	_____	_____	_____

	1 st Born Twin	2 nd Born Twin	Mother / Parent A	Father / Parent B
27. Cancer.....	_____	_____	_____	_____
28. Heart problems.....	_____	_____	_____	_____
29. Sleeping problems.....	_____	_____	_____	_____
30. Stroke.....	_____	_____	_____	_____
31. Blindness.....	_____	_____	_____	_____
32. Head Injury.....	_____	_____	_____	_____
33. Polycystic Ovary Syndrome.....	_____	_____	_____	_____
34. Autism.....	_____	_____	_____	_____
35. Asperger's Disorder.....	_____	_____	_____	_____
36. Stuttering.....	_____	_____	_____	_____
37. Smoker? (X = Yes).....	n/a	n/a	_____	_____
38. Smoked during a pregnancy? (X = Yes).....	n/a	n/a	_____	_____
39. Ever convicted of a felony? (X = Yes).....	n/a	n/a	_____	_____
40. Ever involved in dance, cheer, gymnastics, or figure skating for 1 year or more? (X = Yes)....	_____	_____	_____	_____
41. Right-handed? (X = Yes).....	_____	_____	_____	_____
42. Any other chronic illness or disability not listed above for each family member? (X = Yes).....	_____	_____	_____	_____

(If "Yes" to the previous question, please describe: _____)

J. 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. Often has temper tantrums or hot tempers.....	0	1	2	0	1	2
2. Shares readily with other children.....	0	1	2	0	1	2
3. Often complains of headaches, stomachaches.....	0	1	2	0	1	2
4. Restless, overactive, cannot stay still for long.....	0	1	2	0	1	2
5. Picked on or bullied by other children.....	0	1	2	0	1	2
6. Enjoys eating	0	1	2	0	1	2

		1st Born Twin			2nd Born Twin		
		Not true	Somewhat true	Certainly true	Not true	Somewhat true	Certainly true
7.	Often lies or cheats.....	0	1	2	0	1	2
8.	Helpful if someone is hurt or feeling ill.....	0	1	2	0	1	2
9.	Easily distracted, concentration wanders.....	0	1	2	0	1	2
10.	Many worries, often seems worried....	0	1	2	0	1	2
11.	Rather solitary, tends to play alone.....	0	1	2	0	1	2
12.	Eats meat and/or fish	0	1	2	0	1	2
13.	Often fights with other children or bullies them.....	0	1	2	0	1	2
14.	Often unhappy, downhearted, or tearful.....	0	1	2	0	1	2
15.	Has at least one good friend.....	0	1	2	0	1	2
16.	Sees tasks through to the end, good attention span.....	0	1	2	0	1	2
17.	Constantly fidgeting or squirming.....	0	1	2	0	1	2
18.	Generally liked by other children.....	0	1	2	0	1	2
19.	Eats junky snack foods but will not eat at mealtime.....	0	1	2	0	1	2
20.	Nervous or clingy in new situations....	0	1	2	0	1	2
21.	Steals from home, school, or elsewhere.....	0	1	2	0	1	2
22.	Kind to younger children.....	0	1	2	0	1	2
23.	Many fears, easily scared.....	0	1	2	0	1	2
24.	Gets on with adults better than other children.....	0	1	2	0	1	2
25.	Generally obedient, does what is asked of him/her.....	0	1	2	0	1	2
26.	Whines or cries at feeding time.....	0	1	2	0	1	2
27.	Considerate of other people's feelings.....	0	1	2	0	1	2
28.	Destroys things that belong to others.....	0	1	2	0	1	2
29.	Thinks things out before acting	0	1	2	0	1	2
30.	Often volunteers to help others.....	0	1	2	0	1	2
31.	Sets fires.....	0	1	2	0	1	2
32.	Often needs to be coaxed to take a bite of food.....	0	1	2	0	1	2

Please turn the page

Please indicate below the relationship between the twins' parents (check all that apply):

- Never married
- Currently married
- Separated
- Divorced
- Widowed
- Mother / Parent A is re-married
- Father / Parent B is re-married

Has a romantic partner ever been too rough with you?

- Yes
- Maybe
- No
- Do not wish to respond

Please turn the page

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/guardian can be reached:

Phone: (_ _ _) _ _ _ - _ _ _ _

Email: _____

Note that you will ONLY be contacted by phone or email in the case of incomplete forms and/or difficulty with mailing your compensation for study participation. No one outside of the Michigan State University Twin Registry research team and technical support staff (if necessary) will have access to your phone number or email address under any circumstances.

Comments

If you have any comments or notes regarding any items on the questionnaire, you may write them here.

Thank you for your time!