

FUTURE RESEARCH: We hope to identify twins who may be interested in participating in future health research through the Statewide Database for Michigan Twins. Agreeing to participate in this database **in no way obligates** you or your twin to participate in future studies; it simply indicates that you are willing to be contacted to learn about future studies and determine your 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 address than what was used to contact you for this study, please do so here:

New Address: _____

Please mark ONE of the two options below:

- 1) If you are a member of an opposite-sex twin pair (i.e., a male and a female), check here _____. **Please skip to Item G below.**
- 2) If you are a member of a same-sex twin pair (i.e., either two males or two females), check here _____. **Please complete remainder of Section I (A through H).**

How does your natural eye and natural hair color compare with your twin's?

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

Even identical twins sometimes 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. During your childhood, were you and your twin as alike as "two peas in a pod" or were you no more alike in appearance than ordinary sisters or brothers?
1 = Like "two peas" 2 = Ordinary likeness 3 = Quite unlike
- D. When you were school age, were you similar enough in appearance that people had difficulty telling you apart?
1 = Never 2 = Sometimes 3 = Even family members had difficulty
- E. Could you ever have fooled friends or family by pretending to be your twin?
1 = Yes 2 = Maybe 3 = No
- F. Do you think you and your twin are:
1 = Identical 2 = Fraternal
- G. How often do you talk to your twin now, either by phone or in person?
1 = We live together 2 = Daily 3 = Weekly 4 = Monthly
5 = On holidays 6 = Seldom 7 = Never
- H. How often do you exchange text messages or e-mail with your twin?
1 = Daily 2 = Weekly 3 = Monthly 4 = Yearly 5 = Very seldom, less than yearly

II. YOUR PRESENT CIRCUMSTANCES

- A. Marital Status
1 = Married 2 = Divorced 3 = Widowed 4 = Never Married 5 = Engaged 6 = Committed Relationship
- B. If now married or in a committed relationship, how many years? _____
- C. Is your spouse or partner a twin? 1 = Yes 2 = No 3 = N/A
- D. How many times have you been married?
0 1 2 3 4 5 or more
- E. How many times have you been divorced?
0 1 2 3 4 5 or more

VI. FAMILY HEALTH SURVEY

- A. Your current height in feet and inches..... ____Ft. ____In.
- B. Your current weight in pounds..... ____Lbs.
- C. Your birth weight in pounds and ounces..... ____Lbs. ____Oz.
- D. Were you conceived with the aid of fertility treatment/medications (e.g., Clomid, IVF, etc.)?
 1 = Yes 2 = No 3 = I don't know
- E. Were you conceived through an egg donor?
 1 = Yes 2 = No 3 = I don't know
- F. Were you conceived through a sperm donor?
 1 = Yes 2 = No 3 = I don't know
- G. Did your biological or birth mother smoke during a pregnancy?
 1 = Yes 2 = No 3 = I don't know
- H. Were either you or your twin born with a birth defect or congenital malformation?
 You? 1 = Yes 2 = No (If "Yes", please describe: _____
 _____)
 Your Twin? 1 = Yes 2 = No (If "Yes", please describe: _____
 _____)
- I. Are you currently taking any prescription medications (including hormonal contraceptives)?
 1 = Yes 2 = No (If "Yes", specify what medications and for what conditions: _____
 _____)

J. 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 you were adopted

	You	Your Twin	Any Biological 1ST Degree Relative (Other than your twin - e.g., parent or non- twin sibling)	Any Biological 2ND Degree Relative (e.g., aunt, grandparent)
1. Alcoholism.....	_____	_____	_____	_____
2. Asthma.....	_____	_____	_____	_____
3. Attention disorder (ADD/ADHD).....	_____	_____	_____	_____
4. Cerebral Palsy.....	_____	_____	_____	_____
5. Drug Abuse.....	_____	_____	_____	_____
6. Conduct disorder or delinquency.....	_____	_____	_____	_____
7. Depression.....	_____	_____	_____	_____

	You	Your Twin	Any Biological 1ST Degree Relative (Other than your twin - e.g., parent or non-twin sibling)	Any Biological 2ND Degree Relative (e.g., aunt, grandparent)
8. Oppositional Defiant Disorder.....	_____	_____	_____	_____
9. Antisocial Personality Disorder.....	_____	_____	_____	_____
10. Borderline Personality Disorder.....	_____	_____	_____	_____
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.....	_____	_____	_____	_____
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. Smoker? (X = Yes).....	_____	_____	_____	_____
37. Smoked during a pregnancy? (X = Yes)..	_____	_____	n/a	n/a

	You	Your Twin	Any Biological 1ST Degree Relative (Other than your twin - e.g., parent or non-twin sibling)	Any Biological 2ND Degree Relative (e.g., aunt, grandparent)
38. Ever convicted of a felony? (X = Yes)...	_____	_____	_____	_____
39. Ever involved in dance, cheer, gymnastics, or figure skating for 1 year or more? (X = Yes)	_____	_____	_____	_____
40. Right-handed? (X = Yes).....	_____	_____	n/a	n/a
41. Any other chronic illness or disability not listed above for each family member? (X = Yes)	_____	_____	_____	_____

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

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

	You			Your Twin		
	Not true	Somewhat/ occasionally true	Certainly/ frequently true	Not true	Somewhat/ occasionally true	Certainly/ frequently true
1. I have taken a bicycle belonging to an unknown person and kept it	0	1	2	0	1	2
2. My body weight and/or shape influence how I think about (judge) myself as a person.....	0	1	2	0	1	2
3. I wish to be as happy as others seem to be...	0	1	2	0	1	2
4. If somebody hits me, I hit back.....	0	1	2	0	1	2
5. I am very dissatisfied with my body weight or shape	0	1	2	0	1	2
6. I smash, slash, or damage things (this includes writing and spray painting things) in public places	0	1	2	0	1	2
7. I have threatened people that I know.....	0	1	2	0	1	2
8. I am calm, cool, and collected.....	0	1	2	0	1	2
9. I have a definite fear of gaining weight or of becoming fat	0	1	2	0	1	2
10. I steal things from small shops or stores (while the store is open).....	0	1	2	0	1	2
11. I feel happy.....	0	1	2	0	1	2
12. I have a strong desire to lose weight.....	0	1	2	0	1	2
13. Given enough provocation, I may hit another person.....	0	1	2	0	1	2
14. I constantly fidget or squirm.....	0	1	2	0	1	2
15. I feel fat.....	0	1	2	0	1	2

	You			Your Twin		
	Not true	Somewhat/ occasionally true	Certainly/ frequently true	Not true	Somewhat/ occasionally true	Certainly/ frequently true
16. I feel secure.....	0	1	2	0	1	2
17. I deliberately litter the streets or sidewalks by smashing bottles, tipping trash cans, etc.	0	1	2	0	1	2
18. I vomit, use water pills or laxatives to control my weight.....	0	1	2	0	1	2
19. I feel content.....	0	1	2	0	1	2
20. I have become so mad that I have broken things.....	0	1	2	0	1	2
21. I feel guilty about what I eat because of the effect on my body weight and/or shape.....	0	1	2	0	1	2
22. I think things out before acting	0	1	2	0	1	2
23. I eat lots of food and feel like I can't stop...	0	1	2	0	1	2
24. There are people who have pushed me so far that we came to blows.....	0	1	2	0	1	2
25. I diet to control my weight.....	0	1	2	0	1	2

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

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

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 your parents' names at the time of your birth 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 your birth certificate. Please list this information even if the name has not changed.

Mother / Parent A: _____
 First Middle Last

Father / Parent B: _____
 First Middle Last

Comments

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

Thank you for your time!