

PARENT QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire.
All your answers are strictly confidential.

Please indicate your answers with a cross using a BLACK pen.

Please feel free to contact us by phone or email:
Freephone TEDS: 0800 317 029 / Email: TEDS@iop.kcl.ac.uk

Please confirm: Your name Today's date

<i>Day</i>	<i>Month</i>	<i>Year</i>

the ELDER twin's name

the YOUNGER twin's name

ABOUT YOU AND YOUR FAMILY

What is your relationship to the twins?

Birth mother <input type="checkbox"/>	Natural/biological father <input type="checkbox"/>	Grandmother <input type="checkbox"/>
Stepmother <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Grandfather <input type="checkbox"/>
Foster mother <input type="checkbox"/>	Foster father <input type="checkbox"/>	Other <input type="checkbox"/>

If other, please describe:

Do you currently live with a partner/spouse? Yes No

If YES, please tell us his/her name:

First Name..... Last Name.....

And what is his/her relationship to the twins?

Birth mother <input type="checkbox"/>	Natural/biological father <input type="checkbox"/>	Grandmother <input type="checkbox"/>
Stepmother <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Grandfather <input type="checkbox"/>
Foster mother <input type="checkbox"/>	Foster father <input type="checkbox"/>	Other <input type="checkbox"/>

If other, please describe:

If he/she is NOT a natural parent of the twins for how long has he/she been living in the family?

Under 6 months <input type="checkbox"/>	6 months to 1 year <input type="checkbox"/>	1 to 2 years <input type="checkbox"/>
2 to 3 years <input type="checkbox"/>	3 to 4 years <input type="checkbox"/>	Over 4 years <input type="checkbox"/>

Do the twins have any brothers or sisters? Yes No

If you have answered No, please skip to Other Adults section on page 2.

Please give their name(s) and date of birth below, starting with the youngest:

Child's name	Date of Birth			Male	Female
	<i>Day</i>	<i>Month</i>	<i>Year</i>		
.....				<input type="checkbox"/>	<input type="checkbox"/>

Does this child have the same parents as the twins?

Both parents the same Same mum Same dad No parent the same

Next child's name

Date of Birth

Day Month Year

Male Female

.....

Does this child have the same parents as the twins?
 Both parents the same Same mum Same dad No parent the same

Next child's name

Date of Birth

Day Month Year

Male Female

.....

Does this child have the same parents as the twins?
 Both parents the same Same mum Same dad No parent the same

Next child's name

Date of Birth

Day Month Year

Male Female

.....

Does this child have the same parents as the twins?
 Both parents the same Same mum Same dad No parent the same

If you do not have enough space, please give the same information about the twins' other brothers and sisters here:

Other Adults

Are there any other adults living in the household, apart from yourself and your spouse/partner?

Yes No

If YES, please describe below who this person is and how long they have been living with your family

Person who lives in your household:

How long have they been living there?

Under 6 months 6 months to 1 year 1 to 2 years
 2 to 3 years 3 to 4 years Over 4 years

Please can you tell us your marital status at the present time? Are you.....

Please mark one box only

<input type="checkbox"/> married to the natural parent of the twins?	<input type="checkbox"/> divorced?
<input type="checkbox"/> married to someone else?	<input type="checkbox"/> separated?
<input type="checkbox"/> cohabiting with the parent of twins?	<input type="checkbox"/> widowed?
<input type="checkbox"/> cohabiting with someone else?	<input type="checkbox"/> unmarried?

Now we would like to ask you a little more about the adults living in the household. Some of you may have given us this information before. If so, we apologise for asking you again. We do this because things may have changed over the years for some people and we would like to be as accurate as possible in our research.

At the moment are you:

Please mark one item only.

a full time parent?	<input type="checkbox"/>	<i>If so, please go to Qualifications on next page</i>
working full time?	<input type="checkbox"/>	<i>If so, please go to Work section on next page</i>
working part time?	<input type="checkbox"/>	<i>If so, please go to Work section on next page</i>
studying for a qualification?	<input type="checkbox"/>	<i>If so, please go to Qualifications on next page</i>
unemployed/on a government benefit?	<input type="checkbox"/>	

If you are currently unemployed/on a government benefit, please tell us for how long:

Less than 3 months 3 to 6 months 7 to 11 months
1 to 2 years Over 2 years Now please go to Qualifications below

If you are working full-time or part-time, what is your full job title?

What business or industry is your job in?.....

Are you self-employed or do you work for an employer? Self-employed Work for an employer

If you are self-employed, do you have any employees? Yes No

If YES, can you specify how many employees you have?

4 employees or less 5 to 9 employees
10 to 19 employees 20 employees, or more

If you are employed by a business/company, would you describe yourself as a:

Manager Supervisor/Foreman
Trainee Employee

If applicable, could you confirm the number of people you are responsible for?

4 or less workers 5 to 9 workers
10 to 19 workers 20 workers, or more

How many hours do you work a week?

5 to 19 hours a week 20 to 29 hours a week 30 to 39 hours a week
40 to 49 hours 50 to 59 hours a week 60 hours or more a week

Qualifications

Do you have any educational qualifications? Yes No

If YES, could you confirm your HIGHEST level of qualification?

- 1 to 4 O levels/CSE's/GCSE's/Standards (any grades)
- 5+ O levels/5+ CSE's (grade 1), 5+ GCSE's (grades A to C)
- 1 A level or AS Level
- 2 or more A levels, 4+ AS levels, or any Higher School Certificates
- First Degree (e.g. BA, BSc)
- Higher Degree (e.g. MA, PhD, PGCE, post-graduate certificates/diplomas)
- Other qualifications (e.g. City and Guilds, RSA, BTEC, HNC, HND, Professional qualification)

If 'Other qualifications', please specify:

The following questions are about your PARTNER/SPOUSE'S education and work.

At the moment is he/she: **Please mark one item only**

- Full time parent? If so, please go to Partner Qualifications on next page
- Working full time? If so, please go to Partner Work section on next page
- Working part time? If so, please go to Partner Work section on next page
- Studying for a qualification? If so, please go to Partner Qualifications on next page
- Unemployed/on a government benefit?

If he/she is currently unemployed/on a government benefit, please specify for how long:

Less than 3 months 3 to 6 months 7 months to 1 year
1 to 2 years Over 2 years Now please go to Partner Qualifications below

If your partner/spouse is working full-time or part-time, could you specify his/her job title?

.....

What business or industry is their job in?

Is he/she self-employed or does he/she work for an employer? Self-employed Work for an employer

If he/she is self-employed, do he/she has any employees? Yes No

If YES, how many employees are there?

4 or less employees 5 to 9 employees
10 to 19 employees 20 employees, or more

If your partner/spouse is employed by a business/company, would you describe him/her as a:

Manager Supervisor/Foreman
Trainee Employee

If applicable, could you confirm the number of people he/she is responsible for?

4 or less workers 5 to 9 workers
10 to 19 workers 20 workers, or more

How many hours does he/she work a week?

5 to 19 hours a week 20 to 29 hours a week 30 to 39 hours a week
40 to 49 hours a week 50 to 59 hours a week 60 hours a week or more

Partner Qualifications

Does he/she have any educational qualifications? Yes No

If YES, could you confirm his/her HIGHEST level of qualification? (Mark one box only)

1 to 4 O levels/CSE's/GCSE's/Standards (any grades)
 5+ O levels/5+ CSE's (grade 1), 5+ GCSE's (grades A to C)
 1 A level or AS Level
 2 or more A levels, 4+ AS levels, or any Higher School Certificates
 First Degree (e.g. BA, BSc)
 Higher Degree (e.g. MA, PhD, PGCE, post-graduate certificates/diplomas)
 Other qualifications (e.g City and Guilds, RSA, BTEC, HNC, HND, Professional qualification)

If 'Other qualifications', please specify:.....

Now we would like to ask you briefly about your financial situation.

Have there been any major changes or difficulties in your financial circumstances over the last three years? Yes No

If YES, would you describe your financial situation as?

Better Worse Same

We would now like to focus on the TWINS. Here are some descriptions of children Please tell us if you think that each statement is CERTAINLY TRUE, SOMEWHAT TRUE or NOT TRUE for each twin in turn. When you answer, think about their behaviour over the last school year or so. It would be really helpful if you answered all items as best you can, even if you are not absolutely certain or the item seems daft!

To answer the question for the ELDER twin, please put a cross in the appropriate box on the first line. The boxes for the YOUNGER twin are on the line below it.

		Certainly True	Somewhat True	Not True
Notices small details others might miss	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not show feelings or emotions	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is afraid of medical procedures such as going to see the doctor or dentist	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of other people's feelings	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insists on doing something over and over so that it interferes with day to day life	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is afraid of animals or insects (like dogs, spiders, snakes, or insects)	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is concerned about how well he/she does at school	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly refuses or resists sleeping alone	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears or easily scared	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels bad or guilty when he/she does something wrong	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Certainly True	Somewhat True	Not True
Doesn't enjoy him/herself	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty completing one activity before changing to another	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH

Now, we would like to ask you a little about the general health of the twins.

Do either of the twins have any diagnosed chronic illness or physical disability?

Elder twin Younger twin Neither twin

If either do, could you specify the condition for each twin affected:

You may mark as many items as you need to.

	Elder Twin	Younger Twin
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Down's syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked the "Other" box, please describe:

Elder twin.....

Younger twin.....

Does either of the twins suffer from any kind of chronic skin complaint, asthma or allergy?

Elder twin Younger twin Neither twin

If YES, please specify for each twin affected: Mark as many as apply.

	Elder Twin	Younger Twin
Skin complaint	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>

Has either twin ever had any difficulties with their HEARING at all?

Elder twin Younger twin Neither twin
If neither child has had any difficulties, please skip to the Talking section on the next page

If YES, please tell us, using the categories below:

Please only mark one. If several apply, please mark the difficulty you consider to be most severe.

	Elder Twin	Younger Twin
Permanent hearing loss diagnosed in one ear	<input type="checkbox"/>	<input type="checkbox"/>
Permanent hearing loss diagnosed in both ears	<input type="checkbox"/>	<input type="checkbox"/>
Ear infections/glue ear/grommets	<input type="checkbox"/>	<input type="checkbox"/>
Profoundly deaf	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe:

Elder twin.....
 Younger twin.....

Talking

Have you, or anyone else ever thought that either of the twins may have any difficulties with TALKING?

Elder twin Younger twin Neither twin

If neither child has had any difficulties, please skip to the Sounds section on the next page.

If YES, which twin was it and what was/is the difficulty?

Please only mark one. If several apply please indicate the one you consider to be most severe.

	Elder Twin	Younger Twin
Slow to develop	<input type="checkbox"/>	<input type="checkbox"/>
Stammer/stutter	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate	<input type="checkbox"/>	<input type="checkbox"/>
Problems with pronouncing words	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe:

Elder twin.....
 Younger twin.....

If difficulties in speech have been reported, did the twin(s) have any speech therapy?

Elder Twin	Yes, a course <input type="checkbox"/>	Yes, just one visit <input type="checkbox"/>	No <input type="checkbox"/>
Younger Twin	Yes, a course <input type="checkbox"/>	Yes, just one visit <input type="checkbox"/>	No <input type="checkbox"/>

If YES, how old was s/he when the speech therapy started?

Elder Twin	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years
	<input type="checkbox"/> 5 years	<input type="checkbox"/> 6 years	<input type="checkbox"/> 7 years
Younger Twin	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years
	<input type="checkbox"/> 5 years	<input type="checkbox"/> 6 years	<input type="checkbox"/> 7 years

How long approximately did the speech therapy go on?

Elder Twin	<input type="checkbox"/> One single visit	Younger Twin	<input type="checkbox"/> One single visit
	<input type="checkbox"/> 2 to 5 months treatment		<input type="checkbox"/> 2 to 5 months treatment
	<input type="checkbox"/> 6 to 12 months treatment		<input type="checkbox"/> 6 to 12 months treatment
	<input type="checkbox"/> Over a year of treatment		<input type="checkbox"/> Over a year of treatment

Sounds

Does either twin ever make repeated involuntary noises other than ordinary talking (e.g. grunts, throat clearing, or saying words or parts of words)?

Elder twin Younger twin Neither twin

If you have answered YES, please provide more details, using the boxes below. How often does it happen?

Elder Twin Sometimes Often
Please describe the noise:

Younger Twin Sometimes Often
Please describe the noise:

Does either of the twins have any ongoing difficulties with wetting or soiling?

Elder twin Younger twin Neither twin

If YES, please specify which twin has difficulties and what is the problem?

Elder Twin Wets bed at night Younger Twin Wets bed at night
 Wets self during day Wets self during day
 Soils self Soils self

Does either twin have repeated tics or twitches (e.g. forceful eye blinking or a rapid head jerk)?

Elder twin Younger twin Neither twin

If you have answered YES, please provide more details, using the boxes below. How often does it happen?

Elder Twin Sometimes Often
Please describe the tic:

Younger Twin Sometimes Often
Please describe the tic:

Has either twin ever had a fit (e.g. seizure, convulsion) or blank spell (sometimes called an "absence")?

Elder twin Younger twin Neither twin

If YES, did this occur when s/he had a temperature or was otherwise unwell?

Elder Twin Yes No Younger Twin Yes No

Has either twin been admitted (i.e. as an in-patient) to hospital the last THREE years because of a serious illness or other medical condition?

Elder twin Younger twin Neither twin

If YES, how many times ?

Elder twin 1-3 times Younger twin 1-3 times
 4-6 times 4-6 times
 7-9 times 7-9 times
 10 times, or more 10 times, or more

And how long was the longest stay?

Elder Twin 1 night 2 to 4 nights 5 to 6 nights
 7 nights 8 to 10 nights 11 to 14 nights
 Over 2 weeks

Younger Twin 1 night 2 to 4 nights 5 to 6 nights
 7 nights 8 to 10 nights 11-14 nights
 Over 2 weeks

Have any other members of the family been in hospital over the last three years?

Mother 1 night 2 to 4 nights 5 to 6 nights
 7 nights 8 to 10 nights 11 to 14 nights
 Over 2 weeks

Father/Partner 1 night 2 to 4 nights 5 to 6 nights
 7 nights 8 to 10 nights 11 to 14 nights
 Over 2 weeks

Sibling 1 night 2 to 4 nights 5 to 6 nights
 7 nights 8 to 10 nights 11 to 14 nights
 Over 2 weeks

Does either twin complain of stomach-aches, headaches or sickness and if so, how often?

Elder Twin Never Sometimes Often

Younger Twin Never Sometimes Often

If YES, what does s/he complain of? Please mark all that apply

Elder Twin	<input type="checkbox"/> Stomach-ache	Younger Twin	<input type="checkbox"/> Stomach-ache
	<input type="checkbox"/> Headache		<input type="checkbox"/> Headache
	<input type="checkbox"/> Vomiting		<input type="checkbox"/> Vomiting

Does either twin ever complain of other symptoms such as dizziness, aches and pains or unusual tiredness?

Elder twin Younger twin Neither twin

If YES, what does s/he complain of and how often? Please mark as many items as you need to. If neither child experiences these symptoms, please go to the Growing Twins section on the next page.

Elder Twin

	Sometimes	Often		Sometimes	Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If "Other", please describe: Elder twin:

Younger Twin

	Sometimes	Often		Sometimes	Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tiredness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If "Other", please describe: Younger twin:

If you have told us that either twin has had any of the symptoms above, please tell us if they have got in the way of activities (e.g. going to school)?

Elder twin

Younger twin

Neither twin

Growing Twins

Please can you tell us the twins' weight and height? Feel free to tell us in metric (kilograms and centimetres) or imperial (stones, pounds, feet and inches). Please write clearly.

Elder Twin	Weight	<input type="text"/>	st	<input type="text"/>	<input type="text"/>	lbs	OR	<input type="text"/>	<input type="text"/>	kg
	Height	<input type="text"/>	ft	<input type="text"/>	<input type="text"/>	ins	OR	<input type="text"/>	<input type="text"/>	cms
Younger Twin	Weight	<input type="text"/>	st	<input type="text"/>	<input type="text"/>	lbs	OR	<input type="text"/>	<input type="text"/>	kg
	Height	<input type="text"/>	ft	<input type="text"/>	<input type="text"/>	ins	OR	<input type="text"/>	<input type="text"/>	cms

BEING A PARENT

Now we would like you to think bit about what it's like being a parent. We are assuming that the twins misbehave sometimes. Breaking rules, fighting and things like that?

We're interested in the kind of things that you do when this happens. Below are descriptions of some things parents do to help their children behave well. When answering the following questions, please think about the twins individually because sometimes different children need a different approach.

Do you talk about good and bad behaviour, explain why or reason with the ELDER twin?
How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rarely means once a month or less,
Sometimes means weekly or so,
Often means more than once a week.

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever restrain or smack the ELDER twin?
How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever send the ELDER twin to her/his room or withdraw privileges? How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever raise your voice or shout at the ELDER twin? How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you ever ignore the ELDER twin when he/she is misbehaving? How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use praise and rewards for good behaviour with the ELDER twin? How often do you do this?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you do this more or less often with the YOUNGER twin?

<i>Less</i>	<i>Same</i>	<i>More</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some more of the descriptions of behaviour you met earlier. As before, we would like you to tell us if they are **CERTAINLY TRUE**, **SOMEWHAT TRUE** or **NOT TRUE** of each of the twins.

		Certainly True	Somewhat True	Not True
Easily distracted or concentration wanders	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often makes comments critical of him/herself	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has odd style of communication; old-fashioned, formal, or pedantic	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braggs about accomplishments	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to check that some things are done exactly 'right'	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often says things that are embarrassing for others, without realising	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complains or whines a lot	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others such as parents, teachers, other children.	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is afraid of small closed spaces, heights, water or the dark	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has unusual eye gaze, facial expression, or gestures	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary or tends to play alone	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fussy about keeping his/her hands clean	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is extremely distressed by changes to routine or familiar arrangements	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her emotions seem shallow and not genuine	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient or usually does what adults request	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases other people	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has low self-confidence	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEING A PARENT OF TWINS

Here are some questions about how it feels to be a parent of twins. Every parent experiences all sorts of positive and negative feelings towards their children. We would like to ask you about some of the feelings that parents commonly have. There are no wrong or right answers.

Do you ever feel impatient with the elder twin? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rarely means once a month or less, Sometimes means weekly or so, Often means more than once a week.			
Do you feel impatient with the younger twin more or less often?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you generally feel quite happy about your relationship with the elder twin? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you amused by the elder twin? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the elder twin ever make you feel frustrated? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you ever wish the elder twin would leave you alone? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the elder twin ever make you angry? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel close to the elder twin? How often do you feel this way?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel this more or less often with the younger twin?	<i>Less</i>	<i>Same</i>	<i>More</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION

Now we would like to ask you a few general questions about the twins and their education and experiences over the last few years.

Do the twins go to school?

Elder twin Younger twin Neither twin

Are the twins in the same class or in different classes?

Same class Different classes

If you have told us that we may contact the school, please can you confirm the names of the school and their teacher.

Elder Twin: School:
Teacher:

Younger Twin: School:
Teacher:

How do the twins usually feel about going to school?

	<i>Very negative</i>	<i>Quite negative</i>	<i>No real effect</i>	<i>Quite Positive</i>	<i>Very positive</i>
Elder Twin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger Twin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does either of the twins have any difficulties with their learning?

Elder twin Younger twin Neither twin

If YES, what is the difficulty that each twin has? You may mark as many items as you need to.

	Elder Twin	Younger Twin
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Restless, has difficulties concentrating and finishing tasks	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed hyperactivity/Attention deficit disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in learning to read/dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in learning to write	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in fine/gross motor skills/co-ordination	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in maths	<input type="checkbox"/>	<input type="checkbox"/>
Any other learning difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
If other, please describe:		
<i>Elder twin</i>		
<i>Younger twin</i>		

If you have told us that your twins have ever had any chronic disease, physical disability, speech, hearing, other health problems, or any learning problems at all, please answer the following questions:

Does either twin have a Statement of Special Educational Needs (SEN)?

Elder twin Younger twin Neither twin

Is either twin currently having a full assessment made of Special Educational Needs?

Elder twin Younger twin Neither twin

Is either twin receiving any extra support to help them get on better in school?

Elder twin Younger twin Neither twin

If NO, Please go to the Time Off section on the next page.

If YES, what kind of help are they getting?

	Elder Twin	Younger Twin
One to one support from a classroom assistant/volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Extra teaching help one to one or in a small group	<input type="checkbox"/>	<input type="checkbox"/>
Input from a professional such as a psychologist/child psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Any kind of programme to help them get on better at school (e.g. Individual Education Plan [IEP], behaviour management programme)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other, please describe:		
<i>Elder twin</i>		
<i>Younger twin</i>		

Time Off

Has either of the twins had any time off school in the last full term?

Elder twin Younger twin Neither twin

If YES, for how long? (Please think about it in terms of school days missed)

Elder Twin	<input type="checkbox"/>	1 day	Younger Twin	<input type="checkbox"/>	1 day
	<input type="checkbox"/>	2 to 4 days		<input type="checkbox"/>	2 to 4 days
	<input type="checkbox"/>	5 to 10 days		<input type="checkbox"/>	5 to 10 days
	<input type="checkbox"/>	11 to 20 days		<input type="checkbox"/>	11 to 20 days
	<input type="checkbox"/>	21 days or more		<input type="checkbox"/>	21 days or more

Now we are going to ask briefly about any changes or events that have had an impact on the family. Thinking back over the last THREE years, could you tell us if any of the following major changes or particular events have occurred?

You may mark as many items as apply.

Hospitalisation of a parent	<input type="checkbox"/>	Yes
Change in financial circumstances	<input type="checkbox"/>	
Death of a parent	<input type="checkbox"/>	
Death of a grandparent	<input type="checkbox"/>	
Birth of a younger brother or sister	<input type="checkbox"/>	
Divorce of natural parents	<input type="checkbox"/>	
Death of a sibling	<input type="checkbox"/>	
Hospitalisation of twin	<input type="checkbox"/>	
New parent figure living in the household	<input type="checkbox"/>	
Prolonged separation from a parent	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If other, please describe:	<input type="checkbox"/>	

Finally, let's go back to thinking about how each twin behaves. Below are some different descriptions , and we would like you to tell us if they seem to be CERTAINLY TRUE, SOMEWHAT TRUE or NOT TRUE of each twin in turn.

		Certainly True	Somewhat True	Not True
Fussy or over particular	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to blame him/herself	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks he/she is more important than others	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is often extremely upset or distressed when parent leaves	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is afraid in social situations	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has difficulty waiting for things	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys 'pretend' games	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to be shy or timid	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a strong interest in an unusual topic	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes angry when corrected	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (such as treats, toys, pencils etc.)	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes a long time to warm to strangers	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seems keyed up, on edge or tense	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can take hints and keep secrets, can be discreet	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks for reassurance that s/he is OK	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence in new situations	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can turn on the charm to get what s/he wants	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious that bad things will happen	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<i>Elder Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Younger Twin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That's the end. Thank you so much for answering so many questions!

We really appreciate your help - we could not do our research without you.