



TEDS Research Centre
Dept. Box No. P083
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London SE5 8YZ

Freephone 0800 317029
Email: teds-project@kcl.ac.uk
Website: www.teds.ac.uk

November 2012

Dear <parent>, <twin 1> and <twin 2>,

We would like to invite you to take part in the TEDS Myopia Study conducted by Dr Katie Williams, working with Professor Robert Plomin of the TEDS study and Professor Chris Hammond of the Department of Ophthalmology at King's College London.

Myopia, or short-sightedness, occurs when the image of a distant object is focused in front of the retina. This results in the observer seeing a blurred image and requires correction in the form of glasses or contact lenses. Myopia is the commonest eye condition worldwide, a leading cause of poor sight and the number of people with the condition is increasing.

We are inviting all TEDS twins to be involved in this study, whether you wear glasses or not. If you agree to take part in this study we will ask two short questions regarding your eyesight and if you wear glasses or contact lenses. We will then ask permission to contact the optician at which your most recent eye test was performed, in order for us to collect accurate data on eye health. **Parents can complete the questionnaire but for the twins now over the age of 16 years we would be grateful if they provide their written consent.**

This study has been approved by King's College London Psychiatry, Nursing and Midwifery Research Ethics Subcommittee **PNM/11/12-140**. To find out more about what taking part involves please read the enclosed information sheet. If you wish to take part then please complete the questionnaire and consent form, which you can return to us in the freepost envelope. **We would be grateful if you would return them to us by October 31st.**

Thank you for your continued support of the Twins Early Development Study.

Yours sincerely,

Professor Robert Plomin

Family ID: <familyid>



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TEDS MYOPIA STUDY CONSENT FORM

REC Reference Number: PNM/11/12-140

Thank you for considering taking part in this research. Please read the attached information sheet for an explanation of what this project involves. If you have any questions arising from the Information Sheet, please contact TEDS before you decide whether to join in. **If you are willing to take part, please tick all five boxes and provide parent and twin signatures below.**

- Yes, I have received and read the invitation letter and information sheet. I agree that I will take part in the TEDS Myopia Study
- I understand that if I decide at any time during the research that I no longer wish to participate in this project, I can notify the researchers involved and withdraw from it immediately without giving any reason. Furthermore, I understand that I will be able to withdraw my data during this study period September 2012 to August 2013
- I consent to the sharing of eye health information between my optician and the researchers
- I consent to the processing of personal information for the purposes explained to me, unidentifiable data being shared with other researchers and identifiable data being accessed only by authorised persons. I understand that such information will be handled in accordance with the terms of the Data Protection Act 1998
- I agree that the research team may use my data for future research and understand that any use of identifiable data would be reviewed & approved by a research ethics committee

Parent's signature (essential for those under the age of 16):

_____ Date: _____

<twin 1>'s signature (essential for those over the age of 16):

_____ Date: _____

<twin 2>'s signature (essential for those over the age of 16):

_____ Date: _____

Family ID: <familyid>



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TEDS Myopia Study: Eyesight Questions

<twin 1>'s Eye Sight:

1. (a) Have you ever had an eyesight test? Yes No
(b) **If yes**, in what year was your last test? _____ (guess if not sure)
(c) Please provide details of the optician (name and town is sufficient) at which you most recently had your eyes tested, **even if you do not wear glasses or contact lenses**

Name: _____

Address: _____

Phone number: _____

2. (a) Have you ever worn
(i) glasses? Yes No
(ii) contact lenses? Yes No
(b) **If yes**, at what age did you first start wearing glasses or contact lenses? _____ years

<twin 2>'s Eye Sight:

1. (a) Have you ever had an eyesight test? Yes No
(b) **If yes**, in what year was your last test? _____ (guess if not sure)
(c) Please provide details of the optician (name and town is sufficient) at which you most recently had your eyes tested, **even if you do not wear glasses or contact lenses**

Name: _____

Address: _____

Phone number: _____

2. (a) Have you ever worn
(i) glasses? Yes No
(ii) contact lenses? Yes No
(b) **If yes**, at what age did you first start wearing glasses or contact lenses? _____ years

Family ID: <familyid>