

# Junior Health & Lifestyle Questionnaire



## Contents

<b>S0</b>	Relationship	2	<b>S15</b>	Living arrangements	5
<b>S1</b>	Birth Order	2	<b>S16–19</b>	Education (1–4)	5
<b>S2</b>	Peas-in-a-Pod questionnaire	2	<b>S20</b>	Income, occupation	6
<b>S3</b>	Zygoty knowledge	2	<b>S20B</b>	Country of birth	6
<b>S4</b>	Zygoty importance	2	<b>S21</b>	Language & Aboriginal and/or Torres Strait Islander status	6
<b>S5</b>	Family	3	<b>S23</b>	General Health	6
<b>S6</b>	Handedness	3	<b>S24–33</b>	Medical conditions (1–7)	7–8
<b>S7</b>	Pregnancy vitamins	3	<b>S34</b>	Other health conditions	8
<b>S8</b>	Pregnancy complications	3	<b>S35–36</b>	Vision(1–2)	8
<b>S9</b>	Assisted reproductive technology	3	<b>S37</b>	Hearing	9
<b>S10</b>	Birth	4	<b>S38</b>	Speech	9
<b>S11</b>	Birth weight	4	<b>S39</b>	Household smoking	9
<b>S12</b>	Current weight	4	<b>S40</b>	General comments	9
<b>S13</b>	Birth length	4			
<b>S14</b>	Current height	4			

### Please note:

The content in this document reflects the content of the TRA Junior Health and Lifestyle Questionnaire. Differences between this version and the online version available to twin participants include:

- Layout of the online questionnaire.
- Sections of this document represent pages of the online questionnaire.
- Section headings and question numbers in this document are not visible to online participants.
- Conditional logic which is written in this document is automated in the online questionnaire.
- Study PLS, consent and instructions on how to use the online survey are not included in this document.
- Country list used for section 14 is not included in this document.
- Asterisks indicate mandatory questions.

## Note

Some questions in this survey ask about each twin separately. So that we know which twin you are referring to, we ask you to tell us who is the first born and second born twin. We will link the names you provide to their ATR Twin ID number. After that we will delete their names from the questionnaire and store the data without identifying details. We understand that not all children are raised by their biological parents but at this stage, when asking about parents, we are seeking information only about the biological parents of your twin children.

## S0: Relationship

**0.1 \*What is your relationship to the twins?** Please choose only one of the following:

- Biological Mother     Biological Father     Other: \_\_\_\_\_

## S1: Birth order

These next questions ask about the birth order of your twins. If you do not know the birth order of your twin children please choose who you will refer to as the first born and who as the second born. It is important to be consistent in who you refer to as the first or second born twin throughout the survey.

**1.1 \*Do you know who was the first born and who was the second born twin?**

Please choose only one of the following:

- Yes     No     Don't know/Prefer not to answer

**1.2 \*What is the given name of the first born twin?**

Please write your answer here: \_\_\_\_\_

**1.3 \*What is the given name of the second born twin?**

Please write your answer here: \_\_\_\_\_

**1.4 \*Are your twin children the same sex?**

Please choose only one of the following:

- Yes     No → S5  
 Don't know/Prefer not to answer → S5

## S2: Peas-in-a-Pod questionnaire

The following questions ask how alike your twins children were when "about one year of age".

**2.1 Were your twin children "as alike as two peas in a pod"?** Please choose only one of the following:

- As alike as two peas in a pod  
 Usual sibling similarity     Quite different

**2.2 Were they mixed up at that age?**

Please choose only one of the following:

- Yes, very often     Now and then     Never

**2.3 By whom were they mixed up?**

Please choose all that apply:

- Parents     Relatives or neighbours  
 Others     Nobody

## S3: Zygosity knowledge

**3.1 \*Do you think your twin children are identical or non-identical?** Please choose only one of the following:

- Identical (monozygotic)     Non-identical (dizygotic)  
 Don't know/Prefer not to answer

Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike that people often mistake one for the other, especially during their childhood.

**3.2 \*Why do you think they are identical or non-identical?** Please choose all that apply:

[All responses skip to Q3.4 except 'Zygosity test (DNA)']

- Advice from doctor     They look identical  
 Zygosity test (DNA)     Same placenta  
 They do not look identical     Other: \_\_\_\_\_  
 Don't know/prefer not to answer

**3.3 \*What was the result of the DNA test?**

Please choose only one of the following:

- Identical (one egg, monozygotic)  
 Non-identical (two eggs, dizygotic)  
 Undeterminable  
 I have not received the result yet

**3.4 \*When your twin children were born, was the placenta(s) shared or separate?**

Please choose only one of the following:

- Shared     Separate  
 Separate but they were joined  
 Don't know / Prefer not to answer

## S4: Zygosity importance

**4.1 \*How important is it to know whether your twin children are genetically identical or not?**

Please choose only one of the following:

- Extremely important     Somewhat important  
 Not important     Don't know/Prefer not to answer

**4.1 Why do you feel this way?**

Please write your answer here:

\_\_\_\_\_

\_\_\_\_\_

*This refers to the importance you place on knowing whether your twins are identical or not.*

## S5: Family

### 5.1 \*Are there any other twins in your family?

Please choose all that apply:

- Yes, the twins' immediate family (brothers, sisters, parents)     Yes, the twins' extended family (grandparents, aunts, uncles, cousins)  
 No     Don't know/prefer not to answer

### 5.2 Apart from each other, how many biological brothers and sisters do your twin children have?

Please write your answer(s) here:

Biological brothers: \_\_\_\_\_

Biological sisters: \_\_\_\_\_

## S6: Handedness

### 6.1 \*With which hand does the first born twin usually do the following things?

Please choose the appropriate response for each item:

	Left	Either	Right	Unsure
Write	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throw a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brush their teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 6.2 \*With which hand does the second born twin usually do the following things?

Please choose the appropriate response for each item:

	Left	Either	Right	Unsure
Write	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throw a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brush their teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S7: Pregnancy vitamins

We acknowledge that in some families, the women who carried the twins is not identified as their mother, particularly in the context of surrogacy. For the following questions about the pregnancy and birth, please take "mother" to represent the woman who carried the twins during pregnancy.

### 7.1 How long was the pregnancy with these twins?

Please write your answer(s) here:

Weeks: \_\_\_\_\_ Days: \_\_\_\_\_

### 7.2 \*In the year before the mother of the twins became pregnant, did she take any vitamins or supplements? Please choose only one of the following:

- Yes     No → Q7.4  
 Don't know/Prefer not to answer → Q7.4

### 7.3 \*Which vitamins or supplements did the mother of the twins take?

Please choose all that apply:

- Folate/folic acid tablets     Multi-vitamins  
 Don't know/Prefer not to answer     Other: \_\_\_\_\_

### 7.4 \*During the pregnancy, did the mother of the twins take any vitamins or supplements?

Please choose only one of the following:

- Yes     No → S8  
 Don't know/Prefer not to answer → S8

### 7.5 \*Which vitamins or supplements did the mother of the twins take? Please choose all that apply:

- Folate/folic acid tablets     Multi-vitamins  
 Don't know/Prefer not to answer     Other: \_\_\_\_\_

## S8: Pregnancy complications

### 8.1 \*During this pregnancy did the mother of the twins experience any of the following complications?

Please choose all that apply:

- Bleeding requiring bed rest     Threatened miscarriage (under 20 weeks)     Urinary tract infection  
 Pre-eclampsia (toxaemia)     High blood pressure     Gestational diabetes  
 Placenta praevia     Premature rupture of membranes     None of the above  
 Don't know/Prefer not to answer     Other: \_\_\_\_\_

## S9: Assisted reproductive technology

### 9.1 \*Were your twins conceived with the help of an assisted reproductive technology?

Please choose only one of the following:

- Yes     No → S10  
 Don't know/Prefer not to answer → S10

### 9.2 \*What type of assisted reproductive technology, IVF or other fertility treatment was used?

Choose all that apply [all responses skip to S10 except 'IVF']

- IVF     Artificial insemination  
 Fertility drugs     Don't know/Prefer not to answer

### 9.3 \*Which IVF treatment was used?

Please choose all that apply:

- ICSI (Intracytoplasmic sperm injection)  
 GIFT (Gamete intrafallopian transfer)  
 Don't know / Prefer not to answer

---

## S10: Birth

### 10.1 \*How were the twins delivered?

Please choose only one of the following:

- Natural delivery     Caesarean section  
 Don't know/Prefer not to answer

### 10.2 \*For this birth, was the mother induced?

Please choose only one of the following:

- Induced     Not induced  
 Don't know/Prefer not to answer

### 10.3 \*Were any birth defects detected in the first born twin? Please choose only one of the following:

- Yes     No → Q10.5  
 Don't know/Prefer not to answer → Q10.5

### 10.4 What birth defects were detected in the first born twin? Please write your answer here: \_\_\_\_\_

### 10.5 \*Were any birth defects detected in the second born twin? Please choose only one of the following:

- Yes     No → S11  
 Don't know/Prefer not to answer → S11

### 10.6 What birth defects were detected in the second born twin? Please write your answer here: \_\_\_\_\_

---

Q2–5 of S11–14 have note: "If you are unsure, please enter an approximate weight as this is still useful information."

## S11: Birth weight

### 11.1 We would like to ask about the weight of your twin children at birth. Which unit would you prefer to use?

Please choose only one of the following:

- Grams    →Q11.2, →Q11.4, →S12  
 Pounds & ounces    →Q11.3, →Q11.5, →S12  
 I don't know the weight of my twins at birth →S12

### 11.2 How much did the first born twin weigh at birth?

Please write your answer(s) here: Grams: \_\_\_\_\_

### 11.3 How much did the first born twin weigh at birth?

Please write your answer(s) here: Pounds: \_\_\_\_\_ Ounces: \_\_\_\_\_

### 11.4 How much did the second born twin weigh at birth?

Please write your answer(s) here: Grams: \_\_\_\_\_

### 11.5 How much did the second born twin weigh at birth?

Please write your answer(s) here: Pounds: \_\_\_\_\_ Ounces: \_\_\_\_\_

---

## S12: Current weight

### 12.1 We would like to ask about the current weight of your twin children. Which unit would you prefer to use?

Please choose only one of the following:

- Kilograms    →Q12.2, →Q12.4, →S13  
 Stones & pounds    →Q12.3, →Q12.5, →S13  
 Don't know / Prefer not to answer    →S13

### 12.2 How much does the first born twin weigh?

Please write your answer(s) here: Kilograms: \_\_\_\_\_

### 12.3 How much does the first born twin weigh? Please write your answer(s) here:

Stones: \_\_\_\_\_  
Pounds: \_\_\_\_\_

### 12.4 How much does the second born twin weigh?

Please write your answer(s) here: Kilograms: \_\_\_\_\_

### 12.5 How much does the second born twin weigh? Please write your answer(s) here:

Stones: \_\_\_\_\_ Pounds: \_\_\_\_\_

---

## S13: Birth length

### 13.1 We would like to ask about the length of your twin children at birth. Which unit would you prefer to use?

Please choose only one of the following:

- Centimeters    →Q13.2, →Q13.4, →S14  
 Inches    →Q13.3, →Q13.5, →S14  
 Don't know / Prefer not to answer    →S14

### 13.2 What was the length of the first born twin at birth?

Please write your answer(s) here: Centimeters: \_\_\_\_\_

### 13.3 What was the length of the first born twin at birth?

Please write your answer(s) here: Inches: \_\_\_\_\_

### 13.4 What was the length of the second born twin at birth? Please write your answer(s) here:

Centimeters: \_\_\_\_\_

### 13.5 What was the length of the second born twin at birth? Please write your answer(s) here:

Inches: \_\_\_\_\_

---

## S14: Current height

### 14.1 We would like to ask about the current height of your twin children. Which unit would you prefer to use? Please choose only one of the following:

- Centimeters    →Q14.2, →Q14.4, →S15  
 Feet & inches    →Q14.3, →Q14.5, →S15  
 Don't know / Prefer not to answer    →S15

### 14.2 How tall is your first born twin?

Please write your answer here: Centimeters: \_\_\_\_\_

### 14.3 How tall is your first born twin?

Please write your answer here: Feet: \_\_\_\_\_ Inches: \_\_\_\_\_

### 14.4 How tall is your second born twin?

Please write your answer here: Centimeters: \_\_\_\_\_

### 14.5 How tall is your second born twin?

Please write your answer here: Feet: \_\_\_\_\_ Inches: \_\_\_\_\_

### S15: Living arrangements

#### 15.1 How many years in total have your twin children lived together?

Please write your answer(s) here: Years: \_\_\_\_\_

#### 15.2 \*Do your twin children currently live together?

Please choose only one of the following:

- Yes → S16  No  
 Don't know / Prefer not to answer → S16

#### 15.3 At what age did your twin children first live apart?

Please write your answer(s) here: Years old: \_\_\_\_\_

### S16: Education 1

#### 16.1 \*Have your twin children started school?

Please choose only one of the following:

- Yes  No → Q19.2  
 Don't know / Prefer not to answer → Q19.2

#### 16.2 How old was the first born twin when they started school?

Please write your answer(s) here: Years old: \_\_\_\_\_

#### 16.3 How old was the second born twin when they started school?

Please write your answer(s) here: Years old: \_\_\_\_\_

### S17: Education 2

#### 17.2 \*Were your twin children in the same classroom when they were in the following grades?

If your twin children have not completed any of the grades please mark these as Not Applicable (N/A).

Please choose the appropriate response for each item:

	Yes	No	N/A
1 <sup>st</sup> year of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	N/A
Grade 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 7 / Form 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 8 / Form 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 9 / Form 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 10 / Form 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 11 / Form 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Year 12 / Form 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### S18: Education 3

#### 18.1 \*Was the decision whether or not to keep your twin children in the same class influenced by any of the following? Please choose all that apply:

- Other parents  Kindergarten teacher(s)  School teacher(s)  Support organisation  
 Family members  The twins themselves  None of the above  Other: \_\_\_\_\_  
 Don't know / Prefer not to answer

### S19: Education 4

#### 19.1 To date, what were your twin childrens' highest completed grade level at school? Choose one answer each:

	First born twin	Second born twin
Did not go to school	<input type="radio"/>	<input type="radio"/>
Year 8 or below	<input type="radio"/>	<input type="radio"/>
Year 9 or equivalent	<input type="radio"/>	<input type="radio"/>
Year 10 or equivalent	<input type="radio"/>	<input type="radio"/>
Year 11 or equivalent	<input type="radio"/>	<input type="radio"/>
Year 12 or equivalent	<input type="radio"/>	<input type="radio"/>
Don't know/Prefer not to answer	<input type="radio"/>	<input type="radio"/>

If educated overseas, select the Australian equivalent.

#### 19.2 What were both biological parents' highest completed grade level at school? Choose one answer each:

	Twins' biological father	Twins' biological mother
Did not go to school	<input type="radio"/>	<input type="radio"/>
Year 8 or below	<input type="radio"/>	<input type="radio"/>
Year 9 or equivalent	<input type="radio"/>	<input type="radio"/>

#### 19.2 continued:

	Twins' biological father	Twins' biological mother
Year 10 or equivalent	<input type="radio"/>	<input type="radio"/>
Year 11 or equivalent	<input type="radio"/>	<input type="radio"/>
Year 12 or equivalent	<input type="radio"/>	<input type="radio"/>
Don't know/Prefer not to answer	<input type="radio"/>	<input type="radio"/>

If educated overseas, select the Australian equivalent.

#### 19.3 What post-school qualifications have both biological parents completed? Select all that apply for each person:

	Twins' biological father	Twins' biological mother
No post-school qualifications	<input type="checkbox"/>	<input type="checkbox"/>
VET certificate I or II	<input type="checkbox"/>	<input type="checkbox"/>
VET certificate III or IV	<input type="checkbox"/>	<input type="checkbox"/>
VET Diploma or advanced diploma	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor degree	<input type="checkbox"/>	<input type="checkbox"/>
Graduate diploma/grad certificate	<input type="checkbox"/>	<input type="checkbox"/>
Postgrad degree (masters/PHD)	<input type="checkbox"/>	<input type="checkbox"/>
Don't know/Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

**S20: Income and occupation**

**20.1 What is the twins' biological mother and father's usual occupation?**

Please write your answer here:  
Biological father's occupation: \_\_\_\_\_  
Biological mother's occupation: \_\_\_\_\_

**20.2 \*What is the current annual income of your household before tax?** Choose one of the following:

- None
- \$1 – \$15,600
- \$15,601 – \$31,200
- \$31,200 – \$52,000
- \$52,001 – \$78,000
- \$78,001 – \$104,000
- \$104,001 – \$126,000
- \$126,001 – \$150,000
- \$150,001 – \$174,000
- \$174,001 and over
- Don't know / Prefer not to answer

**S20B: Country of birth**

**20B.1 \*In which country were your twin children born?** Please choose only one of the following:

- [List of countries] If "Australia" → Q20B.3
- Don't know/Prefer not to answer
- Other: \_\_\_\_\_

**20B.2 How old were your twin children when they came to live in Australia?**

Please write your answer(s) here: Years old: \_\_\_\_\_

**20B.3 \*In which country was the twins' biological mother born?** Choose only one of the following:

- [List of countries]
- Don't know/Prefer not to answer
- Other: \_\_\_\_\_

**20B.4 \*In which country was the twins' biological father born?** Choose only one of the following:

- [List of countries]
- Don't know/Prefer not to answer
- Other: \_\_\_\_\_

**S21: Language and Aboriginal and/or Torres Strait Islander status**

**21.1 \*Do your twin children speak a language other than English at home?** Choose only one of the following:

- Yes
- No → Q21.4
- Don't know / Prefer not to answer → Q21.4

**21.2 \*What language other than English do your twin children speak at home?** Please choose all that apply:

- Italian
- Greek
- Cantonese
- Arabic
- Mandarin
- Vietnamese
- Don't know/Prefer not to answer
- Other: \_\_\_\_\_

**21.3 Which is the main language your family speak at home (that is, the one you speak most of the time)?**

- Choose only one of the following:
- English
  - Italian
  - Greek
  - Cantonese
  - Arabic
  - Mandarin
  - Vietnamese
  - Don't know/Prefer not to answer
  - Other: \_\_\_\_\_

**21.4 \*Are you of Aboriginal and / or Torres Strait Islander origin?** Please choose only one of the following:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- No
- Don't know/Prefer not to answer

**S23: General health**

**23.1 \*In general, how would you describe the health of your twin children?** Choose only one response for each:

	Excellent	Very good	Good	Fair	Poor
First born twin	<input type="radio"/>				
Second born twin	<input type="radio"/>				

## S24: Medical conditions 1

24.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Food allergy (anaphylactic)	<input type="checkbox"/>	<input type="checkbox"/>
Food allergy (non-anaphylactic)	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>
Animal or plant allergy	<input type="checkbox"/>	<input type="checkbox"/>
Skin allergy	<input type="checkbox"/>	<input type="checkbox"/>
Drug allergy	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillitis / adenoiditis	<input type="checkbox"/>	<input type="checkbox"/>
Chronic eczema	<input type="checkbox"/>	<input type="checkbox"/>
Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

24.2 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Restless Leg Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## S26: Medical conditions 2

26.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Panic disorder	<input type="checkbox"/>	<input type="checkbox"/>
Generalised anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>

26.1 continued:	First born twin	Second born twin
Obsessive compulsive disorder	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health condition	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## S27: Medical conditions 3

27.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>
Irritable bowel syndrome (IBS)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

27.2 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Rapid or irregular heartbeats	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disease	<input type="checkbox"/>	<input type="checkbox"/>
Anemia (chronic)	<input type="checkbox"/>	<input type="checkbox"/>
Sleep apnoea	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## S29: Medical conditions 4

29.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Back pain / back problems	<input type="checkbox"/>	<input type="checkbox"/>
Ankylosing spondylitis	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

29.2 Has a doctor ever diagnosed either of your twin children with any of the following conditions?

	First born twin	Second born twin
Diabetes Type 1 (insulin dependent / juvenile)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type 2 (insulin independent)	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**S31: Medical conditions 5**

**31.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?**

	First born twin	Second born twin
Congenital heart problem	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>
Muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Cleft palate / hare lip	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Down's syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Spina bifida	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**S33: Medical conditions 7**

**33.1 \*Have either of your twin children ever had a bone fracture?** Please choose all that apply:

- Yes, first born twin [complete Q33.2]  
 Yes, second born twin [complete Q33.3]  
 No →S34  Don't know/prefer not to answer →S34

**S34: Other health conditions**

**34.1 Have you ever been told by a doctor that your first born twin has any other health conditions that we have not asked about?** Tell us about them here:

\_\_\_\_\_

\_\_\_\_\_

**S35: Vision 1**

**35.1 \*Are either of your twin children colour blind?** Please choose all that apply:

- Yes, first born twin  Yes, second born twin  
 No  Don't know/prefer not to answer

**S36: Vision 2**

**36.1 \*For your first born twin, what sight problems do their glasses or contact lenses correct or partially correct?** Please choose all that apply:

- Astigmatism  
 Short-sightedness / myopia / difficulty seeing objects in the distance  
 Long-sightedness / hyperopia / difficulty seeing objects close up  
 Don't know/Prefer not to answer  
 Other: \_\_\_\_\_

**S32: Medical conditions 6**

**32.1 Has a doctor ever diagnosed either of your twin children with any of the following conditions?**

	First born twin	Second born twin
Autism spectrum disorder / Asperger's syndrome	<input type="checkbox"/>	<input type="checkbox"/>
ADHD (Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Speech disorder	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**33.2 \*Which bones has your first born twin fractured?** Please choose all that apply:

- Spine  Hip  Forearm  Leg  Other: \_\_\_\_\_

**33.3 \*Which bones has your second born twin fractured?** Please choose all that apply:

- Spine  Hip  Forearm  Leg  Other: \_\_\_\_\_

**34.1 Have you ever been told by a doctor that your second born twin has any other health conditions that we have not asked about?** Tell us about them here:

\_\_\_\_\_

\_\_\_\_\_

**35.2 \*Do either of your twin children currently wear glasses or contact lenses to correct, or partially correct their eyesight?** Please choose all that apply:

- Yes, first born twin [complete Q36.1]  
 Yes, second born twin [complete Q36.2]  
 No →S37  Don't know/prefer not to answer →S37

**36.2 \*For your second born twin, what sight problems do their glasses or contact lenses correct or partially correct?** Please choose all that apply:

- Astigmatism  
 Short-sightedness / myopia / difficulty seeing objects in the distance  
 Long-sightedness / hyperopia / difficulty seeing objects close up  
 Don't know/Prefer not to answer  
 Other: \_\_\_\_\_

### S37: Hearing

**37.1 \*Do either of your twin children have any hearing problems or problems with their ears that have lasted, or are expected to last, for 6 months or more?** Please choose all that apply:

- Yes, first born twin [complete Q37.2]  
 Yes, second born twin [complete Q37.3]  
 No →S38     Don't know/prefer not to answer →S38

**37.2 What hearing or ear problems does your first born twin have?** Please choose all that apply:

- Total deafness                       Deaf in one ear  
 Hearing loss/partially deaf        Meniere's Disease  
 Otitis Media (middle ear infection)  Tinnitus  
 Don't know/prefer not to answer    Other: \_\_\_\_\_

**37.3 What hearing or ear problems does your second born twin have?** Please choose all that apply:

- Total deafness                       Deaf in one ear  
 Hearing loss/partially deaf        Meniere's Disease  
 Otitis Media (middle ear infection)  Tinnitus  
 Don't know/prefer not to answer    Other: \_\_\_\_\_

### S38: Speech

**38.1 Have either of your twin children ever had significant difficulties with any of the following conditions?**

	First born twin	Second born twin
Speech difficulties (problems saying speech sounds)	<input type="checkbox"/>	<input type="checkbox"/>
Language difficulties (problems understanding or producing words or sentences)	<input type="checkbox"/>	<input type="checkbox"/>
Stuttering	<input type="checkbox"/>	<input type="checkbox"/>
Reading or literacy difficulties	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>
Don't know/Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

[If any condition was selected at 38.1 for first born twin complete Q38.2; for second born twin complete Q38.3; otherwise skip to S39]

**38.2 \*For the first born twin, was this condition ever diagnosed by a speech therapist?**

Please choose only one of the following:  
 Yes     No     Don't know/Prefer not to answer

**38.3 \*For the first second twin, was this condition ever diagnosed by a speech therapist?**

Please choose only one of the following:  
 Yes     No     Don't know/Prefer not to answer

### S39: Tobacco use

**39.1 \*Does anyone in your household smoke cigarettes, that is, at least one per day?**

Please choose only one of the following:  
 Yes                                       No →S40  
 Don't know / Prefer not to answer →S40

**39.2 How many people in your household smoke at least one cigarette per day?**

Please write your answer(s) here:    People: \_\_\_\_\_

### S40: General comments

**46.1 Do you have any comments, or information you think we should have asked about?**

Please write your answer here:

---



---



---