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Survey: Loss of a Twin (Consent Form)

(Return this Copy of the Consent Form)

Thank you for participating in this study. The loss of a twin is an experience that deserves considerable professional attention. You are invited to participate in a study of how twin loss affects the surviving twin partner and other family members. Results from this study can teach us a great deal about how counselors and other psychological professionals may assist twins and their families in dealing with such loss. The public also needs to be informed about the unique aspects of twinship. You must be age 18 years, or older, to complete this survey.

If you decide to participate, you will be asked to complete a survey that you will receive by mail—or that you can download from my website (<http://psych.fullerton.edu/nsegal>). It is estimated that 30 minutes will be required for your participation. There are no foreseeable risks associated with this task. I am happy to share results with you when the study is completed, so one benefit to you would be learning more about how the findings impact the question under study.

Your participation is strictly voluntary. All research records will be kept confidential to the extent provided by law. Data are filed in cabinets and kept in a locked office to which only the investigator and assistants have access. In any written reports or publications, no one will be identified or identifiable, and only group data will be presented. The data will serve as the basis for a student project, and will later be used in conference presentations and journal articles. Data will be kept in a locked room indefinitely. Future uses of the ratings may include combining it with larger samples for other data analyses.

Your decision concerning whether or not to participate will not affect your future relations with California State University, or your relations with your current educational institution or place of business in any way. If you decide to participate, you are free to discontinue participation at any time.

If you have questions regarding your rights as a research participant, you may contact the Institutional Review Board (IRB) representative at CSUF, at 714-278-7640 who welcomes any questions. These forms and the data will remain on file indefinitely. You may also contact the investigator, Dr. Nancy L. Segal; please see the contact information in the letterhead.

You will be offered a copy of this form to keep for your records.

Sincerely,

Nancy L. Segal, Ph.D.
Professor of Psychology

=====

You are making a decision about whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature of Participant

_____/_____/_____
Month Day Year

Signature of Investigator

Nancy L. Segal, Ph.D.
Professor of Psychology
Director, Twin Studies Center

formdate 13-AUG-07

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Month Day Year

Signature of Investigator

Nancy L. Segal, Ph.D.
Professor of Psychology
Director, Twin Studies Center

formdate 13-AUG-07

TWIN SURVEY

Thank you so much for participating in our study of twins. We understand that you are a twin who has lost his, or her, twin partner. We realize the very sensitive nature of this subject, but we would greatly appreciate it if you would take the time to complete the questions that appear on this form -- the information you provide will enable us to better understand this situation, in the hope that we can eventually help other twinless twins. In fact, the idea for this survey came about because twins who had lost their twin brothers and sisters contacted our laboratory for information and assistance. All information you provide is completely confidential. We plan to conduct a telephone follow-up survey wherever possible. Finally, because of our strong interest in this area, we are willing to accept partially completed questionnaires. However, we encourage you to provide as much information as possible. PLEASE PRINT ALL INFORMATION. Please print this and mail it to Dr. Nancy L. Segal (the address appears on the last page—you will be reimbursed for postage.)

NAME _____
 First Middle Last

PHONE _____ e-mail _____

TODAY'S DATE: _____
 Day Month Year

STREET _____

CITY _____

STATE _____ POST CODE _____

COUNTRY _____

YOUR BIRTHDAY: _____
 Day Month Year

SEX: (Circle One) Male Female

YOUR CURRENT AGE IN YEARS _____

YOUR CURRENT OCCUPATION _____

YOUR CURRENT MARITAL/RELATIONSHIP STATUS (Circle One)

Single Married Divorced Separated In a Significant Relationship

Other (Explain): _____

If you need extra space to answer any of the questions that follow, please feel free to use the margins, the back of this form, or to include additional sheets. Please read every question COMPLETELY before answering, or before deciding that a certain item does not apply to you. No question is adequate for every individual. We encourage you to let us know about things we have failed to ask.

1. I was born a: (Circle one) Twin Triplet Quadruplet

Birth Order: I was the (circle): 1st-BORN 2nd-BORN Uncertain OTHER: _____

Birth Weight: I was (circle): HEAVIER at birth LIGHTER at birth Uncertain OTHER: _____

THE WORD "TWIN" WILL BE USED FROM THIS POINT ON, EVEN IF YOU WERE BORN A TRIPLET OR A QUADRUPLET.

2. If you were to rate your feelings of CLOSENESS toward your twin, which of the choices listed below would be most true for you? (Please circle a number)

- 1... much closer than any best friend.
- 2... generally closer than any best friend.
- 3... as close as any best friend.
- 4... not as close as best friends, but closer than casual friends.
- 5... as close as casual friends.
- 6... generally less close than casual friends.
- 7... much less close than casual friends.

3. If you were to rate how COMPETITIVE you felt toward your twin, which of the choices listed below would be most true for you? (Please circle an answer).

- 1... often competitive
- 2... generally competitive
- 3... competitive only occasionally
- 4... rarely, or never, competitive

4. This section will ask HOW MUCH TIME you used to spend with your twin. Please answer ALL parts of question 4.

A. Have you ever lived apart (in different homes) from your twin? (Circle one) YES NO

If YES, indicate the dates that you lived apart, and the distance (in km or miles) that separated you. (Add additional lines, if needed)

DATES LIVING APART

DISTANCE LIVING APART

From

To

(Circle one)

____ month ____ year

____ month ____ year

_____ km mi

____ month ____ year

____ month ____ year

_____ km mi

____ month ____ year

____ month ____ year

_____ km mi

____ month ____ year

____ month ____ year

_____ km mi

B . Were you living together at the time of your twin's death? (Circle one)

YES NO

C. On the average, when living TOGETHER (in the same home) with your twin, how much time did you spend together? (Circle one number)

1. . . every day
2. . . 2-3 times per week
3. . . 1 time per week
4. . . 2-3 times per month
5. . . 1 time per month
6. . . 2-3 times per year
7. . . 1 time per year
8. . . never
9. . . other (EXPLAIN): _____

D. On the average, when living APART FROM your twin (in different homes), how much time did you spend together? (Circle one number)

1. . . every day
2. . . 2-3 times per week
3. . . 1 time per week
4. . . 2-3 times per month
5. . . 1 time per month
6. . . 2-3 times per year
7. . . 1 time per year
8. . . never
9. . . other (EXPLAIN): _____

5. We are interested in knowing how you felt when seeing or meeting other twin pairs BEFORE YOUR TWIN'S DEATH. (Circle one number)

1. . . Very happy
2. . . Generally happy
3. . . Neutral; I did not really react when I saw other twin pairs
4. . . Generally unhappy
5. . . Very unhappy
6. . . Does not apply

6. Answer both A and B

A. My twin and I were raised in the same home by our biological parents. (Circle one)

YES NO OTHER (Explain): _____

B. Were you and your twin adopted or living in the same foster home? (Circle one)

YES NO OTHER (Explain): _____

If YES, please describe the circumstances briefly:

C. Were you and your twin adopted separately or living in different foster homes? (Circle one)

YES NO OTHER (Explain): _____

If YES, please describe the circumstances briefly:

7. We know only too well that questions concerning the loss of one's twin may be difficult to answer. We would, however, greatly appreciate any information you are willing to provide, as it will help us to understand this experience and, therefore, be of greater service to others.

We would like you to share with us the causes and circumstances surrounding the death of your twin. Please tell us how he or she died. Please be as specific or as general as you like. Feel free to write on the back of this sheet, if necessary:

8. How old were you when you lost your twin?

AGE IN YEARS _____ Twin's Name _____

Date of Twin's Loss: _____
 Day Month Year

9. How old were you when you first learned of your twin's death?

AGE IN YEARS _____

a. Your MARITAL/RELATIONSHIP STATUS at the Time of Your Twin's Loss (Circle One):

Single Married Divorced Separated In a Significant Relationship

Other (Explain): _____

10. The next set of statements is concerned with the experience of grief.

The statements listed below represent thoughts and feelings commonly expressed by people who have suffered the loss of a relative. Please read each statement and then try to determine how well it described you during your period of bereavement for your twin. If you are still experiencing some of these thoughts and feelings, please respond in the same manner. If the statement is true or mostly true as applied to you, circle the letter T (TRUE) at the end of the question. If the statement is false or mostly false, circle the F (FALSE) at the end of the question. If a certain statement does not apply to you at all, circle the number of that question (question numbers are at the LEFT of each question). Please try to answer as many questions as possible.

1. Immediately after the death I felt exhausted.....T F
2. I tend to be more irritable with othersT F
3. I am strongly preoccupied with the image of my deceased twin.....T F
4. I frequently experience angry feelings.....T F
5. It is not difficult to maintain social relationships with friendsT F
6. My arms and legs feel very heavyT F
7. I am unusually aware of things related to deathT F
8. It seems to me that more could have been done for my deceased twin.....T F
9. I showed little emotion at the funeralT F
10. I felt a strong necessity for maintaining the morale of others after the deathT F
11. I feel cut-off and isolated.....T F
12. I rarely take aspirins.....T F
13. I feel reluctant to attend social gatheringsT F
14. I was unable to cry at the announcement of the death.....T F
15. I have feelings of guilt because I was spared and my twin was taken.....T F
16. I have a special need to be near others.....T F
17. I often experience confusion.....T F
18. I feel lost and helpless.....T F
19. I am comforted by believing that my deceased twin is in heavenT F
20. I have had frequent headaches since the deathT F
21. It was difficult to part with the clothing and personal articles

- of my deceased twinT F
22. It was necessary to take sleeping pills after the deathT F
23. The yearning for my deceased twin is so intense that I sometimes feel physical pain in my chestT F
24. I cry easily.....T F
25. I have taken tranquilizers since the deathT F
26. I experience a dryness of the mouth and throatT F
27. I feel restlessT F
28. Upon first learning of the death I had a dazed feeling.....T F
29. Concentrating upon things is difficultT F
30. I have feelings of apathyT F
31. I experienced a feeling when the death occurred that "something died within me"T F
32. Aches and pains seldom bother me.....T F
33. I find I am often irritated with others.....T F
34. I could not cry until after the funeralT F
35. I feel that I may in some way have contributed to the deathT F
36. I find myself performing certain acts which are similar to ones performed by my deceased twin.....T F
37. I made the funeral arrangements.....T F
38. I lack the energy to enjoy physical exerciseT.F
39. I rarely feel enthusiastic about anything.....T F
40. I feel that grief has aged me.....T F
41. I have never dreamed of my deceased twin as still being alive.....T F
42. I find myself frequently asking "why did the death have to happen in this way?"T F
43. I sometimes have difficulty believing the death has actually occurred.....T F
44. I feel a strong desire to complete certain unfinished tasks that my deceased twin had begun.....T F

45. I have often dreamed of times when my deceased twin was living.....T F
46. I am often irritableT F
47. I have dreamed of my deceased twin as being deadT F
48. I feel extremely anxious and unsettledT F
49. I feel tenseness in my neck and shouldersT F
50. Sometimes I have a strong desire to screamT F
51. I am so busy that I hardly have time to mournT F
52. I feel anger toward GodT F
53. I have the urge to curl up in a small ball when I have attacks of cryingT F
54. I feel the need to be alone a great deal.....T F
55. I rarely think of my own death.....T F
56. I find it difficult to cryT F
57. Looking at photographs of my deceased twin is too painfulT F
58. Life has lost its meaning for me.....T F
59. I have no difficulty with digestion.....T F
60. I have had brief moments when I actually felt anger at having been left.....T F
61. I have no trouble sleeping since the deathT F
62. I have a hearty appetiteT F
63. I feel healthyT F
64. It comforts me to talk with others who have had a similar lossT F
65. I yearn for my deceased twin.....T F
66. I seldom feel depressed.....T F
67. I have the feeling that I am watching myself go through the motions
of living.....T F
68. Life seems empty and barrenT F
69. There are times when I have the feeling that my deceased twin is present.....T F

70. I often take sedatives.....T F
71. I have frequent mood changesT F
72. The actions of some people make me resentful.....T F
73. My feelings are not easily hurtT F
74. I am losing weight.....T F
75. Small problems seem overwhelming.....T F
76. I sometimes feel guilty at being able to enjoy myselfT F
77. I frequently have diarrheaT F
78. I often wish I could have been the one to die insteadT F
79. I have lost my appetiteT F
80. I sometimes talk with the picture of my deceased twin.....T F
81. I am not interested in sexual activities.....T F
82. At times I wish I were deadT F
83. It is hard to maintain my religious faith in light of all the
pain and suffering caused by the death.....T F
84. I seem to have lost my energyT F
85. I dread viewing a body at the funeral home.....T F
86. I find myself idealizing my deceased twinT F
87. I have problems with constipationT F
88. I frequently take long walks by myself.....T F
89. I avoid meeting old friendsT F
90. I have a special need for someone to talk to.....T F
91. It often feels as if I have a lump in my throat.....T F
92. I sometimes find myself unconsciously looking for my deceased twin
in a crowd.....T F
93. I seem to have lost my self-confidence.....T F
94. I drink more alcohol now than before the deathT F

95. After the announcement of the death I thought, "This could not be happening to me"T F
96. I have nightmares.....T F
97. The thought of death seldom enters my mind.....T F
98. I have never worried about having a painful disease.....T F
99. Funerals sometimes upset meT F
100. I would not feel uneasy visiting someone who was dyingT F
101. I often worry over the way time flies by so rapidly.....T F
102. I have no fear of failure.....T F
103. I am close with only a few persons.....T F
104. The sight of a dead person is horrifying to meT F
105. I always know what to say to a grieving person.....T F
106. I often seek advice from others.....T F
107. It does not bother me when people talk about death.....T F
108. I cannot remember a time when my parents were angry with meT F
109. I do not think people in today's society know how to react to a person who is grieving.....T F
110. I never have an emotional reaction at funeralsT F
111. I often think about how short life is.....T F
112. I am not afraid of dying of cancer.....T F
113. I do not mind going to the doctor for check-ups.....T F
114. I shudder at the thought of nuclear warT F
115. The idea of dying holds no fears for meT F
116. I never lose my temper.....T F
117. I have always been completely sure I would be successful when I tried something for the first time.....T F
118. I am not usually happyT F
119. I feel that the future holds little for me to fear.....T F

120. I cannot ever remember feeling ill at ease in a social situationT F
121. I find myself sighing more now than than before the death of my twin.....T F
122. I spent a great deal of time with my deceased twin before the deathT F
123. I find that comforting others helps me.....T F
124. My family seems close to meT F
125. I feel that I did all that could have been done for my deceased twinT F
126. My religious faith is a source of inner strength and comfort.....T F
127. I am smoking more these days.....T F
128. I am not a realistic personT F
129. I am awake most of the night.....T F
130. I feel exhausted when I go to bed but lie awake for several hours.....T F
131. I lose sleep over worry.....T F
132. I often wake in the middle of the night and cannot get back to sleep.....T F
133. I sleep well most nightsT F
134. Things seemed blackest when I am awake in the middle of the nightT F
135. I can sleep during the day but not at night.....T F
136. One to two months after my twin's loss, I considered suicide.....T F
137. One to two months after my twin's loss, I attempted suicideT F
138. The spirit of my twin is with me.....T F

11. People may learn of this unfortunate event in different ways. We would like for you to share with us how you **FIRST LEARNED** of your twin's loss. Please describe this below:

12. We apologize for the sensitive nature of these questions. First, we would like you to rate your reaction to the loss of your twin. Your answer should be based on your feelings for the **FIRST MONTH OR TWO AFTER THE LOSS**.

Next, we would like you to rate your own reactions (how you felt) following the **actual** deaths of any of your relatives, friends, acquaintances or other individuals that occurred during your lifetime. Again, your answers should be based on the **FIRST MONTH OR TWO AFTER THE LOSS**. The numbers on the scale represent grief of increasing intensity, ranging from 'no grief' (1), to a state of 'total devastation to the point of suicide' (7).

Please indicate your age at the time the loss occurred, as well as the age of the person who passed away. If loss of a son or daughter occurred due to a miscarriage or stillbirth, please indicate this on the bottom of this page (Notes).

1. Under the column "Relationship of Deceased to Me" please enter the **EXACT** relationship of these individuals to yourself (for example: my aunt; my great-aunt, my grandmother, my great-grandfather).

2. Indicate if relatives are biologically related to you by circling **B**, or non-biologically related to you (e.g., adoptive mothers; aunts or uncles by marriage), by circling **NB**. Indicate (at the bottom of the page) if deceased nieces/nephews were the children of your twin or a non-twin brother or sister.

3. When applicable, please indicate if relatives are related to you on the maternal (M) or paternal (P) sides of your family by circling **M** or **P**.

4. Please circle one number for each person that you list. Please list each person separately (that is, do not combine 3 aunts into one "aunt listing," but list them as 3 different people. Feel free to add notes on the bottom of the page, or on a separate sheet.

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense Grief	Very Intense Grief	Extremely Intense Grief	Total Devastation (Suicide Point)	My Age at Loss	Their Age at Loss	(Circle)		
										B=Biological	NB=Non Biological	(Circle) M=Maternal P=Paternal
1 MY TWIN	1	2	3	4	5	6	7	___	___			
2 _____	1	2	3	4	5	6	7	___	___	B NB	M P	
3 _____	1	2	3	4	5	6	7	___	___	B NB	M P	
4 _____	1	2	3	4	5	6	7	___	___	B NB	M P	

NOTES:

Ratings reflect feelings during the first month or two after the loss.

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense Grief	Very Intense Grief	Extremely Intense Grief	Total Devastation (Suicide Point)	My Age at Loss	Their Age at Loss	(Circle)		
										B=Biological	NB=Non Biological	(Circle) M=Maternal P=Paternal
5 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
6 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
7 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
8 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
9 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
10 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
11 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P
12 _____	1	2	3	4	5	6	7	_____	_____	B	NB	M P

NOTES:

Ratings reflect feelings during the first month or two after the loss.

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense Grief	Very Intense Grief	Extremely Intense Grief	Total Devastation (Suicide Point)	My Age at Loss	Their Age at Loss	(Circle)			
										B=Biological NB=Non Biological		(Circle) M=Maternal P=Paternal	
13 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
14 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
15 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
16 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
17 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
18 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
19 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P
20 _____	1	2	3	4	5	6	7	___	___	B	NB	M	P

NOTES:

13. We would like to know how you have managed to cope with your everyday routine. For each of the activities listed below, please estimate how well you coped:

- in the month or two BEFORE your twin died
- in the month or two AFTER your twin died
- how you are coping NOW

The following scale represents levels of coping, ranging from 'extremely poor' (1) to 'extremely well' (5). Please circle the number of your answer for each of the three points in time. Circle the NA (Not Applicable) category only if the particular activity does not apply to you.

COPING SCALE

Extremely Poorly 1	Very Poorly 2	Average 3	Very Well 4	Extremely Well 5	
1-2 Months Before the Loss		1-2 Months After the Loss			Now
PERSONAL INSIDE HOME:					
Needs of children:	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA
Needs of spouse/ significant other:	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA
Household chores:	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA
WORK/EDUCATION OUTSIDE HOME:					
Job Performance:	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA
Relationship with workmates or classmates:	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA	1 2 3 4 5 NA

COPING SCALE

	Extremely Poorly 1	Very Poorly 2	Average 3	Very Well 4	Extremely Well 5													
	1-2 Months Before the Loss		1-2 Months After the Loss		Now													
Relationship with family members:	1	2	3	4	5	NA	1	2	3	4	5	NA	1	2	3	4	5	NA
Relationship with close friends:	1	2	3	4	5	NA	1	2	3	4	5	NA	1	2	3	4	5	NA
Life in general:	1	2	3	4	5	NA	1	2	3	4	5	NA	1	2	3	4	5	NA
Other (Specify):	1	2	3	4	5	NA	1	2	3	4	5	NA	1	2	3	4	5	NA

14. COUNSELING

Since your twin's death, have you participated in any of the following? Please check the appropriate columns.

	YES	NO	How Long	Not apply
Individual counseling or therapy	_____	_____	_____	
Marital counseling with your spouse	_____	_____	_____	_____
Group therapy for bereaved individuals	_____	_____	_____	
Special support group for Twins	_____	_____	_____	

15. Please indicate how often you have thought about your twin during the PAST YEAR, or SINCE HIS/HER DEATH: (Circle a number)

I have thought about my twin:

- 1 . . . every day
- 2 . . . 2-3 times per week
- 3 . . . 1 time per week
- 4 . . . 2-3 times per month
- 5 . . . 1 time per month
- 6 . . . 2-3 times per year
- 7 . . . 1 time per year
- 8 . . . never
- 9 . . . other (EXPLAIN): _____

16. Were you and your twin IDENTICAL or LOOK-ALIKE twins, FRATERNAL or NON LOOK-ALIKE twins, or a MALE-FEMALE pair? (Circle a letter)

- a . . . identical or look-alike
- b . . . non-identical or non-look-alike twins; same-sex
- c . . . male-female
- d . . . not certain

If you circled **a** or **b**, HOW do you know what kind of twin you were? (Circle all answers that apply to you)

- a . . . Blood tests: blood types were the same
- b . . . Blood tests: blood types were different
- c . . . Doctor told us
- d . . . Mother told us
- e . . . We were in a twin study and were analyzed by investigators
- f . . . OTHER (Explain): _____

17. Please describe yourself and your twin on the following characteristics, as you were just before the death of your twin:

	Myself:	My Twin:
natural hair color	_____	_____
eye color	_____	_____
height	_____ (Circle) cms ins	_____ (Circle) cms ins
weight	_____ kgs lbs	_____ kgs lbs

	Myself:		My Twin:	
Writing Hand Preference (Circle)	RIGHT	LEFT	RIGHT	LEFT

Was hand preference ever switched for you or your twin? (Circle) YES NO IF YES, please indicate which twin, the age, and the reasons (social pressure, accident, etc.) _____

Please answer the following questions by circling **1** (YES, OFTEN), **2** (OCCASIONALLY), or **3** (RARELY, OR NEVER) next to each:

	YES OFTEN	OCCASIONALLY	RARELY, OR NEVER
a. As young children our parents confused us:	1	2	3
b. As adolescents or adults our parents confused us:	1	2	3
c. Teachers at school confused us:	1	2	3
d. Close friends confused us:	1	2	3
e. Casual friends confused us:	1	2	3

f. Have you or your twin had any major illness or accidents that the other did not have?
(Circle one)

YES NO If YES, please describe: _____

g. Have you or your twin had any key experiences that the other did not have? (Circle one)

YES NO If YES, please describe: _____

18. Please describe your current reactions to seeing or meeting other pairs of twins.

(Circle an answer)

1 . . . Extremely happy

2 . . . Generally happy

3 . . . Neutral; I do not really react when I see other twin pairs

4 . . . Generally unhappy

5 . . . Very unhappy

6 . . . Other (explain):

19. The next scale is similar to one you completed before. However, we would like you to rate how you **NOW** feel about the loss of your twin. That is, your answer should be based on your CURRENT FEELINGS concerning the loss.

Next, we would like you to rate your own reactions (how you now feel) concerning the **actual** deaths of any of your relatives, friends, acquaintances or other individuals that occurred during your lifetime. Again, your answers should be based on your current feelings.

Please refer to the individuals you listed in question 12. Please copy the list, making sure that the numbers correspond.

Again, the numbers on the scale represent grief of increasing intensity, ranging from 'no grief' (1), to a state of 'total devastation to the point of suicide' (7).

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense Grief	Very Intense Grief	Extremely Intense Grief	Total Devastation (Suicide Point)
1 MY TWIN	1	2	3	4	5	6	7
2 _____	1	2	3	4	5	6	7
3 _____	1	2	3	4	5	6	7
4 _____	1	2	3	4	5	6	7

NOTES:

Ratings reflect current feelings concerning the loss.

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense	Very Intense Grief Grief	Extremely Intense Grief	Total Devastation (Suicide Point)
5 _____	1	2	3	4	5	6	7
6 _____	1	2	3	4	5	6	7
7 _____	1	2	3	4	5	6	7
8 _____	1	2	3	4	5	6	7
9 _____	1	2	3	4	5	6	7
10 _____	1	2	3	4	5	6	7
11 _____	1	2	3	4	5	6	7
12 _____	1	2	3	4	5	6	7

NOTES:

Ratings reflect current feelings concerning the loss.

Relationship of Deceased to Me	No Grief	Some Grief But Not Very Intense	Slightly Intense Grief	Moderately Intense	Very Intense Grief Grief	Extremely Intense Grief	Total Devastation (Suicide Point)
13 _____	1	2	3	4	5	6	7
14 _____	1	2	3	4	5	6	7
15 _____	1	2	3	4	5	6	7
16 _____	1	2	3	4	5	6	7
17 _____	1	2	3	4	5	6	7
18 _____	1	2	3	4	5	6	7
19 _____	1	2	3	4	5	6	7
20 _____	1	2	3	4	5	6	7

NOTES:

20. We would like you now to list the causes of death for all of the individuals listed in questions 12 and 19 (It would probably be helpful to list the individuals again; please be sure that the numbers correctly correspond.) Also indicate if the loss was sudden (unexpected; e.g., due to an accident) or not sudden (expected; due to an illness lasting more than 7 days). If the individual had been ill for some time, but you only learned of the illness 7 days or less before the loss occurred, then please indicate sudden. (Feel free to add additional sheets or notes.)

DECEASED INDIVIDUAL	CAUSE OF DEATH	NATURE OF LOSS (Circle One)	
1. TWIN	_____	Sudden	Not Sudden
2. _____	_____	Sudden	Not Sudden
3. _____	_____	Sudden	Not Sudden
4. _____	_____	Sudden	Not Sudden
5. _____	_____	Sudden	Not Sudden
6. _____	_____	Sudden	Not Sudden
7. _____	_____	Sudden	Not Sudden
8. _____	_____	Sudden	Not Sudden
9. _____	_____	Sudden	Not Sudden
10. _____	_____	Sudden	Not Sudden
11. _____	_____	Sudden	Not Sudden
12. _____	_____	Sudden	Not Sudden

NOTES:

DECEASED INDIVIDUAL	CAUSE OF DEATH	NATURE OF LOSS (Circle One)	
13. _____	_____	Sudden	Not Sudden
14. _____	_____	Sudden	Not Sudden
15. _____	_____	Sudden	Not Sudden
16. _____	_____	Sudden	Not Sudden
17. _____	_____	Sudden	Not Sudden
18. _____	_____	Sudden	Not Sudden
19. _____	_____	Sudden	Not Sudden
20. _____	_____	Sudden	Not Sudden

NOTES:

21. Physical Health History Timeline

Please circle the answer that best describes your general physical health:

One year before the loss of your twin:

- | | |
|-------------------|--------------|
| a . . . Excellent | d . . . Fair |
| b . . . Good | e . . . Poor |
| c . . . Average | |

If you answered **d** or **e**, please list symptoms _____

1-2 months before the loss of your twin:

- | | |
|-------------------|--------------|
| a . . . Excellent | d . . . Fair |
| b . . . Good | e . . . Poor |
| c . . . Average | |

If you answered **d** or **e**, please list symptoms _____

1-2 months after the loss of your twin:

- | | |
|-------------------|--------------|
| a . . . Excellent | d . . . Fair |
| b . . . Good | e . . . Poor |
| c . . . Average | |

If you answered **d** or **e**, please list symptoms _____

One year after the loss of your twin:

- | | |
|-------------------|--------------|
| a . . . Excellent | d . . . Fair |
| b . . . Good | e . . . Poor |
| c . . . Average | |

If you answered **d** or **e**, please list symptoms _____

Currently:

- | | |
|-------------------|--------------|
| a . . . Excellent | d . . . Fair |
| b . . . Good | e . . . Poor |
| c . . . Average | |

If you answered **d** or **e**, please list symptoms _____

22. Marital/Relationship Timeline

Please circle the answer that best describes your marital/relationship status:

One year before the loss of your twin:

- | | |
|------------------|---------------------------------------|
| a . . . Single | d . . . Separated |
| b . . . Married | e . . . In a significant relationship |
| c . . . Divorced | f . . . Other: _____ |

1-2 months before the loss of your twin:

- | | |
|------------------|---------------------------------------|
| a . . . Single | d . . . Separated |
| b . . . Married | e . . . In a significant relationship |
| c . . . Divorced | f . . . Other: _____ |

1-2 months after the loss of your twin:

- | | |
|------------------|---------------------------------------|
| a . . . Single | d . . . Separated |
| b . . . Married | e . . . In a significant relationship |
| c . . . Divorced | f . . . Other: _____ |

One year after the loss of your twin:

- | | |
|------------------|---------------------------------------|
| a . . . Single | d . . . Separated |
| b . . . Married | e . . . In a significant relationship |
| c . . . Divorced | f . . . Other: _____ |

23. If you think that there are questions which should be included in a survey of this type, but which have been left out, please write them and answer them. This will greatly help us in learning more about this important area.

QUESTION:

ANSWER:

Thank you again for answering this questionnaire. If you know of any other individuals who have lost their twins and believe they would benefit from participation in this research, we request that you kindly provide their names and addresses, or provide them with our address and telephone number, which is given below.

NAME: _____

STREET: _____

CITY: _____

COUNTRY: _____

PHONE: _____

We would greatly appreciate photographs of you and your twin, if available -- they will be returned.

Sincerely,

Dr. Nancy L. Segal
CSU Fullerton
800 N. State College Blvd.
Department of Psychology
Fullerton, CA 92834 USA

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Please check here if you would like to receive a copy of the final report.

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