

Twin Survey 2002

February 2002

We start with some questions about your health

1. Did a doctor ever tell you that you have or had one of the following diseases:

	No	Yes, had	Yes, have now	First time (year)
a. Diabetes	G	G	G	_____
b. Osteoporosis	G	G	G	_____
c. Epilepsy	G	G	G	_____
d. Coronary thrombosis	G	G	G	_____
e. Cerebral thrombosis, brain haemorrhage.	G	G	G	_____
..				
f. Other thrombosis.	G	G	G	_____
g. Hypertension treated with prescription medicine.	G	G	G	_____
.				
h. Kidney stone.....	G	G	G	_____
i. Psoriasis... ..	G	G	G	_____
j. Psoriatic arthritis.....	G	G	G	_____
k. Rheumatic arthritis	G	G	G	_____
l. Juvenile arthritis	G	G	G	_____
m. Lupus (systemic or discoidal).....	G	G	G	_____
n. Osteoarthritis	G	G	G	_____
o. Ankylosing spondylitis (spondylitis ankylopoietica)	G	G	G	_____
p. Fibrositis.. ..	G	G	G	_____
q. Other type of arthritis or diseases of the connective tissue.....	G	G	G	_____
Which? _____				
r. Hyperthyroidism (Basedow=s disease).....	G	G	G	_____
s. Hypothyroidism (myxoedema)....	G	G	G	_____
t. Enlargement of the thyroid gland (goiter/struma).	G	G	G	_____
u. Other diseases of the thyroid gland	G	G	G	_____
Which _____				

2. Have you ever suffered from migraine?

- Yes, within the last year G
- Yes, earlier G

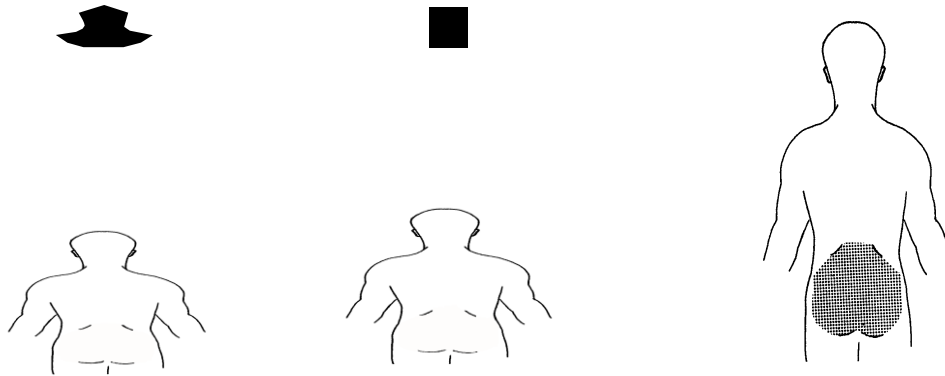
No, never G

3. Have you ever had disturbed vision lasting from 5 to 60 minutes followed by a headache?

Yes, within the last year G

Yes, earlier G

No, never G



Now to some questions about neck, back, or low back trouble. By trouble we mean pain or other discomfort in the low back, thorachic back, or neck (see figures).

4. Did you ever have:

	Yes	No
Low back trouble	G	G
Thorachic back trouble	G	G
Neck trouble.....	G	G

5. How long in all in the course of the last 12 months have you had:

Λ Write 0, if you have not had any trouble in the last 12 months

Low back trouble ca _____ days

Thorachic back trouble.....	ca _____ days
Neck trouble	ca _____ days

6. Have you in the course of the last 12 months had pains radiating from :

	Yes	No
Low back to leg / legs.....	G	G
Thorachic back to chest	G	G
Neck to arm / arms.....	G	G

7. Have you in the course of the last 12 months cut down on your physical activity at work or in your leisure time due to:

	Yes	No
Low back trouble.....	G	G
Thorachic back trouble	G	G
Neck trouble	G	G

8. Have you ever switched job or tasks due to:

	Yes	No
Low back trouble.....	G	G
Thorachic back trouble	G	G
Neck trouble	G	G

9. For how long in all in the course of the last 12 months have you been unable to do your job due to:

Λ Write 0, if you have not had any trouble in the last 12 months

Low back trouble	ca. _____ days
Thorachic back trouble.....	ca. _____ days
Neck trouble.....	ca. _____ days

10. Within the last 12 months have you been examined or treated by a physician, chiropractor, physiotherapist or others due to:

	Yes	No
Low back trouble.....	G	G
Thorachic back trouble	G	G
Neck trouble	G	G

11. Are you at present being rehabilitated or are you retired due to:

	Yes	No
Low back trouble.....	G	G
Thorachic back trouble	G	G
Neck trouble	G	G

	Yes	No
--	-----	----

12. Have you ever been exposed to a whiplash in your neck? G G

Yes No

13. Do you have an extraordinarily crooked back? G G

Yes No

14. Have you had X-rays taken of your back? G G

Yes No

15. Have you received the diagnosis >scoliosis=?..... G G

If yes, how old were you when you had this diagnosis? G 0 - 9 yrs
G 10-19 yrs
G 20 yrs or older

Yes No

16. Have you been treated for >scoliosis=? G G

If yes: G Wore a corset
G Operation
G Other treatment: _____

Yes No

17. Have you received the diagnosis >Scheuermann=s disease=? G G

If yes, how old were you when you had this diagnosis? G 0 - 9 yrs
G 10-19 yrs
G 20 yrs or older

Yes No

18. Have you been treated for Scheuermann=s disease? G G

If yes : G Wore a corset
G Operation
G Other treatment: _____

Yes No

19. Were you born with a clubfoot? G G

Yes, to

		Yes, much	some degree	No
20.	Has the look of your back been of importance for your quality of life for some part of your life?	G	G	G
21.	Is the look of your back of importance for your quality of life today?.....	G	G	G
		Yes, have now	Yes, had	No
22.	Do you, or did you ever suffer from asthma?	G	G	G
	If yes:			
	- how old were you when you had asthma? _____ yrs			
	- have you had an asthma attack in the course of the last 12 months? G Yes G No			
		Yes, have now	Yes, had	No
23.	Have you ever had month-long periods of coughing and sputum?	G	G	G
	If you are coughing now:			
	- have you been coughing for at least 3 months a year in the last 2 years (e.g. a morning cough)?G Yes G No			
		Yes, have now	Yes, had	No
24.	Do you have now, or did you ever have asthmatic eczema (eczema in elbow joints or the hollows of the knees)?	G	G	G
			Yes	No
25.	Now and again I cough and have difficulty in breathing when I exercise, walk, bike, lift, or carry out work		G	G
26.	Now and again I wake at night because of coughs or difficulty in breathing		G	G
27.	Now and again I have a wheezy breathing, a heavy weight on the chest, severe coughing fits, or difficulties in breathing deeply.....		G	G
28.	Now and again cold air, tobacco smoke, strong scents, cooking smells, contact with animals, or vacuum cleaning give me difficulty in breathing and coughing fits.....		G	G
29.	When I catch a cold it often affects the lungs.....		G	G
30.	I think or I know that I am allergic to dust, pollen, or animals		G	G
31.	I get or I used to get itching eyes and nose or sneezing fits from contact with pollen, animals, in rooms with carpets, or after vacuum cleaning		G	G
32.	I use or I used to use asthma medicine.....		G	G

33. Have you been inoculated against tuberculosis (BCG vaccination on your shoulder)?

Yes G Year: _____
 No G
 Don=t know G

The following questions are about hearing and speech

	Yes	No	Don=t know
34. Did you have periods with inflammation of the inner ear or earache as a child ?	G	G	G
35. Do you have now or have you had problems with your hearing?	G	G	
36. Do you use a hearing aid?.....	G	G	
37. Do you suffer from Ménière=s disease?.....	G	G	
38. Do you suffer from tinnitus?	G	G	
39. Did you and your twin use a private language that no one else understood?	G	G	G
40. Did you have speech disorders as a child?.....	G	G	G
41. Do you or did you ever stammer?.....	G	G	
42. Is it or was it ever a problem that you talked so fast that you stumbled over the words and missed out sentences?	G	G	
43. Did you have other speech disorders as a grown-up?.....	G	G	
44. Do you or did you ever have speech disorders or perceptual problems caused by a cerebral thrombosis, brain haemorrhage, or other form of brain damage?	G	G	G
45. Reading: Has it ever been difficult for you to read the subtitles on TV fast enough?	G	G	

Now follow some questions relating to your and your partner=s schooling and employment.

Λ If you do not have a spouse/partner, answer the questions on your own behalf.

46. What type of school education did you and your partner receive?

Λ If several, put a mark against the latest one.

	You:	Your partner:
7th grade	G	G
8th - 9th grade	G	G
9th grade with examination.....	G	G
10th grade without examination.....	G	G
10th grade with examination.....	G	G

Upper secondary school without examination.....	G	G
Upper secondary school leaving examination (comparable to A-levels or high-school certificate), HF, HH, HTX	G	G
Other schooling including foreign schools	G	G
Don=t know	G	G

47. Did you and your partner complete any education/vocational training after school?
Λ When more, put a mark against the longest education.

	You:	Your partner:
No vocational training.....	G	G
Course for semi-skilled workers	G	G
Training as an apprentice or trainee	G	G
Other vocational education (e.g. nursing aide, technical assistant)	G	G
Theoretic education, less than 3 yrs	G	G
Further theoretic education, 3-4 yrs	G	G
Academic education or similar, more than 4 yrs	G	G
Other education.....	G	G
Don=t know	G	G

48. What type of employment have you had for the longest period within the last year?

Self-employed in farming, gardening or fishing.....	G	Go to qu.50
Self-employed in one of the professions (physician, lawyer etc.)	G	Go to qu.50
Self-employed, other trades	G	Go to qu.50
Assistant spouse	G	Go to qu.51
Skilled worker	G	Go to qu.49
Unskilled or semi-skilled worker.....	G	Go to qu.49
Salaried employee/public servant	G	Go to qu.49
Student	G	Go to qu.52
Unemployed.....	G	Go to qu.52
Old-age pensioner	G	Go to qu.52
Housewife/not going out to work	G	Go to qu.52
Other	G	Go to qu.52

49. Is/was that a public or private employment?

Public employment	G
Private employment	G

50. How many subordinates do/did you have in that employment? ..

Number:_____

51. Do you still work?

Yes, full-time (37 hours or more per week)	G	Hours: _____
Yes, part-time (less than 37 hours per week)	G	Hours: _____
No, on early retirement.....	G	Year: _____
No, pension benefits payable between early retirement and normal retirement pension, transitional benefits	G	Year: _____
No, old-age pensioner.....	G	Year: _____
No, unemployed.....	G	Year: _____
No, on rehabilitation	G	Year: _____
No, on the sick list	G	No. of months: _____
Other:	G	

52. What, precisely, is/was your latest employment?

E.g. teacher, metalworker, head of department in the Inland/Internal Revenue, shop assistant, nurse.

If you do not have a spouse/partner go to qu. 58.

53. What type of employment did your spouse/partner have for the longest period within the last year?

Self-employed in farming, gardening, or fishing	G	Go to qu.55
Self-employed in one of the professions (physician, lawyer etc.)	G	Go to qu.55
Self-employed, other trades	G	Go to qu.55
Assistant spouse	G	Go to qu.56
Skilled worker	G	Go to qu. 54
Unskilled worker.....	G	Go to qu. 54
Salaried employee/public servant	G	Go to qu. 54
Student	G	Go to qu.57
Unemployed.....	G	Go to qu.57
Old-age pensioner	G	Go to qu.57
Housewife/not going out to work.....	G	Go to qu.57
Don=t know	G	Go to qu.57

54. Is/was your partners employment public or private?

Public employment G

Private employment G

55. How many subordinates does/did your partner have in that employment?

No: _____

56. Does your partner still work?

Yes, full-time (37 hours or more per week) G Hours: _____

Yes, part-time (less than 37 hours per week) G Hours: _____

No, on early retirement..... G Year: _____

No, pension benefits payable between early retirement and normal retirement pension, transitional benefits G Year: _____

No, old-age pensioner..... G Year: _____

No, unemployed..... G Year: _____

No, on rehabilitation..... G Year: _____

No, on the sick list..... G No. of months:

57. What precisely is/was your partner=s latest employment?
*ΔE.g. teacher, metalworker, head of department in the Inland/Internal Revenue, shop
assistant, nurse.*

The following questions relate to exercise, weight, and height

58. How will you describe your job or your daily occupation?
Also to be answered by persons not going out to work, students or unemployed persons .

- Mainly seated..... G
- Seated or standing, occasionally walking..... G
- Walking, occasional lifts..... G
- Heavy physical work G

59. How will you describe your spare time? (Incl. transportation to and from work/school)

- Light physical activity less than 2 hours per week. G
- Light physical activity 2-4 hours per week..... G
- Light physical activity more than 4 hours per week... G
- Strenuous physical activity 2-4 hours per week G
- Strenuous physical activity more than 4 hours per week or regular . G
 training

Better The same Worse Don=t know

60. How do you consider your physical form compared with your twin? G G G G

61. How do you consider your physical form compared with other people at your age? G G G

62. Who was born first?

- Myself G
- My twin..... G
- Don=t know G

63. Who weighed the most at birth?

- Myself G
- My twin G
- Weighed the same..... G
- Don=t know G

64. At the time of your confirmation (13-14 years) did you weigh more than your twin?

- Yes, I weighed more G

We had the same weight G
No, my twin weighed more G

65. **What is your present weight** kg: _____
66. **What was your weight five years ago (approx.)?** kg: _____
67. **What was your maximum weight ever?** kg: _____
Not including pregnancy.
68. **What is the size of your waistline?** cm: _____
69. **How tall are you (without your shoes on)?** cm: _____

70. How are you build compared to your contemporaries of the same sex:

	No	Yes, small	Medium	Rather big	Very big
Do you have a potbelly?	G	G	G	G	G
	No	Yes, a little	Some- what	Rather stout	Very stout
Do you have broad hips, bottom, and thighs?	G	G	G	G	G

71. Are you right-handed or left-handed?

Right-handed G
Left-handed G

The following questions relate to smoking and alcohol

72. Do you smoke at present?
Yes, more than 1 cigarette/cheroot/cigar/pipe of tobacco a day.. G Go to qu. 75
Yes, but less than 1 cigarette/cheroot/cigar/pipe of tobacco a day G Go to qu. 75
No G
73. Did you smoke earlier on?
Yes, more than 1 cigarette/cheroot/cigar/pipe of tobacco a day. G
Yes, but less than 1 cigarette/cheroot/cigar/pipe of tobacco a day G
No G Go to qu. 78
74. When did you quit smoking? Year: _____
75. Do you inhale now (or when you were a smoker)?
Yes G
No G

76. How much do/did you smoke on average a day?
- Number of filter-tipped cigarettes..... _____
- Number of cigarettes without filter tip..... _____
- Number of cheroots..... _____
- Number of cigars..... _____
- Pipes of tobacco

77. How many years have you smoked on a regular basis ? No. of yrs: _____

78. Did one of or both your parents smoke?
- Yes G
- No..... G

79. Do you ever drink some kind of alcohol?
- Yes, at least once a week G
- Yes, at least once a month G
- Yes, but not every month G
- No, never..... G Go to qu. 82

80. How much do you drink on average a week of the following?

	Total number
How many beers?.....	_____
How many units of strong liquors?.....	_____
How many glasses of red wine	_____
How many glasses of white wine?.....	_____
How many glasses of dessert wine	_____

81. How many years have you had wine on a regular basis (at least once a week) ? _____

The next questions relate to your present family

82. How many persons live in your household apart from yourself? Number: _____

If alone, how long have you lived by yourself?..... No yrs: _____ Go to qu.84

83. Which of the following persons do you live together with? (*more marks allowed*)

- | | | | | | |
|-----------------|---|----------------|---|----------------|---|
| Spouse | G | Partner | G | Child/children | G |
| Your twin | G | Other siblings | G | Parents | G |
| Other relatives | G | Friend/friends | G | Other persons | G |

84. How old were you and your twin when you first parted?..... Age: _____

85. How long, totally, have you and your twin lived together No. yrs: _____
Λ All the periods where you have lived together

86. How many brothers and sisters do you have apart from your twin? No.: _____

Λ If you don't have any siblings go to qu. 89.

87. How many older brothers and sisters do you have? No.: _____

88. How many younger brothers and sisters do you have? No.: _____

89. Are any of your parents, other siblings, or children also twins?

- Yes G
 No..... G

If yes, put a mark in every line for every twin pair:

	Father	Mother	Siblings	Children	Year of birth
1.	G	G	G	G	_____
2.	G	G	G	G	_____
3.	G	G	G	G	_____

The next questions relate to your spouse(s)/partner(s)

90. How many times have you been married or lived together with different partners? _____
 No.marriages/cohabitations

Λ If you have never been cohabiting with a partner or been married go to qu. 92

91. How old were you and your first partner when you were married or moved in together?

- You yrs
 Your first partner yrs

92. How many (biological) children do you have No.: _____

ΛIf you have not had any children, go to sp. 100.

The next questions relate to the first time you had a (biological) child. We are also interested in your child=s other parent

93. When you first became a parent, did you have twins or a single child?

Single child G

Twins G

94. What sex did the child have, and what did it weigh?

Sex G Boy G Girl

Weight at birth (if twins, please state the total weight at birth) _____ grams

	You:	The child=s other parent:
95. How old were you and your child=s other parent when your first (biological) child was born?	_____ yrs	_____ yrs

	You:	Child=s other parent:
96. When your first child was born, what vocational education had you and your partner completed at the time?		
No vocational education	G	G
Vocational training (e.g. artisan, clerk)	G	G
Short or middle-range further education of less than 4 years (e.g. engineer, catering officer, teacher)	G	G
Long further education of more than 4 years (e.g. physician, economist, lawyer, MSc in Engineering).....	G	G
Don=t know		G

97. Before your first child was born, how many years had each of you worked full-time?	_____ yrs	_____ yrs
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98. How long time went by before each of you returned to working full-time after you had your first child?		
No. of months.	_____	_____
Have not (yet) started to work full-time	G	G
Did not work full-time before the first child was born	G	G
..		

The next questions are about your current spouse/partner, how many children you have now, and your wishing to have more children.

99. Are you married or living with the partner with whom you had your first child?

Yes G Go to qu. 101

No G

100. Are you married or living with someone at present?
 Yes G
 No G Go to qu. 102

101. How many biological children does your present spouse/
 partner have? No.:_____

102. Would you like to have a(nother) child?
 No G Go to qu. 105
 Yes, within the next 2 yrs G
 Yes, within 2 - 5 yrs G
 Yes, in 5 yrs or more G

103. Would you prefer a boy or a girl the next time you have a child?
 A boy G
 A girl G
 Does not matter G

104. How many children would you like to have in all?..... No.:_____ G Don=t know

The following statements describe thoughts and feelings that we can all have. Please read each statement carefully and indicate the degree to which the statement in question is true of you. There are no Aright@ or Awrong@ answers. Please answer all the questions.

105.	Is not true of me at all	Is a little true of me	Is some- what true of me	Is rather true of me	Is very much true of me
I am often unsure of the kind of feeling I have	G	G	G	G	G
It is difficult for me to express my feelings properly	G	G	G	G	G
I have physical sensations that even doctors cannot understand	G	G	G	G	G
I find it easy to describe my feelings	G	G	G	G	G
I prefer to analyse problems instead of only describing them.....	G	G	G	G	G
When I am upset, I am not sure whether I am sad, afraid or angry	G	G	G	G	G
I often have strange sensations in my body	G	G	G	G	G
I prefer to let things happen instead of trying to understand why they happen.....	G	G	G	G	G
I have feelings that I cannot quite identify	G	G	G	G	G
I think it is important to be in contact with one=s feelings	G	G	G	G	G

I find it difficult to describe my feelings for other people	G	G	G	G	G
Other people usually ask me to describe my feelings in more detail.....	G	G	G	G	G
I don=t know, what is going on inside me	G	G	G	G	G
Often, I don=t know why I am angry.....	G	G	G	G	G
I prefer to talk to other people about their doings in the cause of the day rather than to talk about their feelings	G	G	G	G	G
I prefer to watch light entertainment on TV rather than psychological drama	G	G	G	G	G
I find it difficult to tell about my innermost feelings even to close friends	G	G	G	G	G
I can feel close to another person even in moments of silence	G	G	G	G	G
I find that it can help me if I try to notice what I feel when I am about to solve a personal problem	G	G	G	G	G
I think that it spoils the pleasure to look for hidden meanings in films or stage plays	G	G	G	G	G

To have thoughts about terrible things happening in one=s life is quite common. Sometimes these thoughts can trigger off a seemingly purposeless action that helps lessen one=s fear. E.g.:

- **controlling one=s newborn baby constantly**
- **thinking certain thoughts again and again or a certain number of times to avoid that something terrible will happen to oneself or a member of the family**
- **checking several times if the stove has been switched off and the door locked**
- **washing oneself repeatedly**
- **controlling if things are straight or symmetrical**
- **collecting things that others would consider rubbish**

106. Have you experienced such inconvenient thoughts?

- Yes, have them now G
 Yes, I used to have them, but not any longer..... G
 No G

Go to qu. 110

107. Do/did they result in actions like those described above?

- Yes G
 No G

108. How will you characterize these thoughts or actions today / then?

- Not inconvenient at all G
 Only inconvenient occasionally G
 Very inconvenient and impossible to put out of my head or stop G

109. How old were you when these thoughts or actions started?

- Less than 10 years old..... G
- Between 10 and 18 years old G
- More than 18 years old G

The last questions relate to your perception of your health.

110. How would you describe your constitution, all in all? (*Only one mark*)

- | | | | | |
|-----------|-----------|------|---------------|------|
| Excellent | Very good | Good | Not very good | Poor |
| G | G | G | GG | |

111. The following questions are about everyday activities. Does your health put any restrictions to these activities? If this is the case, to what extent?

	Yes, many restrictions	Yes, some restrictions	No restrictions at all
Easy activities such as moving a table, vacuum-cleaning, or bicycling	G	G	G
Climbing several stairs	G	G	G

112. Within the last 4 weeks, have you had any problems with your work or other daily activities because of your physical health?

	Yes	No
I have managed less than I wanted to	G	G
I have been limited in the kind of work or other activities that I have been able to do	G	G

113. Within the last 4 weeks, have you had any of the following problems at work or in connection with your daily activities because of emotional problems?

	Yes	No
I have managed less than I wanted to	G	G
I have done my work or other activities less carefully than usually.....	G	G

114. Within the last four weeks, to what extent has physical pain made you daily work difficult (work outside your home and housework)?

Not at all	A little	To some extent	Quite a lot	Very much
G	G	G	G G	

115. The following questions concern your well-being during the last 4 weeks. To what extent during the last 4 weeks have you ...

	All the time	Most of the time	Part of the time	Some of the time	Only a little of the time	At no point
...have you been at ease and relaxed?.....	G	G	G	G	G	G
...have you been bursting with energy?.....	G	G	G	G	G	G
...have you been in a sad mood?	G	G	G	G	G	G

116. To what extent during the last four weeks have your physical health or emotional problems made it difficult for you to see other people (e.g. to visit friends, relatives, etc.)

All the time	Most of the time	Some of the time	Only a little of the time	At no point
G	G	G	G	G

	Better	The same	Worse
117. How would you describe your health compared to your twin=s?.....	G	G	G

118. How would you describe your health compared to other persons at your age?	G	G	G
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119. All things considered, are you content with your life?

Very content.....	G
Fairly content	G
Not very content.....	G
Not content at all.....	G

Thank you very much for your help.
