

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
Needs of spouse/ significant other:	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
WORK/EDUCATION OUTSIDE HOME:																		
Job Performance:	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

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	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	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	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	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):
