

20. We would like you now to list the causes of death for all of the individuals listed in questions 12 (page 11 - 13) and 19 (p. 19 - 21). (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
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(657) 278-2142 (telephone)
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Please check here if you would like to receive a copy of the final report.

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