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.)

<table>
<thead>
<tr>
<th>DECEASED INDIVIDUAL</th>
<th>CAUSE OF DEATH</th>
<th>NATURE OF LOSS (Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TWIN</td>
<td>_______________</td>
<td>Sudden Not Sudden</td>
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<td>2. _______________</td>
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<td>Sudden Not Sudden</td>
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<td>3. _______________</td>
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<td>11. _______________</td>
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<td>12. _______________</td>
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<td>Sudden Not Sudden</td>
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</tbody>
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*NOTES:*
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<tr>
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<th>CAUSE OF DEATH</th>
<th>NATURE OF LOSS (Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. _______________</td>
<td>_______________</td>
<td>Sudden Not Sudden</td>
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<tr>
<td>14. _______________</td>
<td>_______________</td>
<td>Sudden Not Sudden</td>
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<td>15. _______________</td>
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<td>Sudden Not Sudden</td>
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<td>16. _______________</td>
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<td>17. _______________</td>
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<td>18. _______________</td>
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<td>Sudden Not Sudden</td>
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<tr>
<td>19. _______________</td>
<td>_______________</td>
<td>Sudden Not Sudden</td>
</tr>
<tr>
<td>20. _______________</td>
<td>_______________</td>
<td>Sudden Not Sudden</td>
</tr>
</tbody>
</table>

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

**1-2 months before** the loss of your twin:

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

**1-2 months after** the loss of your twin:

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

**One year after** the loss of your twin:

- a . . . Single
- b . . . Married
- c . . . Divorced
- d . . . Separated
- e . . . In a significant relationship
- 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
Department of Psychology
Fullerton, California  92834 USA
(657) 278-2142 (telephone)
(657) 278-7134 (fax)
NSEGAL@FULLERTON.EDU (email)

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

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