

TWINS' EARLY DEVELOPMENT STUDY

TEDS  
Research Centre  
113 Denmark Hill  
FREEPOST LON7567  
LONDON  
SE5 8YZ  
(0800) 317029

PLEASE TURN TO THE FIRST PAGE OF THIS BOOKLET

**CONSENT FORM**

If you and your twins would like to take part in this stage of TEDS it is important that you sign this form. As in all research, we can only involve you if you sign.

When you sign the form, you are agreeing to fill out these three booklets, as best you can.

For Office  
Use Only

**Your Name** .....

**Relationship to the twins (eg. mother, guardian etc)** .....

**Your address** .....

..... **Postcode**

**Is this a change of address since we last contacted you?**  YES  NO

**Your telephone number** .....

**Is this a change of telephone number since we last contacted you?**  YES  NO

**YES, I agree to myself and my twins taking part in this stage of TEDS, Twins' Early Development Study. I understand that we can withdraw from the study at any time, and that all information will be kept strictly confidential.**

**Signature** ..... **Date** ...../...../..... (Day/Month/Year)

**IS THERE ANYTHING NEW TO TELL US?**

Use Only

QUESTIONS 1 - 9 ARE ABOUT THINGS THAT HAVE CHANGED SINCE WE LAST CONTACTED YOU

1) **Has your marital status changed?** (PLEASE TICK ONE)

YES  NO

If YES, are you now: (PLEASE TICK ALL THAT APPLY)

married to parent of the twins  married to someone else  
 cohabiting with parent of the twins  cohabiting with someone else  
 divorced  separated  
 widowed  unmarried

Grid of boxes for marital status questions.

2) **Has your partner changed? (for example, do you have a new partner, do you now live alone?)** (PLEASE TICK ONE)

YES  NO

If YES, please describe what has changed.....

Grid of boxes for partner change question.

3) **Are there any new children living in the home with the twins?**

(PLEASE TICK ONE)

YES  NO

If YES, please tell us about them:

Child's name(s) Date of birth  Boy  Girl  
...../...../..... (Day/Month/Year)

**Does this child have the same parents as the twins?** (PLEASE TICK ONE)

both parents the same  one parent the same  no parent the same

Child's name(s) Date of birth  Boy  Girl  
...../...../..... (Day/Month/Year)

**Does this child have the same parents as the twins?** (PLEASE TICK ONE)

both parents the same  one parent the same  no parent the same

IF THERE ARE MORE THAN TWO NEW CHILDREN LIVING IN THE HOME, PLEASE TELL US ABOUT THEM ON THE BACK PAGE OF THIS BOOKLET AND TICK THIS BOX:

Grid of boxes for children living in the home questions.

4) **Is the mother of the twins pregnant?** (PLEASE TICK ONE)

YES  NO

If YES, when is the baby expected to be born? ...../...../..... (DAY/MONTH/YEAR)

Grid of boxes for pregnancy question.

5) **Has your job changed in any way?** (PLEASE TICK ONE)

YES  NO

If YES, please tell us about your job now (new job title, new hours of work etc)

.....

Grid of boxes for job change question.

6) **Has your partner's job changed in any way?** (PLEASE TICK ONE)

YES  NO  DO NOT HAVE A PARTNER

If YES, please tell us about his/her job now (new job title, new hours of work etc)

.....

Grid of boxes for partner's job change question.

**FIRST BORN twin**

First name .....

Last name .....

**SECOND BORN twin**

First name .....

Last name .....

For Office  
Use Only

7) **Since we last contacted you have either of the twins had any SERIOUS illness or accident?** (PLEASE TICK ONE)

YES  NO

If YES, please tell us:

Who? (PLEASE TICK ONE OR BOTH)  1st Born  2nd Born

What was wrong? 1st Born.....  
2nd Born.....

Was a visit or stay in hospital necessary? 1st Born  YES  NO  
2nd Born  YES  NO

How long did the illness last? 1st Born.....  
2nd Born.....

How is s/he now? 1st Born.....  
2nd Born.....

8) **Since we last contacted you have either of the twins' parents or brothers or sisters had any SERIOUS illness or accident?** (PLEASE TICK ONE)

YES  NO

If YES, please tell us:

Who? (PLEASE TICK ALL THAT APPLY)  
 Mother of the twins  Father of the twins  Brother/sister

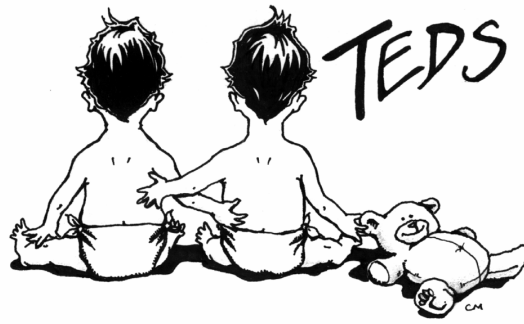
What was wrong? Mother.....  
Father.....  
Brother/sister.....

Was a visit or stay in hospital necessary? Mother  YES  NO  
Father  YES  NO  
Brother/sister  YES  NO

How long did the illness last? Mother.....  
Father.....  
Brother/sister.....

How is s/he now? Mother.....  
Father.....  
Brother/sister.....

9) **Is there anything else you would like to tell us?** (PLEASE DESCRIBE)



*TWINS' EARLY DEVELOPMENT STUDY*

**Do you have a relative or friend, in case you move or we are unable to contact you?**

**Relationship to you** .....

**Their first name** .....

**Their last name** .....

**Address** .....

.....

**Telephone number** .....

**THANK YOU FOR FILLING IN THIS BOOKLET, YOUR  
TIME AND ASSISTANCE IS VERY MUCH APPRECIATED!**

**When all three booklets are filled in, please post in the FREEPOST envelope.  
The bricks are a present for your children so you do not need to return  
them.**

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