



# Washington State Twin Registry



## Survey Instructions:

Please use a blue or black ink pen to complete this survey. And, please answer each question by selecting one answer and marking inside the numbered circle like this ●

### Q1. Are you . . .

- ① A twin  
 ② A triplet or higher  
 ③ Neither
- Please stop here and fill in the contact information on page 7.

### Q2. Is your twin . . .

- ① Alive  
 ② Deceased  
 ③ Don't know
- Please stop here and fill in the contact information on page 7.

### Q3. When you were children, were you and your twin as alike as two peas in a pod, or were you of ordinary family resemblance?

- ① Two peas in a pod  
 ② Of ordinary family resemblance  
 ③ Don't know

### Q4. How often, when you were children, did the following people have difficulty telling you and your twin apart?

	Never	Rarely	Sometimes	Often
Parents	①	②	③	④
Other relatives	①	②	③	④
Teachers	①	②	③	④
Strangers	①	②	③	④

### Q5. What sex were you assigned at birth, meaning on your original birth certificate?

	Male	Female
I am a . . .	①	②
My twin is a . . .	①	②

### Q6. What is your current height?

feet  inches

### What is your current weight?

pounds

### Q7. What is the most you have ever weighed? *If you have ever been pregnant, do NOT include your weight during pregnancy.*

pounds

### Q8. Have you ever had obesity surgery, such as gastric bypass, stomach stapling, or banding?

- ① Yes  
 ② No

### Q9. In your lifetime, how many times have you lost 10 or more pounds on purpose?

- ① 0  
 ② 1-2  
 ③ 3-4  
 ④ 5+

### Q10. During the past 4 weeks, how many servings of the following did you have on a typical day?

	None	1-2	3-4	5+
Fruits	①	②	③	④
Vegetables	①	②	③	④
Cans or glasses of soda	①	②	③	④
Caffeinated coffee, tea, or cola	①	②	③	④
Energy drinks	①	②	④	④

### Q11. During the past 4 weeks, how many times in a typical week did you eat a meal at a fast food restaurant such as McDonalds, Burger King, or KFC?

- ① 0  
 ② 1-2  
 ③ 3-4  
 ④ 5+

### Q12. Have you ever had an illness or trouble caused by eating any of the following?

	Yes	No
Peanuts	①	②
Tree nuts	①	②
Fish	①	②
Shellfish	①	②
Other, please specify: <input type="text"/>	①	②

*If "No" to all, skip to Q14 below.*

### Q13. Have you experienced any of these problems from the food(s) within an hour of eating them?

	Yes	No
Hives	①	②
Redness of skin	①	②
Swelling	①	②
Diarrhea	①	②
Congestion	①	②
Itchy throat/mouth	①	②
Throat tightness	①	②
Coughing	①	②
Wheezing	①	②
Trouble breathing	①	②
Passing out	①	②
Other, please specify: <input type="text"/>	①	②
I have never had a reaction	①	②

### Q14. Over the past 4 weeks, how much time altogether did you spend on a typical day sitting and watching TV or videos or using a computer outside of work?

- ① 0 hours  
 ② 1-2 hours  
 ③ 3-4 hours  
 ④ 5+ hours

**Q15. Over the past 4 weeks, how many days during a typical week did you exercise vigorously for at least 20 minutes?** (*Vigorous exercise causes heavy sweating or large increases in breathing or heart rate and includes such activities as running, lap swimming, aerobics classes, and fast bicycling.*)

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7

**Over the past 4 weeks, how many days during a typical week did you exercise moderately for at least 30 minutes?** (*Moderate exercise causes only light sweating or slight to moderate increases in breathing or heart rate and includes such activities as brisk walking, bicycling for pleasure, golf, and dancing.*)

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7

**Q16. How many days during a typical week do you use transit services such as a bus, ferry, or commuter rail?**

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7

**How many days during a typical week do you walk for recreation, exercise, to get to and from places, or for any other reason in your neighborhood.**

- ① 0 ② 1 ③ 2 ④ 3 ⑤ 4 ⑥ 5 ⑦ 6 ⑧ 7

*If zero days, skip to Q18 below.*

**Q17. When you walk in your neighborhood, about how many minutes, on average, do you spend walking each time you walk?**

- ① Less than 15  
 ② 15  
 ③ 30  
 ④ 45  
 ⑤ 60  
 ⑥ 75  
 ⑦ 90 or more

**Q18. On average, how long do you sleep per night?**

hours  minutes

**Q19. How often do you...**

	Never	Sometimes	Often	Always
Have difficulty falling asleep or staying asleep	①	②	③	④
Fall asleep during the day against your will	①	②	③	④

**Q20. One hears about “morning” and “evening” types of people. Which one of these types do you consider yourself to be?**

- ① Definitely a morning type  
 ② More a morning than an evening type  
 ③ More an evening than a morning type  
 ④ Definitely an evening type

**Q21. During the past month, have you had, or have you been told about, loud snoring?**

- ① Never  
 ② Rarely  
 ③ 1-2 times per week  
 ④ 3-4 times per week  
 ⑤ 5-7 times per week  
 ⑥ Don't know

**Q22. When you try to relax in the evening or sleep at night, do you ever have unpleasant, restless feelings in your legs that can be relieved by walking or movement?**

- ① Yes  
 ② No

**Q23. In general, would you say your health is:**

- ① Excellent  
 ② Very good  
 ③ Good  
 ④ Fair  
 ⑤ Poor

**Q24. Has a medical doctor, dentist, or other health care professional ever diagnosed you with ...**

	Yes	No
Arthritis	①	②
Asthma	①	②
Attention deficit hyperactivity disorder (ADHD)	①	②
Blood clots in legs or lungs	①	②
Breast cancer	①	②
Chronic fatigue syndrome	①	②
Chronic sinus problems	①	②
Chronic tension headaches	①	②
Depression	①	②
Fibromyalgia	①	②
Gastroesophageal reflux disease (GERD)	①	②
Hearing loss	①	②
Heart disease	①	②
Herniated or slipped disc	①	②
High cholesterol	①	②
Hypertension/high blood pressure	①	②
Irritable bowel syndrome (IBS)	①	②
Kidney stones	①	②
Low back pain	①	②
Migraine headaches	①	②
Panic or anxiety attacks	①	②
Parkinson's disease	①	②
Post traumatic stress disorder (PTSD)	①	②
Seasonal allergies or hay fever	①	②
Seizures or epilepsy	①	②
Speech or language problems	①	②
Temporomandibular joint disorder (TMD or TMJ)	①	②
Type 1 Diabetes (formerly called “juvenile-onset diabetes”)	①	②
Type 2 Diabetes (formerly called “adult-onset diabetes”)	①	②

The next two questions are for female twins.  
Male twins, please skip to Q27a, below.

**Q25. At what age did your period begin?**

- ① Under 9
- ② 10
- ③ 11
- ④ 12
- ⑤ 13
- ⑥ 14
- ⑦ 15
- ⑧ 16 or older

**Q26. Have you ever had . . .**

	Yes	No
Polycystic ovarian syndrome (PCOS)	①	②
Preeclampsia	①	②
Preterm or premature labor	①	②
Diabetes only during pregnancy	①	②
High blood pressure only during pregnancy	①	②
Miscarriage	①	②
Fibrocystic breast disease	①	②

**Q27a. Have you ever had a head injury or blow to the head in which you were knocked out or unconscious, suffered a concussion or memory loss, or were dazed or confused?**

- ① Yes
- ② No → *If no, please skip to Q28 below.*

**Q27b. For what period of time before, during, or after the injury did you have no memory?**

- ① No memory loss
- ② 1-30 minutes
- ③ 31 minutes to 24 hours
- ④ More than 24 hours

**Q28. In the past year, have your gums bled occasionally when you brushed your teeth or have you had swollen or red gums?**

- ① Yes
- ② No

**Q29. Have you ever had . . .**

	Yes	No
Genital herpes	①	②
Cold sores or fever blisters	①	②

**Q30a. At any point in your life (other than during a pregnancy), were you ever exhausted, extremely tired, or fatigued that wasn't substantially improved by a period of rest?**

- ① Yes
- ② No → *If no, please skip to Q31.*

**Q30b. (If yes to Q30a), when your exhaustion, tiredness, or fatigue was at its worst, how long did it last?**

- ① Less than a month
- ② 1 to 5 months
- ③ 6 months or more
- ④ All my life

**Q31. Approximately how many bladder or kidney infections have you been treated for in your lifetime?**

- ① 0
- ② 1
- ③ 2-4
- ④ 5-14
- ⑤ 15 or more

**Q32. Do you have pain, pressure or discomfort in the pelvis, groin or upper thighs that worsens when your bladder fills?**

- ① Yes
- ② No

**Q33. Do you have pain, pressure or discomfort in the pelvis, groin or upper thighs that is relieved or improved by emptying your bladder?**

- ① Yes
- ② No

**Q34. Do you have to urinate frequently?**

- ① Yes
- ② No

**Q35. In the past 3 months, have you had...**

	Yes	No
Back pain that lasted for at least one day	①	②
Back pain that travels into one or both legs	①	②
Pain in the midback	①	②
Abdominal pain relieved with bowel movements, or associated loose stools or constipation	①	②
Persistent or recurrent pain in the face, jaw, temple, in front of the ear, or in the ear	①	②
Chest pain	①	②

**Q36. The questions below refer to the headaches or migraine episodes without headache that you may have experienced in your lifetime.**

	Yes	No
Do you have frequent or intense headaches?	①	②
Do your headaches usually last more than 4 hours	①	②
Do you usually suffer from nausea when you have a headache?	①	②
Does light or noise bother you when you have a headache?	①	②
Does headache limit any of your physical or intellectual activities?	①	②

**Q37. In the past 3 months have you had pain in your muscles, bones, or joints lasting at least one week in your . . .**

	Yes	No
Shoulders, arms, or hands	①	②
Legs or feet	①	②
Neck, chest, or back	①	②

**Q38. Some people have terrible experiences happen to them. Have you experienced any of the following?**

	Yes	No
Combat	①	②
Fire/explosion	①	②
Physical assault	①	②
Other (natural disaster, assault w/weapon, sexual assault)	①	②

**Q39. Over the past 2 weeks, how often have you been bothered by the following problems . .**

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	①	②	③	④
Feeling down, depressed, or hopeless	①	②	③	④
Feeling tired or having little energy	①	②	③	④

**Q40. Have you ever had persistent or recurrent bothersome thoughts, images or dreams after a stressful or traumatic event?**

- ① Yes
- ② No

**Q41. In the last month, how often have you . . .**

	Never	Almost never	Some-times	Fairly often	Very often
Been upset because of something that happened unexpectedly	①	②	③	④	⑤
Felt that you were unable to control the important things in your life	①	②	③	④	⑤
Felt nervous and “stressed”	①	②	③	④	⑤
Felt confident about your ability to handle your personal problems	①	②	③	④	⑤
Felt that things were going your way	①	②	③	④	⑤
Found that you could not cope with all the things that you had to do away from reminders of it	①	②	③	④	⑤
Been able to control irritations in your life	①	②	③	④	⑤
Felt that you were on top of things	①	②	③	④	⑤
Been angered because of things that were outside of your control	①	②	③	④	⑤
Felt difficulties were piling up so high that you could not overcome them	①	②	③	④	⑤

**Q42. Consider how well the following statements describe your behavior and actions.**

	Does not describe me at all	2	3	4	Describes me very well
I look for creative ways to alter difficult situations	①	②	③	④	⑤
Regardless of what happens to me, I believe I can control my reaction to it	①	②	③	④	⑤
I believe I can grow in positive ways by dealing with difficult life situations	①	②	③	④	⑤
I actively look for ways to replace the losses I encounter in life	①	②	③	④	⑤

**Q43. How often do you have a drink containing alcohol?**

- ① Never → *Skip to Q46a on next page.*
- ② Monthly or less
- ③ 2-4 times a month
- ④ 2-3 times a week
- ⑤ 4 or more times a week

**Q44. How many drinks of alcohol do you have on a typical day when you are drinking?**

- ① 1 to 2
- ② 3 to 4
- ③ 5 to 6
- ④ 7 to 9
- ⑤ 10 or more

**Q45. How often do you have 6 or more drinks on one occasion?**

- ① Never
- ② Less than monthly
- ③ Monthly
- ④ Weekly
- ⑤ Daily or almost daily

**Q46a. Have you smoked at least 100 cigarettes in your entire life?**

- ① Yes
- ② No

**Q46b. Do you currently smoke?**

- ① Yes
- ② No

**Q47. Where were you born?**

State or province  Country

**Q48. At what age did you and your twin move apart?**

- ① Before age 6
- ② 6-10
- ③ 11-14
- ④ 15-17
- ⑤ 18-21
- ⑥ 22-24
- ⑦ 25 or older
- ⑧ Still together

**Q49. Are you currently . . .**

- ① Single, never married
- ② Married
- ③ Widowed
- ④ Divorced
- ⑤ Separated
- ⑥ Living with partner

**Q50. Have you and a partner ever tried to get pregnant for a year or more without success?**

- ① Yes
- ② No

**Q51. If you have a child, how old were you when your first child was born?**

Years of age

Or, check here if you have no biological children

**Q52. How many living biological or adopted children do you have?**

- ① 0
- ② 1
- ③ 2
- ④ 3
- ⑤ 4
- ⑥ 5
- ⑦ 6
- ⑧ 7 or more

**Q53. Do you consider yourself to be Hispanic or Latino?**

- ① Yes
- ② No

**Q54. What race do you consider yourself to be?**

*Choose one or more of the following.*

	Yes	No
American Indian or Alaska Native	①	②
Black or African-American	①	②
Native Hawaiian or Pacific Islander	①	②
Asian	①	②
White	①	②
Other	①	②

**Q55. What is the highest level of education you have completed?**

- ① Never attended school or only attended kindergarten
- ② Grades 1-8
- ③ Grades 9-11
- ④ Grade 12/High school graduate/GED
- ⑤ Some college (no degree)
- ⑥ Associate's degree
- ⑦ Technical or vocational degree
- ⑧ Bachelor's degree
- ⑨ Graduate or professional degree

**Q56a. What is your current employment status?**

- ① Working full time
- ② Working part time
- ③ Unemployed
- ④ Temporarily laid off, sick leave, other leave
- ⑤ Disabled
- ⑥ Homemaker
- ⑦ Retired, no longer working
- ⑧ Retired, working part or full time

**Q56b. In which month and year did your current employment status begin?**

Month  Year

**Q57. In the past year, which income group best represents the total income for your household from all sources?**

- ① Less than 20,000
- ② \$20,000-29,999
- ③ \$30,000-39,999
- ④ \$40,000-49,999
- ⑤ \$50,000-59,999
- ⑥ \$60,000-69,999
- ⑦ \$70,000-79,999
- ⑧ \$80,000-89,999
- ⑨ \$90,000-\$99,999
- ⑩ \$100,000-\$149,999
- ⑪ \$150,000 or more

**Now we have just a few questions to help us contact you in the future.**

Your first name:	Your middle name:	Your last name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
mm	dd	yyyy

Your main phone number:	Your alternate phone number:
<input type="text"/> <sup>①</sup> home <input type="text"/> <sup>②</sup> cell (999) 999-9999	<input type="text"/> <sup>①</sup> home <input type="text"/> <sup>②</sup> cell (999) 999-9999

Help us go green! Provide your email address to receive study invitations and newsletters.

Residence Address (street address where you are living now):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt, Unit or PO Box	City	State	ZIP	Country (if not USA)

Permanent Address (if different from residence address):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt, Unit or PO Box	City	State	ZIP	Country (if not USA)

(Optional) Social security number

To help us tell you and your twin apart from other pairs of twins, please provide us with your mother's maiden name (her name before she was ever married).

Mother's first name:	Mother's maiden name:
<input type="text"/>	<input type="text"/>

Also, please provide contact information for someone who will always know how to reach you (other than your twin).

Contact name	Contact phone number
<input type="text"/>	<input type="text"/>
	(999) 999-9999

In order to be enrolled into the Twin Registry, both you and your twin must be willing to participate. With your twin's permission, please provide us with their name, current mailing address and email address. In order to invite your twin to participate, we need to have their mailing or email address.

Are you still in contact with your twin?

Yes  
 No

May we contact your twin?

Yes  
 No

Your twin's first name:	Your twin's last name:	<input type="checkbox"/> I am not in contact with my twin	<input type="checkbox"/> Please follow up with me for my twin's contact information
<input type="text"/>	<input type="text"/>		

Your twin's mailing address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt, Unit or PO Box	City	State	ZIP	Country (if not USA)

Your twin can be invited to join via email! Simply provide their email address and we will email them an invitation.

**That's our last question for now. If you have any comments or questions for the staff at Washington State Twin Registry, please feel free to write them in the space provided below.**

A large, empty rectangular box with a black border, intended for handwritten comments or questions.

Please return this questionnaire in the postage-paid envelope provided.

Social and Economic Sciences Research Center  
Washington State University  
PO Box 641801  
Pullman, WA 99164-4014

If you have any questions about this survey,  
please call 1-800-833-0867, or email us at [sesrc@wsu.edu](mailto:sesrc@wsu.edu)



Social & Economic Sciences  
Research Center

WASHINGTON STATE UNIVERSITY