

QUESTIONNAIRE

INVESTIGATION INTO THE LIVES OF SURVIVING TWINS AND OTHER HIGHER ORDER MULTIPLES AGES 18 YEARS AND ABOVE.

Your participation is greatly appreciated.

MULTIPLE BIRTH SURVIVOR

Important Note: All participants MUST be aged 18 years or above as parental permission is not being sought in this project. Please be aware that by completing and submitting this questionnaire to National Twin Loss Support you are agreeing to this information being published in NTLS newsletters, books and any other published works by the NTLS organisation. You have the right to remain anonymous by using a fake name, but please ensure you provide an honest and accurate account of your situation as this information will be used by NTLS to assist other multiple birth loss survivors. Thank you.

GENERAL BACKGROUND INFORMATION

Today's Date:

Your Name:

(real name not required) _____

Your Age _____ **Gender** _____

Your Profession _____

City/Town/Country of residence _____

Survivor Status? Eg. Surviving twin, triplet, quadruplet etc.

Are you an identical or fraternal twin? (Answer as best you can if you are a higher order multiple and are unsure if you are identical or not.)

NTLS
National Twin Loss Support

www.nationaltwinloss.org.au

SECTION 1: The Beginning

Q1 – Briefly describe how and when you discovered that you were a multiple birth child? (This area will be further investigated in Section 5, Q2):

Q2 - How old were you and your sibling/s when they died? -----

Q 3 – Do you know the history behind the loss of your sibling/s?

SECTION 2: Your Emotional Well-Being

Q 1 – Have you suffered any psychological issues as a result of being a Survivor? (Please include situations where you sought support through the use of drugs and/or alcohol.) (If 'no' then skip Q2)

Q 2 - Did you seek help from a Health Care Professional in order to cope with any psychological issues?

Q 3 - Did you seek help from any other areas such as Religious groups or Self-Help Groups?

Q 4 – Did you feel that the help you received was useful or a waste of time and even a waste of finances?

Q 5 – Are you still under Professional medical care (if you answered ‘yes’ at Q1), or are you still involved with the particular religious or self-help group?

Q 6 - Do you struggle to fit into what is sometimes referred to as a ‘Singleton World’?

Q 7 - Do you recognise yourself as being part of a multiple-birth unit i.e. a twin, triplet, quadruplet etc and how do you feel about this? For example, do you have a sense of pride, or disinterest and why?

SECTION 3: Relationships

Q 1 – Do you have trouble forming and maintaining long-term Relationships?

Q 2 – Do you attribute any relationship problems that you have experienced in the past or present, to your loss/es?

SECTION 4: Other Resources

Q 1 Are you aware of what twin loss resources are available locally, nationally, or internationally and how did you find them?

SECTION 5: Your Parents

Q 1 – Do you feel that you have, (or have had), a positive relationship with your parents? Please explain:

Q 2 – Were your parents open and honest with you about your status in life or were they secretive? Please explain in detail:

Q 3 – Do you understand why your parents chose to disclose/not disclose your status? Please explain in detail:

Q 4 – Do you feel any animosity or resentment against your parents for disclosing/not disclosing your status? Please explain in detail:

Q 5 – Do you/have you ever spoken freely about your deceased sibling/s with your parents? Please explain in detail:

SECTION 6: Your Birthday

Q 1 - Do you view your birthday as a day of celebration or a day of grief? Please explain in detail:



Q 2 – If you view this as a day of celebration, in what ways do you celebrate and do you share this day with others? Please explain in detail:

Q 3 – If you view this as a day of grief, in what ways do you cope and do you share this day with others? Please explain in detail:

SECTION 6: Final Thoughts regarding your overall experiences.

Q 1 Do you have anything else to share regarding your experiences that may have not been covered by this questionnaire?

If you would like to offer any further comments please attach additional sheets

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE, YOUR RESPONSES WILL BE EXTREMELY VALUABLE AND WE APPRECIATE THE THOUGHT AND EFFORT THAT WENT INTO THEM.

You are welcome to either return this questionnaire via email to:

enquiriesntls@internode.on.net

and put the words: **“Future’s Hope” Questionnaire** into the subject box

OR

Print out a hard copy and post back to:

**National Twin Loss Support
“Future’s Hope” Questionnaire
PO Box 3157
Salisbury East Sth Aust 5109
Australia**

