

QUESTIONNAIRE

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

Your participation is greatly appreciated.

Additional data

MULTIPLE BIRTH SURVIVOR –
SIBLING/S

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 _____

Status: E.g. Sibling of a Surviving twin, triplet, quadruplet etc.

NTLS
National Twin Loss Support

www.nationaltwinloss.org.au

SECTION A: 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 sibling’s 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 sibling’s status? Please explain in detail:

Q 4 – Do you feel any animosity or resentment against your parents for disclosing/not disclosing your sibling’s 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:

Q 6 – Do you feel that you were, (or still are), treated differently by your parents because you are not the multiple birth child? For example, do you feel that you didn’t receive as much attention as the surviving multiple birth sibling due to reasons such as their poor health, the fact that they lived whilst the other child/ren died, etc.

SECTION B: Your Multiple Birth Sibling/s

Q 1 – What sort of relationship do you have with your multiple birth sibling/s? Please explain in detail:

Q 2 – Do you feel any animosity or jealousy towards them? Please explain in detail:

SECTION C: Resources

Q 1 Are you aware of any resources or self-help groups which are available locally, nationally, or internationally for multiple birth loss siblings, and how did you find them?

Q 2 – Do you/have you ever sought any professional medical assistance due to your situation, or do you/have you attend/ed a self-help group with like-minded people?

SECTION D: 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

