

TWIN QUESTIONNAIRE

Relevant parts from a questionnaire sent to the twins at age 23-25 years

HOW TO ANSWER:

It is easy to fill out the questionnaire. You will always answer each question or sub-question by circling one of the alternatives. The alternatives have been numbered. Some of the questions have, after the answer alternatives, a supplementary question or an indication to move on to a certain other question. In some of the questions you are asked to write or number something. These places have been underlined.

If you have to correct an answer, cross out the faulty answer.

WORK AND LIVING

1. Do you still live with your co-twin?

- 1 Yes, I live with him/her
- 2 No, we lived together until the age of _____ years

2. How often do you meet or are in contact by phone with your co-twin?

- 1 daily or almost daily
- 2 about once a week
- 3 about once a month
- 4 about once in 6 months
- 5 more seldom
- 6 never

3. What kind of education have you had?

- 1 primary school
- 2 high school (leading to a national exam in Finland)
- 3 trade school (accounting-, technical-, agricultural-, etc. school)
- 4 vocational school (higher level than the above but below university level; business school, engineering school, nursing school etc.)
- 5 vocational college of university standing (bachelor's degree) university (master's degree or higher)

4. Do you study at present?

- 1 I don't study
- 2 I study at high school, trade school or vocational school
- 3 I study at vocational college of university standing (bachelor's degree)
- 4 I study at university (master's degree or higher)
- 5 I study elsewhere, at _____

5. Are you at present? (mainly)
- 1 working, outside home
 - 2 working at home
 - 3 student
 - 4 unemployed
 - 5 at the military service
 - 6 on pension something else, what? _____
6. How many hours per week do you work for wages?
- _____ hours per week
7. What is your present occupation? Explain in as much detail as possible, e.g. instead of salesman/woman, use expressions: salesman/woman at a kiosk, salesman/woman at a flower shop, etc.
-
8. During the past 12 months, have you been unemployed or dismissed from work?
- 1 not at all
 - 2 a month or less
 - 3 2-3 months
 - 4 4-6 months
 - 5 7-11 months
 - 6 whole the year
9. What is your present financial situation?
- 1 very good
 - 2 fairly good
 - 3 average
 - 4 fairly bad
 - 5 very bad
10. Have you done military service?
- 1 no
 - 2 presently serving
 - 3 fully served
 - 4 partially served
 - 5 delayed
 - 6 freed from service
11. What is your military service grade
- 1 A1 or A2
 - 2 B1 or B2
 - 3 C or D
 - 4 E
 - 5 I don't remember
12. Where do you live at present?

- 1 in the capital area
- 2 in another city of at least 20 000 inhabitants
- 3 in a city of less than 20 000 inhabitants
- 4 in a densely populated rural community
- 5 in another rural place

13. For how long have you lived at your present place of residence?

- 1 less than a year
- 2 1-2 years
- 3 3-4 years
- 4 more than 5 years

14. How many times have you moved since you were 18 years of age?

- 1 0 times
- 2 once
- 3 2-4 times
- 4 times or more

15. Do you live with

- 1 a spouse / cohabitant
- 2 your parent(s)
- 3 alone
- 4 alone with children
- 5 other (e.g. study mates or sibs)

HEALTH

16. How do you consider your health? is it presently

- 1 very good
- 2 rather good
- 3 mediocre
- 4 rather poor
- 5 very poor

17. During the past six months have you had any of the following symptoms and if so, how often?

	Seldom or not at all	About once a month	About once a week	Almost daily
A Stomach pains	1	2	3	4
B Tension or nervousness	1	2	3	4
C Sleeping disorders	1	2	3	4
D Headaches	1	2	3	4
E Low back pain	1	2	3	4
F Back or neck pains	1	2	3	4

18. Has a doctor ever said you would suffer from migraine headaches?

- 1 yes

2 no

19. Have you ever suffered from anorexia nervosa?

1 yes

2 no

3 I do not know

20. Have you ever suffered from bulimia?

1 yes

2 no

3 I do not know

21. Has anyone ever said that you may have an eating disorder (anorexia, bulimia or other eating disorder)?

1 yes

2 no

22. Has a doctor diagnosed you with asthma?

1. no

2. yes (if yes, please also answer the following)

A. How old were you then?..... years

B. How old were you when the symptoms of asthma (coughing, shortness of breath and/or wheezing) started?years

C. Do you still have symptoms of asthma?

1. no How old were you when the symptoms ceased?.....years

2. yes

D. Have you ever had or do you still have reimbursed medication for asthma? (from the Social Insurance Institution)

1. yes

2. no

23. Has a doctor diagnosed you with hay fever?

1. no (go to question 24)

2. yes (if yes, please also answer the following questions)

A. Was the diagnosis confirmed by skin tests?

1 no

2 yes

B. How old were you when the hay fever was detected?.....years

C. How old were you when the symptoms of hay fever started?.....years

D. How old were you when you last had symptoms of hay fever?.....years

24. Have you been diagnosed with some other allergic disease than hay fever or asthma?

1. no
2. yes. What?.....

25. Have you ever had back pain lasting for more than one day?

1. never
2. 1-2 times
3. 3-9 times
4. over 10 times

26. What was your back pain like when it was at its worst?

1. I have not had back pain
2. ischias(pain radiating to the lower extremity)
3. lumbalgia (acute pain attack in back)
4. other back problem- what kind?

27. Do you have a chronic disease, defect or injury that handicaps you in every day life?

1. no
2. yes Please describe:.....

28. Do you regularly (throughout the year or seasonally) use a medication for an illness?

1. no
2. yes. Please describe the medication and the indication.....

29. How many full working days did you miss because of an illness during the past 12 months (pregnancy is not included)

30. How urgent do you think your need for dental care to be?

1. great
2. moderate
3. small
4. very small
5. I have no need for dental care
6. I cannot tell

31. How many filled teeth do you have?

- 1 none
- 2 1-4
- 3 5-10
- 4 over 10
- 5 I cannot tell

32. Do you gums bleed when you brush your teeth?

1. almost always
2. every week
3. occasionally
4. never
5. I cannot tell

33. Have your wisdom teeth been removed?
1. no
 2. yes, one from upper jaw
 3. yes, both from upper jaw
 4. yes, one from lower jaw
 5. yes, both from lower jaw
 6. I cannot tell
34. Have your wisdom teeth caused you problems or pain?
1. no
 2. yes
 3. I cannot say
35. Do you grind your teeth?
1. every night
 2. weekly
 3. occasionally
 4. never
 5. I cannot tell

HEIGHT, WEIGHT, DIETING

36. What is your current height? _____ cm
37. What is your current weight? _____ kg
(if pregnant, pregnancy not included)?
38. At your current height, what has been your highest weight
(in females pregnancy not included)? _____ kg
39. At your current height, what has been your lowest weight? _____ kg
40. What do consider to be your ideal weight? _____ kg
41. How many times in your life time have you lost 5 kg or more?
- 1 none
 - 2 once
 - 3 2 - 4 times
 - 4 5 or more times
42. A. Have you ever used laxatives, diuretics, or enemas in order to control your weight?
- 1 Yes, frequently under the past 3 months
 - 2 Yes, frequently some time in the past for at least a period of 3 months
 - 3 I have tried some time
 - 4 Never

B. Have you ever used hormones (eg. anabolic steroids), nutritional supplements, or other special products to enhance your muscle mass?

- 1 Yes, repeatedly during past 3 months.
- 2 Yes, repeatedly for at least 3 months in the past.
- 3 I've tried that a few times.
- 4 No, not at all.

43. Please circle the correct alternative in the following statements

		always	usually	often	some- times	rarely	never
A	I eat sweets and carbohydrates without feeling nervous.	A	B	C	D	E	F
B	I think that my stomach is too big.	A	B	C	D	E	F
C	I eat when I am upset.	A	B	C	D	E	F
D	I stuff myself with food.	A	B	C	D	E	F
E	I think about dieting.	A	B	C	D	E	F
F	I think that my thighs are too large.	A	B	C	D	E	F
G	I feel extremely guilty after overeating.	A	B	C	D	E	F
H	I think that my stomach is just the right size.	A	B	C	D	E	F
I	I am terrified of gaining weight.	A	B	C	D	E	F
J	I feel satisfied with the shape of my body.	A	B	C	D	E	F
K	I exaggerate or magnify the importance of weight.	A	B	C	D	E	F
L	I have gone on eating binges where I felt that I could not stop.	A	B	C	D	E	F
M	I am preoccupied with the desire to be thinner.	A	B	C	D	E	F
N	I think about bingeing (overeating).	A	B	C	D	E	F
O	I think my hips are too big.	A	B	C	D	E	F
P	I eat moderately in front of others and stuff myself when they are gone.	A	B	C	D	E	F
Q	If I gain a pound, I worry that I will keep gaining.	A	B	C	D	E	F
R	I have the thought of trying to vomit in order to lose weight.	A	B	C	D	E	F
S	I think that my thighs are just the right size.	A	B	C	D	E	F
T	I think my buttocks are too large.	A	B	C	D	E	F
U	I eat or drink in secrecy.	A	B	C	D	E	F
V	I think that my hips are just the right size.	A	B	C	D	E	F
W	I am satisfied with my height.	A	B	C	D	E	F
X	I would like to be more muscular.	A	B	C	D	E	F

PHYSICAL ACTIVITY

44. Is your current physical fitness

- 1 Very good
- 2 Quite good
- 3 Satisfactory
- 4 Quite poor
- 5 Very poor

45. How much time daily do you spend walking, bicycling, jogging, or skiing to your work?

- 1 Less than 15 min
- 2 15 - 30 min
- 3 30 - 60 min
- 4 1 hour or more
- 5 I don't work or study

46. Which of the following descriptions best suits your work?
- 1 Largely sedentary work, not much walking during the working day
 - 2 Sedentary or standing work involving some walking, but not much lifting or carrying
 - 3 work involving a lot of walking, lifting or carrying
 - 4 heavy manual work, involving lifting or carrying heavy objects, digging, logging, etc.
 - 5 I don't work or study
47. How much do you engage in leisure physical activity? If the amount varies a great deal during different seasons, indicate the alternative that best corresponds to the average situation.
1. I practice several times a week at a competitive level
 2. I engage in leisure time physical activity at least 3 hours a week
 3. I walk, bicycle or other wise exercise without too much sweating at least four hours a week.
 4. I don't really exercise
48. How often do you exercise in your leisure time?
- 1 not at all
 - 2 less than once a month
 - 3 1-2 times a month
 - 4 once a week
 - 5 2-3 times a week
 - 6 4-5 times a week
 - 7 about every day
49. How intense are you leisure time activities usually?
- 1 equal to walking
 - 2 walking+light jogging
 - 3 light jogging
 - 4 running
50. How long do you exercise per occasion?
- 1 less than 30 min
 - 2 half an hour to under one hour
 - 3 one hour to under 2 hours
 - 4 two hours or more
51. How much are you on your feet and on the move daily (e.g. at home or in the garden) during your leisure time (excluding work, going to work, or 'exercising')
- 1 less than 30 min
 - 2 half an hour to under one hour
 - 3 one hour to under 2 hours
 - 4 two hours or more
52. How much time do you spend reading, doing handicrafts, watching tv, surfing the internet, playing with computers or sitting in a car / other sedentary activities per day?
- 1 less than 30 min

- 2 half an hour to under one hour
- 3 one hour to under 2 hours
- 4 two hours or more

HUMAN RELATIONS

53. For how long has your present relationship lasted?
- 1 I don't have a relationship at present
 - 2 I have a relationship which began _____ years ago
54. Are you or your spouse pregnant at the moment?
- 1 yes
 - 2 no
55. Do you have own children?
- 1 no
 - 2 yes, one child
 - 3 yes, two or more children
56. How many relationships have you had where you have lived together with someone?
- 1 none
 - 2 one
 - 3 two
 - 4 three or more
57. How many sexual partners have you had?
- 1 none
 - 2 one
 - 3 two
 - 4 three or four
 - 5 five or more
58. What age were you when you first engaged in sexual intercourse?
- _____ years old
- no experience
59. Which statement fits your opinion better?
- 1 people should be sexually experienced before marriage
 - 2 it is better that married couples have their first experiences with each other
60. When you think about your sexlife, do you think it is
- 1 very satisfying
 - 2 fairly satisfying
 - 3 neither satisfying or unsatisfying
 - 4 fairly unsatisfying
 - 5 very unsatisfying

ALCOHOL CONSUMPTION

61. How often do you use alcohol? Count also times when you only take a small amount, like half a bottle of beer.

- 1 daily
- 2 about twice a week
- 3 about once a week
- 4 a couple of times a month
- 5 about once a month
- 6 about once in two months
- 7 3-4 times a year
- 8 once a year or less frequently
- 9 I don't use alcohol at all

62. At present, how often do you within one occasion use more than five bottles of beer, or more than a bottle of wine, or more than half a bottle of hard liquor (or a corresponding amount of alcohol)?

- 1 daily
- 2 about twice a week
- 3 about once a week
- 4 a couple of times a month
- 5 about once a month
- 6 about once in two months
- 7 3-4 times a year
- 8 once a year or less frequently
- 9 never
- 10 I don't use alcohol at all

63. How often do you use alcohol to get drunk?

- | | | | |
|---|---------------------------|----|--------------------------------|
| 1 | daily | 6 | about once in two months |
| 2 | about twice a week | 7 | 3-4 times a year |
| 3 | about once a week | 8 | once a year or less frequently |
| 4 | a couple of times a month | 9 | never |
| 5 | about once a month | 10 | I don't use alcohol at all |

64. In the past 4 weeks, on how many days have you used beer, wine or strong alcohol beverages?

_____ days
 not at all

65. How many units of alcohol have you taken at those times?

_____ unit

I don't use alcohol

A unit is:

- A bottle of beer or cider (33 cl)
- A glass of wine (12 cl)
- A small glass of strong wine (8 cl)
- A dose of hard liquor (4 cl)

66. What's the most you have ever drunk during a 24 h period (even if this only happened once, for

examples on a national holidays)? (An estimate is enough if you cannot remember exactly)

_____ units

I don't use alcohol

E.g.:

- 24 bottles of beer is 24 units
- A bottle (0.75 l) of wine is 6 units
- A bottle (0.5 l) of hard liquor is 13 units

67. Next we will ask about your past and current habits and experiences associated with alcohol. If you don't use alcohol at all, skip to the next question.

- | | | |
|---|-----|----|
| A. Do/did you take a drink before going to a party? | Yes | No |
| B. Do/did you usually drink a bottle of wine or corresponding amount of beer or other alcoholic beverages over the weekend? | Yes | No |
| C. Do/did you drink a couple of drinks (or beers) a day to relax? | Yes | No |
| D. Do/did you tolerate more alcohol now than before? | Yes | No |
| E. Have/had you difficulties not drinking more than your friends? | Yes | No |
| F. Do/did you fall asleep after moderate drinking without knowing how you got to bed? | Yes | No |
| G. Do/did you have a bad conscience after drinking? | Yes | No |
| H. Do/did you take a drink (the day after a party) for your hang-over? | Yes | No |
| I. Do/did you try to avoid alcoholic beverages for a determined period of time -- e.g., a week? | Yes | No |
| J. After you have/had taken a drink, do you find it hard to stop? | Yes | No |
| K. Have/had you ever felt that anyone close to you thinks that you should drink less? | Yes | No |

FOOD HABITS

68. How often do you eat breakfast (bread, porridge, youghurt, or other food)?

- 1 every morning
- 2 5-6 times a week
- 3 2-4 times a week
- 4 one or fewer times per week

69. How many times per day do you usually eat, consider snacks, too

- 1 1-2 times
- 2 3-4 times
- 3 5-6 times
- 4 7 times or more

70. Which of the following descriptions corresponds best to your every day eating?

- 1 I eat regularly daily: my meal and snack times are fairly constant
- 2 I eat quite regularly
- 3 I eat quite irregularly

4 I eat very irregularly: a whole day / days can pass without eating hardly anything and some day I eat the amount of food of several normal days

71. Which of the following descriptions best suits you?

- 1 I have no trouble eating the amount of food that I need
- 2 I eat quite often more than I actually needed
- 3 I try quite often to restrict my eating
- 4 Sometimes I am on a diet and sometimes I eat more than I needed

72. Circle the alternative that best describes you.

	Usua lly	Often	Some- times	Seldom
A. During meal times I eat sufficiently and don't have the need to eat snacks between meals.	1	2	3	4
B. My meals are often replaced by snacks.	1	2	3	4
C. I eat most in the evenings.	1	2	3	4
D. In the evenings, I eat a lot of snacks.	1	2	3	4
E. I wake up to eat at night.	1	2	3	4
F. I try to eat healthily.	1	2	3	4
G. I avoid fat in food.	1	2	3	4
H. I try to avoid calories.	1	2	3	4
I. I watch TV etc. while I am eating.	1	2	3	4
J. Advertisements etc. increase my desire to eat.	1	2	3	4
K. I reward myself often with good food.	1	2	3	4
L. I try to make me feel better by eating or drinking.	1	2	3	4

In the following we ask about the foods and drinks you have consumed during the past year (12 kk)?

73. How may slices of bread do you eat in a day (mark 0 if none).

- Dark bread (examples) _____ slices per day
 Whole-meal bread (examples) _____ slices per day
 White bread (examples) _____ slices per day

74. How much spread fat do you put on your bread?

- 1 Very little, a very thin layer
- 2 Little, a thin layer
- 3 Moderately
- 4 Quite much
- 5 Not at all

75. How often do you usually use the following foods (think about the past 12 months)?

Never A few times per month or less A few times per week Once a day Several times a day

Potatoes, baked / mashed	1	2	3	4	5
Potatoes, fried, french fries	1	2	3	4	5
Rice or pasta	1	2	3	4	5
Porridge, musli, cereals	1	2	3	4	5
Yoghurt	1	2	3	4	5
Cheese, low fat (examples)	1	2	3	4	5
Cheese, high fat (examples)	1	2	3	4	5
Fish (in foods or in cold cuts)	1	2	3	4	5
Chicken (in foods or in cold cuts)	1	2	3	4	5
Meats (in foods or in cold cuts)	1	2	3	4	5
Sausages (in foods or in cold cuts)	1	2	3	4	5
Eggs (boiled, fried, in omelettes)	1	2	3	4	5
Fresh vegetables	1	2	3	4	5
Cooked vegetables	1	2	3	4	5
Fruits					
Berries	1	2	3	4	5
Sweet pastries, ice cream, etc.	1	2	3	4	5
Chocolate	1	2	3	4	5
Other candy	1	2	3	4	5
Salty snacks (chips, popcorn, nuts)	1	2	3	4	5
Pizza	1	2	3	4	5
Hamburgers	1	2	3	4	5
Fried food	1	2	3	4	5
Creamy foods	1	2	3	4	5
Salad dressing	1	2	3	4	5

76. How often do you usually use the following drinks?

	Never	A few times per month or less	A few times per week	Once a day	Several times a day
Skim milk or sour milk	1	2	3	4	5
1-1.5% milk or sour milk (examples)	1	2	3	4	5

Whole milk or sour milk (examples)	1	2	3	4	5
Juice	1	2	3	4	5
Regular soft drinks	1	2	3	4	5
Diet soft drinks	1	2	3	4	5
Coffee	1	2	3	4	5
Tea	1	2	3	4	5

77. How often do you usually use the following dietary fats (on bread, in cooking, in baking)?

	Never	A few times per month or less	A few times per week	Once a day	Several times a day
Butter	1	2	3	4	5
Butter-vegetable oil-mixture (examples)	1	2	3	4	5
Margarine, fat content under 65% (examples)	1	2	3	4	5
Margarine, fat content 70-80% (examples)	1	2	3	4	5
Vegetable-sterol spread (Benecol)	1	2	3	4	5
Oil	1	2	3	4	5

78. Next we ask you to compare yourself with your co-twin sibling. Think about the past 12 months. Which of you: you or your co-twin usually

	I	My twin sibling	No notable difference between us	I cannot say
Eats more regularly	1	2	3	4
Eats more snacks	1	2	3	4
Eats more (on the whole)	1	2	3	4
Eats more slowly	1	2	3	4
Selects food more according to healthiness	1	2	3	4
Eats more fatty foods (incl. e.g. sandwiches)	1	2	3	4
Eats more fatty sweets (chocolate, pastries, ice cream)	1	2	3	4
Eats more sweets (candies or jellies)	1	2	3	4
Is more worried about appearance	1	2	3	4
Goes on diets more often	1	2	3	4
Exercises more	1	2	3	4
Walks instead of taking a car or elevator, or makes other 'active' choices in daily life	1	2	3	4

Makes more movement during normal non-exercise activities (i.e. fidgeting) 1 2 3 4

SMOKING

79. Which of the following describes your smoking habits best?

- 1 I smoke at least 20 cigarettes a day
- 2 I smoke 10-19 cigarettes a day
- 3 I smoke at most 9 cigarettes a day
- 4 I smoke once a week or more often but not daily
- 5 I smoke less than once a week
- 6 I have quit smoking
- 7 I have never somked

80. Do you smoke cigars, cigarillos or pipe?

- 1 never
- 2 occasionally
- 3 regularly

81. Have you ever tried taking snuff?

- 1 No
- 2 I have tried once
- 3 I have taken snuff 2-50 times
- 4 I have taken snuff more than 50 times
- 5 I take snuff regularly

82. Have you ever used hash, marijuana or other drugs or sniffed glue?

- 1 No
- 2 1-3 times
- 3 4-9 times
- 4 10-19 times
- 5 > 20 times

SATISFACTION WITH LIFE

83. Do you feel that your life right now is...

- 1 very interesting
- 2 fairly interesting
- 3 fairly boring
- 4 very boring
- 5 I don't know

84. Do you feel that your life right now is...

- 1 very happy
- 2 fairly happy
- 3 fairly unhappy
- 4 very unhappy
- 5 I don't know

85. Do you feel that your life right now is...

- 1 very easy
- 2 fairly easy
- 3 fairly hard
- 4 very hard
- 5 I don't know

86. Do you feel that you are right now...

- 1 very lonely
- 2 fairly lonely
- 3 not at all lonely
- 4 I don't know

87. Below is a list of consequences that may happen when people drink alcohol.

Please indicate how often during the past 12 months you have experienced each consequence or something similar while drinking or as a consequence of drinking alcohol.

HOW OFTEN?	Never	Rarely	Sometimes	Quite often
A Made someone feel ashamed or embarrassed	1	2	3	4
B Neglected your duties	1	2	3	4
C Family member or friends have avoided you	1	2	3	4
D You felt you had to drink more than usual to achieve the same effect	1	2	3	4
E Tried to limit your alcohol consumption by drinking at certain times only	1	2	3	4
F Felt wretched because you cut down or stopped drinking altogether	1	2	3	4
G Found that your character had changed	1	2	3	4
H Felt that alcohol was a problem for you	1	2	3	4
I Tried to cut down drinking or give it up altogether	1	2	3	4
J Continued drinking despite a promise to yourself to stop	1	2	3	4
K Thought you would go mad	1	2	3	4
L Things went badly when you were drinking	1	2	3	4
M Felt physically or mentally dependent on alcohol	1	2	3	4

HOW MANY TIMES?

	None	1-2 times	3-5 times	More than 5 times
N You got into a fight, behaved yourself improperly or did mischief	1	2	3	4

O You spent too much money on alcohol so you could not afford something you wanted	1	2	3	4
P You went to work or school when you were drunk	1	2	3	4
Q You cut school or did not go to work	1	2	3	4
R You found yourself in a place without remembering how you got there	1	2	3	4
S You passed out or suddenly lost consciousness	1	2	3	4
T You got into a fight or an argument with your friend	1	2	3	4
U You got into a fight or an argument with your family member	1	2	3	4
V Your friends or acquaintances encouraged you to stop drinking or at least to cut it down	1	2	3	4

NYKYVOINTISI

88. Seuraavaksi haluaisimme kysyä terveydentilastasi ja suoriutumisestasi viimeisen kuukauden aikana. Ole hyvä ja vastaa kaikkiin kysymyksiin valitsemalla se vaihtoehto, joka parhaiten vastaa tilannettasi.

Vertaa vointiasi viimeisen kuukauden aikana siihen, mitä se on tavallisesti.

	<i>Better than usual</i>	<i>Same as usual</i>	<i>Less than usual</i>	<i>Much less than usual</i>
A Have you recently been able to concentrate on whatever you're doing?	1	2	3	4
B Have you recently been feeling on the whole you were doing things well?	1	2	3	4
C Have you recently felt capable of making decisions about things?	1	2	3	4
D Have you recently been able to face up to your problems?	1	2	3	4

	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
E Have you recently lost much sleep over worry?	1	2	3	4
F Have you recently felt you're just not able to make a start on anything?	1	2	3	4
G Have you recently felt constantly under strain?	1	2	3	4
H Have you recently felt that you couldn't overcome your difficulties?	1	2	3	4
I Have you recently found everything getting on top of you?	1	2	3	4
J Have you recently been feeling unhappy and depressed?	1	2	3	4
K Have you recently been losing confidence in yourself?	1	2	3	4

	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
L Have you recently been thinking of yourself as a worthless person?	1	2	3	4
M Have you recently been feeling nervous and strung up all the time?	1	2	3	4
N Have you recently found at times you couldn't do anything because your nerves were too bad?	1	2	3	4
	<i>More so than usual</i>	<i>About same as usual</i>	<i>Less so than usual</i>	<i>Much less than usual</i>
O Have you recently felt that you are playing a useful part in things	1	2	3	4
P Have you recently been able to enjoy your normal day-to-day activities?	1	2	3	4
Q Have you recently been getting out of the house as much as usual?	1	2	3	4
R Have you recently been feeling reasonably happy, all things considered?	1	2	3	4

89. Have you recently been taking things hard?

- 1 not at all
- 2 not harder than usual
- 3 somewhat harder than usual
- 4 much harder than usual

90. Have you recently been satisfied with the way you've carried out your task?

- 1 more satisfied than usual
- 2 just as satisfied
- 3 less satisfied as usual
- 4 much less satisfied as usual

91. Have you recently been managing to keep yourself busy and occupied?

- 1 more than usual
- 2 just as busy
- 3 less busy
- 4 much less busy

92. Are you satisfied with:

	Completely	Mostly	Somewhat	Mostly not	Not at all
A. leisure time at home	1	2	3	4	5
B. leisure time outside home	1	2	3	4	5
C. success at work and in the studies	1	2	3	4	5
D. the relationship with your co-twin	1	2	3	4	5

	Completely	Mostly	Somewhat	Mostly not	Not at all
E. the relationship with your mother	1	2	3	4	5
F. the relationship with your father	1	2	3	4	5
G. the relationship with your partner	1	2	3	4	5

RELIGIOUSNESS

93. How important do you think religiousness is in your life?

- 1 very important
- 2 important
- 3 not very important
- 4 not at all important
- 5 cannot say

94. Not counting weddings, funerals and baptism how often do you go to church or other religious events?

- 1 once a week
- 2 once a month
- 3 once a year
- 4 less often
- 5 not at all

95. How important to you is the religious faith your girl-/boyfriend or the faith your close friends?

- 1 very important
- 2 important
- 3 not very important
- 4 not at all important
- 5 cannot say

TÄHÄN LOPPUVAT KYSYMYKSET. PYYDÄMME SINUA VIELÄ YSTÄVÄLLISESTI TARKISTAMAAN, ETTÄ OLET VASTANNUT KYSYMYKSIIN ANNETTUJEN OHJEIDEN MUKAISESTI.

Tutkimuksen edetessä saattaa tulla aihetta lisäkysymyksiin tai kysymyksen tarkennukseen. Olisimme kiitollisia, jos voisit antaa puhelinnumeron, josta voimme tarvittaessa tavoittaa sinut ja ajankohdan, joka parhaiten sopii.

Puhelinnumero: _____ - _____

Sopivin puhelinaika: _____

Please measure your waist with the enclosed tapemeasure. Measure your waist at the narrowest part of the torso. If you cannot find the narrowest part, place the measure at the point half-way between your lowest ribs (A) and the upper margin of your hip bone (B), as shown in the picture.

My waist circumference is _____ cm.

