

This form will be used to enter information about you and your multiples in a computerized data base maintained by the New York State Organization Mothers of Twins Club, Inc. Read each question carefully and place the appropriate letter or answer in the blank provided. If you have more than 1 set of multiples, please complete a separate form for each, and indicate which set it is for.

Information provided on this form is confidential and will be released only to qualified researchers. Your signature shall constitute approval to use this data as needed.

Signature­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of NYSOMOTC? Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maternal relationship to multiples: ­­­\_\_\_\_ a.) natural b.) adoptive c.) step d.) other

Natural Mother Information

1. Age of natural mother at time of multiple birth: \_\_\_\_\_\_
2. Year of multiple birth: \_\_\_\_
3. Ethnic background: \_\_\_\_\_ a. ) Caucasian b.) African American c.)Asian d.) Hispanic e.) Native American f.) Other
4. Is natural mother a multiple? Yes \_\_\_\_ No\_\_\_\_
5. Is there a family history of multiples? Yes \_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_
6. Were birth control pills taken prior to pregnancy? Yes \_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_
7. Were fertility drugs taken just before multiple pregnancy? Yes \_\_\_\_ No\_\_\_\_ Unknown\_\_\_\_ No Answer \_\_\_\_
8. Mother’s weight gain during pregnancy? \_\_\_\_
9. Multiples were delivered: \_\_\_\_ a.) Vaginal without anesthesia, b.) Vaginal with anesthesia (spinal blocks, drugs, etc.) c.) Cesarean, d.) Combination Vaginal & Cesarean, e.) Unknown, f.) No Answer
10. Multiples were delivered during which moth of pregnancy? \_\_\_\_ a.) 5th or earlier, b.) 6th c.) 7th d.) 8-8 ½ e.) 8 ½- 9th month f.) After 9th month g.) Unknown
11. Multiple pregnancy was diagnosed during:\_\_\_\_ a.) First Trimester b.) Second Trimester c.) Third Trimester d.) 7th-8th month e.) 9th month f.) During labor g.) At delivery h.) Unknown i.) No answer
12. Multiple pregnancy confirmed by: \_\_\_\_ a.) Sonogram b.) X-Ray c.) Delivery d.) Other e.) Unknown
13. Multiple pregnancy was which pregnancy?\_\_\_\_ a.) 1st b.) 2nd c.) 3rd d.) 4th e.) Unknown
14. Did natural mother have any complications during pregnancy? State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Does natural mother have any of the following congential/acquired disease/defects in her medical history? \_\_\_\_ a.) Allergies b.) Anemia c.) Arthritis d.) Asthma e. ) Unknown f.) No answer