

NYSOMOTC TWIN REGISTRY - DATA FORM

This form is to be filled out by a parent of multiples. The information about you and your multiples will be entered in a data base maintained by the New York State Organization Mothers of Twins Clubs. Read each question carefully and place the appropriate letter or answer in the space provided. If you have more than one set of multiples, please complete a separate form for each set and indicate if form is for Set A or Set B

You can have your information updated or deleted from the data base upon written notification to NYSOMOTC Research Chairman. This form is available from the website – www.nysomotc.org

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

Signature _____ Date _____

Check if this form is: First time Filing _____ Update _____

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

E-mail: _____ Telephone: _____ -- _____

Member of NYSOMOTC? Yes _____ No _____

Club Name: _____

Parent Information

Relationship to multiples: _____ A) Biological Parent B) Adoptive Parent C) Step-Parent
D) Other _____ (specify)

Multiples: _____ A) One set of multiples B) Two sets of multiples c) Three sets of multiples
D) Higher Order Multiples _____ Indicate if triplets, quads, quints....

Ethnic background of multiples: _____

Age of biological mother at time of birth: _____

Present status of mother of multiples: _____ A) Single B) Married C) Divorced
D) Widowed E) Remarried

Biological mother is _____ A) Singleton B) Multiple C) Unknown

Biological father is _____ A) Singleton B) Multiple C) Unknown

Was this pregnancy your _____ A) First B) Second C) Third
D) Fourth E) Other _____

Were birth control pills taken prior to this pregnancy? Yes _____ No _____

Multiple pregnancy was diagnosed during: _____ A) 1st trimester B) 2nd Trimester C) 3rd Trimester

Multiple pregnancy was confirmed by: _____ A) Sonogram B) X-ray C) At delivery D) Other _____

The multiple pregnancy was: _____ A) natural conception B) by fertility treatment

Parent Information...continued

If pregnancy was a result of fertility treatment, indicate type of treatment used: _____

Biological mother's weight gain during pregnancy? _____lbs.

Indicate complications developed during the pregnancy: _____

Note any pre-existing medical conditions in the biological mother's history: _____

Note any pre-existing medical conditions in the biological father's history _____

Multiples were delivered: _____ A) Vaginal without anesthesia B) Vaginal with anesthesia
C) Caesarian D) Combination vaginal & caesarian, E) Unknown

Multiples were delivered during which month of pregnancy? _____ A) 5th or earlier B) 6th C) 7th
D) 8 - 8 1/2 months E) 8 1/2 - 9th month F) after 9th month G) Unknown.

Multiples Information: Multiple A is first-born; Multiple B is second-born

Birthdate of multiples: _____ (m/d/y)

Type of multiples: _____ A) Twins B) Triplets C) Quadruplets D) Quintuplets E) Sextuplets

Sex of multiples: _____ A) Female B) Male

Zygoty: _____ A) Identical B) Fraternal C) Mixed (Higher Order Multiples only)

Birth Weight: Multiple A: _____ Multiple B _____ Higher Order Multiples _____

Has death of a multiple occurred: Yes _____ No _____

If yes, indicate age at time of death _____

Special Needs Information

Note any known medical conditions or diseases that exist in the multiples:

Multiple A: _____

Multiple B: _____

Multiple C: _____

Multiple D: _____
