

# New York State Organization of Mothers Of Twins Clubs

## 2006 Research Survey on Autism

State Reps: Please distribute to club members. Return completed survey by  
[April 15<sup>th</sup> regular mail, April 20<sup>th</sup> email] to the Research Chairman:  
Karen Nichols, 3498 Center St., Durhamville, NY 13054 or  
[knrose@twcnny.rr.com](mailto:knrose@twcnny.rr.com)

Type of multiples: Twins \_\_\_\_ Triplets \_\_\_\_ Quads \_\_\_\_ Other \_\_\_\_\_

Are your multiples identical \_\_\_\_\_ fraternal \_\_\_\_\_

Gender: \_\_\_\_ Girls \_\_\_\_ Boys \_\_\_\_ Both

Does one \_\_\_\_ or both \_\_\_\_\_ have Autism?

Does this condition affect another member of family on either side?  
\_\_\_\_ Yes \_\_\_\_ No

Age of your child [children] when Autism was diagnosed \_\_\_\_\_

Type of Autism identified \_\_\_\_\_

How was Autism identified?  
(Specify if- by doctor, parent or other) \_\_\_\_\_

What treatments have been used? \_\_\_\_\_  
\_\_\_\_\_

What results has the multiple(s) experienced? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Club Name: \_\_\_\_\_