Multiples of America Multiple Birth Data Form

General Directions:

This form is to be filled out by a parent of multiples and will be used to enter information about you and your multiples into a **CONFIDENTIAL**, computerized data base maintained by Multiples of America, Inc.

Many of you may have previously completed a Multiple Birth Data Form. However, this is a new updated version. Please complete this form even if you provided information on a former form. **Complete this form only once. If you have more than one set of multiples, please fill out a separate form for each set.**

Please be aware that the information you provide on this form will only be used as part of collective data, with no reference made to specific individuals. Approved researchers and/or casting directors sometimes request personal information on specific groups of individuals. However, personal information (name, address, e-mail, etc.) will be released only with your permission. Your signature on page 3 of this form represents that consent.

After completing your initial form, should you need to change or update any of the information provided, please fill out another form: mark the form as an **UPDATE** submission, complete the section on personal information, then mark only those areas applicable to change.

You are free to have your information deleted from the data base at any time through a written request to Multiples of America aka National Organization of Mothers of Twins Clubs.

Read each question carefully and place the appropriate number (or answer) in the blank. Please write neatly.

Return completed form to:

Multiples of America, Inc.
2000 Mallory Lane Suite 130-600
Franklin, TN 37067-8231

Personal Information

_____ First Filing Of Data
_____ Update

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Parent Information

1._____ **Your affiliation with Multiples of America (MOA) is:**
1) Member of a local chapter belonging to MOA. If so, list club:
Name _____City/St _____
2) Individual or professional affiliate member of MOA
3) Not a member of MOA

2._____ **Relationship to multiples:**
1) Biological Parent
2) Adoptive Parent
3) Step-parent
4) Other _____

3._____ **Mother of multiples has:**
1) One set of multiples
2) Two sets of multiples
3) Three sets of multiples
4) More than three sets of multiples
5) Unknown

4._____ **Age of biological mother at time of multiple birth:**
1) Under 18
2) 18-25
3) 26-30
4) 31-35
5) 36-40
6) 41-50
7) Over 50
8) Unknown

5._____ **Mother of multiples is:**
1) Married
2) Single/Never Married
3) Divorced
4) Separated
5) Widowed
6) Remarried

6._____ **Counting live births only, the multiple pregnancy was the:**
1) First
2) Second
3) Third
4) Fourth
5) Fifth
6) 6th or more

7._____ **Was this pregnancy a result of Assisted Reproductive Technology (ART), also known as fertility treatment?**
1) Yes
2) No

If no, proceed to question 10. If yes, please select type of Assisted Reproductive Technology used:

8._____ **Drugs/Medications:**
1) Clomid
2) hMG
3) GnRH

9._____ **In Vitro Treatment:**
1) IVF-ET
2) GIFT
3) TET or ZIFT

10._____ **Mother of multiples' career:** *(List all that apply both before pregnancy and/or after. Provide specific job title(s) on last line.)*
1) Accounting
2) Administrative Support
3) Advertising/Marketing
4) Arts/Entertainment
5) Child Care
6) Communications
7) Construction
8) Consulting
9) Customer Service/Sales
10) Education
11) Engineering
12) Finance/Banking
13) Health Care/Medicine
14) Hospitality/Food Services
15) Human Resources
16) Information Technology
17) Law/Government
18) Law Enforcement
19) Management
20) News Media
21) Public Relations
22) Retired
23) Scientific Research
24) Social Work
25) Stay at Home Mother
26) Other
Note Specific Job Title(s)_____

11._____ **Biological mother is a:**
1) Singleton
2) Multiple
3) Unknown

12._____ **Biological father is a:**
1) Singleton
2) Multiple
3) Unknown

Family history of biological parents: *(Immediate family is defined by parents and siblings. Extended family is defined as first cousins, aunts, uncles and grandparents.)*

13._____ **Biological Mother has multiples on her side of the family:**
1) Other multiples in immediate family - if yes, how many _____
2) Other multiples in extended family only - if yes, how many _____
3) None
4) Unknown

14._____ **Biological Father has multiples on his side of the family:**
1) Other multiples in immediate family - if yes, how many _____
2) Other multiples in extended family only - if yes, how many _____
3) None
4) Unknown

15_____ **Are your multiples multi-racial?**
1) Yes 2) No

15b. **Ethnic background of multiples:** *(Please circle all that apply.)*
1) Caucasian 3) Hispanic 5) Asian & Pacific Islander
2) Black 4) Native American 6) Unknown

16_____ **Multiples have the following number of siblings** (excluding multiples)**:**
1) One 3) Three 5) Five or more 7) Unknown
2) Two 4) Four 6) None

Multiples Information

17_____ **Birthdate of multiples** (mm/dd/yy)**:** _____

18_____ **Low Birth Weight: Did any of the multiples weigh less than 2,500 grams (5.5 lbs) at birth?**
1) Yes 2) No

19. **Type of multiples:**
1) Twins 3) Quadruplets 5) Sextuplets
2) Triplets 4) Quintuplets

The following questions focus on individual characteristics of your children born in multiple sets. Multiple A is first-born, Multiple B is second-born, etc. Please include the number of your answer for each multiple.

	Multiple A	Multiple B	Multiple C	Multiple D	Multiple E	Multiple F
20. **Sex of multiples:** 1) Male 2) Female	_____	_____	_____	_____	_____	_____
21. **Handedness:** 1) Right-handed 2) Left-handed 3) Ambidextrous (both) 4) Unknown	_____	_____	_____	_____	_____	_____
22. **Zygosity:** 1) Identical 2) Fraternal 3) Mixed (HOM only) 4) Unknown	_____	_____	_____	_____	_____	_____
23. **Has death of a multiple occurred?** 1) Yes 2) No	_____	_____	_____	_____	_____	_____
If yes, please note **age** at time of death:	_____	_____	_____	_____	_____	_____

Consent

Information provided on this form is confidential and will be released only with your permission. Information may be released to qualified researchers who have an approved research data request form on file. Information may also be used within the organization in order to better target services to specific groups. In addition, your information will only be released to casting directors with your permission. Please check the appropriate boxes below to indicate those areas in which you **DO NOT CONSENT** to the release of personal information. Your signature shall constitute approval to use this data for these purposes unless you check the box or boxes below.

☐ Please check here if you **DO NOT** wish to have your name released to researchers.

☐ Please check here if you **DO NOT** wish to have your name released to any casting directors regarding having your multiples in movies, commercials, etc.

☐ Please check here if you **DO NOT** wish to have MOA use your personal information for internal purposes.

SIGNATURE: _____ DATE: _____

Special Needs Information

Special Needs: *Refer to the list of conditions below. Note any medical conditions that exist, beginning with the most predominate, by putting the corresponding # of the condition next to the appropriate person (i.e., 2, 5, 26).*

24. **Biological Mother:** _____
25. **Biological Father:** _____
26. **Multiple A:** _____
27. **Multiple B:** _____
28. **Multiple C:** _____
29. **Multiple D:** _____
30. **Multiple E:** _____
31. **Multiple F:** _____

Conditions:

1) No known medical diseases or defects
2) Allergies (Note type above, i.e., environmental, food, etc.)
3) Anemia
4) Arthritis
5) Asthma
5A) Autism
6) Cancer
7) Cerebral Palsy
8) Cleft Palate
9) Cystic Fibrosis
10) Deformity of Limbs
11) Diabetes
12) Digestive Disorders (diagnosed)
13) Downs Syndrome
14) Dyslexia
15) Epilepsy/Convulsions
16) Hearing Impaired
17) Heart Disease
18) High Blood Pressure/Hypertension
19) Hyperactivity (diagnosed)
20) Hydrocephalic Disease
21) Kidney/Urinary Disease
22) Learning Disabilities
23) Lungs/Respiratory
24) Mental Retardation
25) Multiple Sclerosis
26) Muscular Dystrophy
27) Rheumatic Disease
28) Scoliosis
29) Spina Bifida
30) Other: Please describe on the appropriate person/ line number above.

Fold along line and mail to Multiples of America.

Multiples of America
2000 Mallory Lane Suite 130-600
Franklin, TN 37067-8231

Place Postage Here
Postmaster will not deliver without postage.

Multiples of America
aka National Organization of Mothers of Twins Clubs, Inc.
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multiples OF AMERICA
CONNECTING + SUPPORTING MULTIPLE BIRTH FAMILIES
(Also known as the National Organization of Mothers of Twins Clubs)