

Questionnaire for Adult Multiples

Your name and contact information will be kept confidential and not given out without your consent. Your feedback may be used to support other Adult Multiples and/or for education purposes.

1. Full name: _____
2. Full address: _____
3. Your e-mail address: _____
4. Male Female
5. I am a co-twin, one of triplets, etc. I have a brother(s), sister(s), etc.: _____

6. Would you be willing to pay the annual membership fee of \$30.00 to belong to MBC and this Network? Yes No
7. What I like most about being a multiple is (be as detailed as you wish): _____

8. What I like least about being a multiple is (be as detailed as you wish): _____

9. Do you think you (all) get/got along well? _____
10. We were in the same grades growing up. Yes No If No, at what age or grade did separate classes occur?: _____

11. Were separate classes your idea, your parents, your teachers or a combination?: _____

12. Were you called 'the twins', 'the triplets'? Yes No How did that make you feel?: _____

13. Were you encouraged to dress alike? Yes No Further details: _____

14. What would you tell parents today about raising multiples (be as detailed as you wish): _____

15. What type of resources/support would you like to receive from the Adult Multiples Network? Please be as detailed as possible. Examples: E-mail pen pals, monthly E-newsletter.: _____

16. Anything else you might like to add about being a multiple.: _____

Mail to Business Office address indicated above or send by email to adultmultiples@multiplebirthscanada.org.

