

Family Structure Form

| ID NUMBER: | | CONTACT | YEAR: 0 1 | VERSION A 10/11/2000 |
|--|-----------------|-------------------------|---|----------------------|
| LAST NAME: | | | INITIALS: | |
| Instructions: This form s entered above. Refer to 0 | | | t. ID Number, Contact Yea this form. | r, and Name must be |
| | | | | |
| <u>KEY</u> | | | Comments: | |
| Female: | Male: | | | |
| Proband: | Deceased: | ØØ | | |
| Consanguinuity: | | | | |
| Full sibs: | | | | |
| Adopted sibs: | | | | |
| Twins: fraternal | | | | |
| identical | unkn | own /? | ADMINISTRATIVE IN | FORMATION |
| Unknown ? | · · · | ? ? | Date of data collecti m m d d | on: d y y y y |
| unknown gender | unknown name | unknown vital status | Code number of per | son — — — |
| | | | completing this forn | |

FORM CODE: FSF

FSF/Version A 10/11/2000 1 of 2

| ID NUMBER: | Family Structure Form CONFIDENTIAL |
|------------|---------------------------------------|
| Generation | |
| I. | |
| II. | |
| | |
| III. | |
| IV. | |
| Comments: | |
| | |
| | |

FSF/Version A 10/11/2000 2 of 2