



# Family Structure Form

FORM CODE: FSF  
VERSION A 10/11/2000

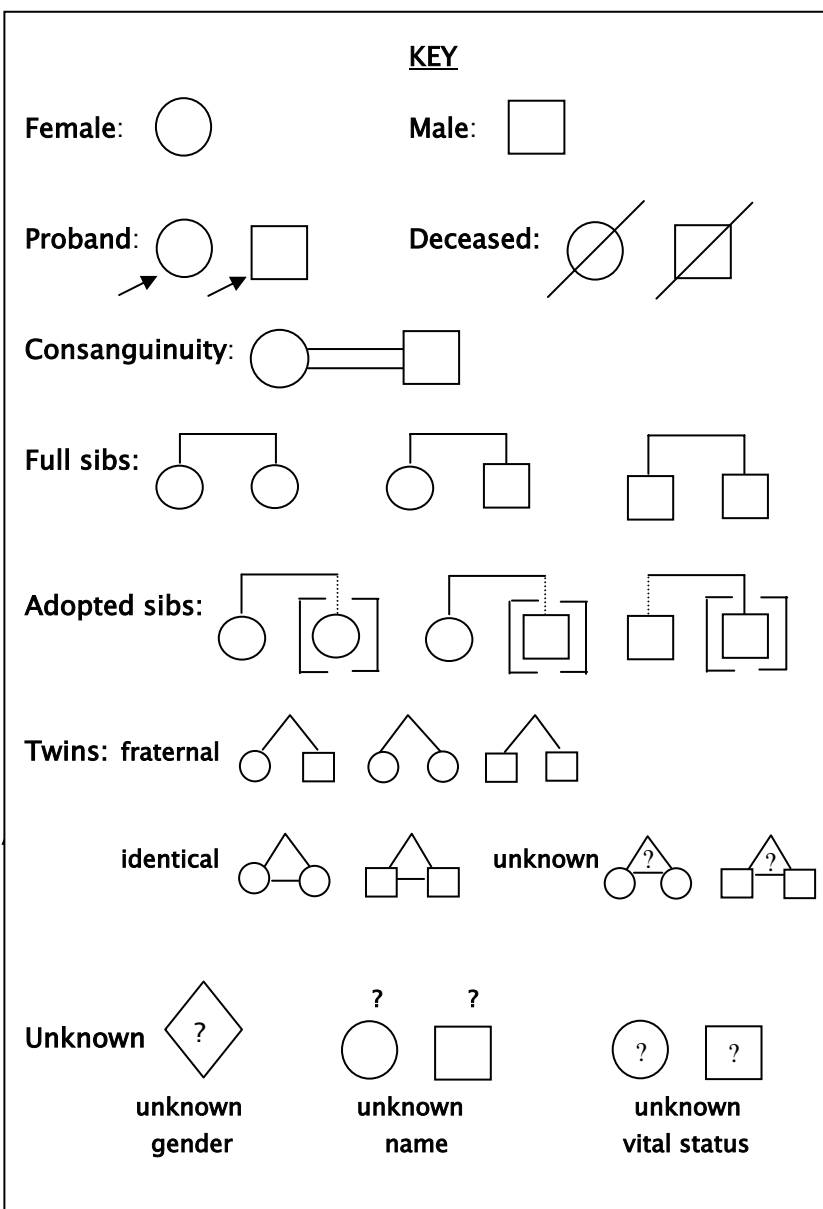
ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

Instructions: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Refer to QxQ's for special instructions about completing this form.



Comments: \_\_\_\_\_

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**ADMINISTRATIVE INFORMATION**

Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

Code number of person completing this form: .....

ID NUMBER:

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Family Structure Form  
CONFIDENTIAL

**Generation**

**I.**

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**II.**

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**III.**

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**IV.**

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**Comments:**

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