

Participant ID:	
Participant Name Code:	

Date Form Filled Out:			
——-		1 y y	——
Interviewer Code:			
Circle Field Center Location:			
RII	CII	DΚ	IID

## **Family Structure Worksheet**

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of this information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington DC 20201, Attn: PRA; and to the Office of Management and Budget, Paperwork Reduction Project (0925-0412), Washington, DC 20503. Do not return completed forms to either of these addresses.

	K	ŒΥ		
female:	$\circ$	male:		
proband:	<u>,</u>	69		
deceased:	Ø			
full sibs:				
adopted sib	s: [O			
twins: fra	iternal,		$\langle \rangle$	
ide	entical,			
unl	known,	7	?	
unknown: u	⇔ ınknown gender	? unknov	? 	? ? unknown vital statu

Proband:		
Index Person: _		
Comments:		

Partic	ipant ID:	Participant Name Code:	
		Family Structure Worksheet Confidential	
Gene	eration		
I.			
II.			
III.			
Com	Comments:		