



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
 (e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

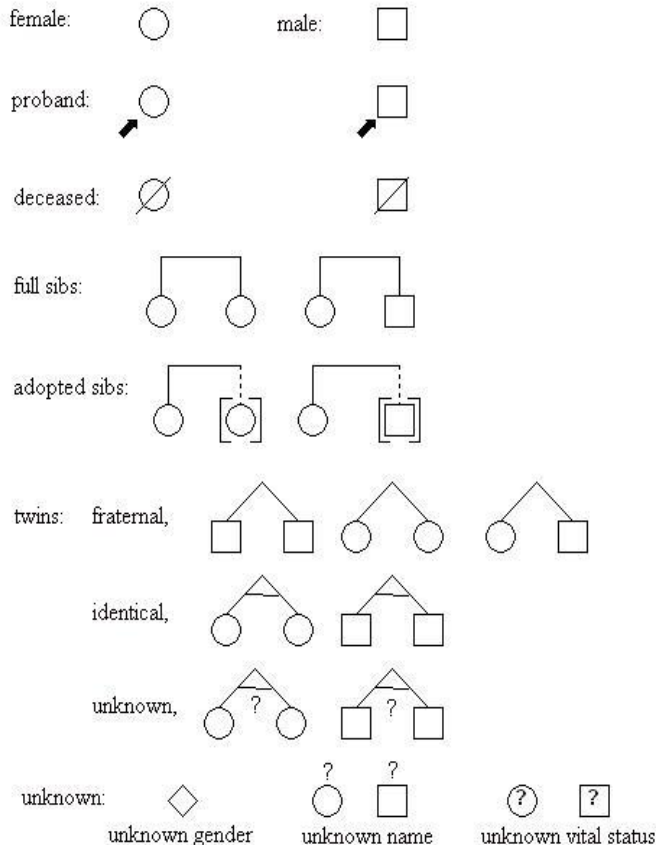
Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 07/03/2006

Family Structure Worksheet Visit 2 NEW PARTICIPANTS

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.

KEY



Name of Person who Completed the PIF Form:

Proband: _____

Index Person: _____

Comments: _____

Participant ID: _____

Participant Name Code: _____

Family Structure Worksheet
Confidential

Generation

I.	
II.	
III.	

Comments: _____
