

**RELATIONSHIP QUESTIONNAIRE A**

ID no. \_\_\_\_\_ - \_\_\_\_\_  
Form Type S T 0 1

**Beginning script:**

I would like to ask you some questions about any spouses or mates with whom you had children and some questions about your children.

**PARTICIPANT IDENTIFICATION**

1. PARTICIPANT'S INITIALS: \_\_\_\_\_

2. DATE OF INTERVIEW: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

3. With how many spouse(s)/mate(s) have you had children? By this I mean birth children. Do not count adopted, foster or stepchildren. \_\_\_\_\_ **smatno**

**IF RESPONSE IS 0, SKIP TO QUESTION 5.**

4. What is the total number of birth children you have had with these spouses/mates? \_\_\_\_\_ **bthchdno**

5. INTERVIEWER:

A. SIGNATURE: \_\_\_\_\_

B. ACCESS STAFF NO.: \_\_\_\_\_ - \_\_\_\_\_

6. RESEARCH COORDINATOR:

A. SIGNATURE: \_\_\_\_\_

B. ACCESS STAFF NO.: \_\_\_\_\_ - \_\_\_\_\_

7. DATE FORM COMPLETED: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

FORM 20  
Relationship Questionnaire A

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	newid	F(5.1)	Patient ID
3	SMATNO	I(2)	No. of spouses/mates 3=3 or more
4	BTHCHDNO	I(2)	No. of birth children 4=4 or more