FHAM
FACE
SHEET

FAMILY # _____

INFORMANT'S
ID # _____

INFORMANT'S NAME: _____

FAMILY #: _____ INTERVIEWER: _____ DATE: _____

___ PHASE 1

PHASE 2

IAMS

IND. ID #	NAME	RELATIONSHIP	ALC	DRUG	DEP	MAN	SCH	ASP
1. _____								
2. _____								
3. _____								
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WORKSHEETS

1. _____								
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4. _____								
5. _____								
6. _____								
7. _____								