

Address:

1. Which of the following best describes the type of house in which you lived at this address? If this house was built of two materials, put a "1" by the primary material and a "2" by the secondary material.

<input type="checkbox"/> brick	<input type="checkbox"/> wood
<input type="checkbox"/> stone	<input type="checkbox"/> concrete or concrete block
<input type="checkbox"/> vinyl siding	<input type="checkbox"/> aluminum siding
<input type="checkbox"/> mobile home	<input type="checkbox"/> other (please describe) _____
2. When was this house built (or when was this mobile home constructed)? If you do not know the exact date, please give us your best guess. 19 ____

Did you have air conditioning at this house? No Yes, installed in 19 ____.
3. When you were living at this address, did you live with anyone who smoked cigarettes? If "Yes", write the number of years you lived at this address with at least one person who was a cigarette smoker. If none of the people you lived with smoked cigarettes, check "No." Do not include yourself when answering this question.
 Yes, for ____ years. No.

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UC ID#:

As we evaluate your health, we also will be estimating your exposure to radiation from the Fernald Feed Materials Processing Plant. It is important for us to know what type of house you lived in, and whether or not you lived with anyone who smoked. Could you please answer the questions following each address that you gave us?

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