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.
   ____ brick  ____ wood
   ____ stone  ____ concrete or concrete block
   ____ vinyl siding  ____ aluminum siding
   ____ mobile home  ____ 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.

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.
   ____ brick  ____ wood
   ____ stone  ____ concrete or concrete block
   ____ vinyl siding  ____ aluminum siding
   ____ mobile home  ____ 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.
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?

### 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.
   - [ ] brick
   - [ ] stone
   - [ ] vinyl siding
   - [ ] mobile home
   - [ ] wood
   - [ ] concrete or concrete block
   - [ ] aluminum siding
   - [ ] 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
   - [x] 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

---

m:/users/pmneymo/fermalhaddr1-10.qoe

April 30, 1997