SUPPLEMENTARY PAGE Residential History Questionnaire RHXADRN2 ADDRESS # Number addresses sequentially Affix ID Label Here 1 Where did you move to? Complete all available information. If non-US, complete only city/town, province and country. Street Address (Street and number): City/Town: County (Province, if non-US): State: Zip code: Country: → If US but participant does not remember exact street address: We realize it may not be easy to remember the exact street address. Do you remember the nearest intersection? Please include the suffix for the street name, for example Street, Avenue, Boulevard. and Did you smoke at the time you lived at this address? If necessary, clarify "If you quit or started smoking while you lived there, tell me if you smoked most of the time you were there". O Do not remember RHXSMK2 O No O Yes Did anyone else living with you smoke inside your home while you were living at this address? If necessary, clarify: "If this changed while you lived at this address, tell me if someone who lived with you smoked inside your home for most of the time you lived there." Do not remember RHXSHSM2 O No O Yes If you were working, did people who worked with you smoke at work? O Do not remember RHXWKSM2 O No O Yes Did not work 5 Did you live anywhere else after you lived at this address? Interviewer: Repeat the last reported address if necessary. O No -Confirm that the last reported address Thank you so much for completing this questionnaire! This information will be kept strictly is the current address confidential and will help us understand if air RHXCUR2 **QUESTIONNAIRE ENDS HERE** pollution is related to heart disease and stroke ○ Yes → Continue to Question 6, and complete Supplementary Page for next address

When did you move from this address?

Month (e.g.08=Aug)

Year

RHXMVYR2

RHXMVMO2