



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

## RESIDENTIAL HISTORY

Please list residences where you have lived for 3 months or longer during the past 5 years. Begin with your current residence, and complete one section for each residence (up to 5).

Current Residence:

Dates Lived: _____		
Address: _____		City/Town: _____
Zip: _____	Country: _____	
Was this on a farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was your water supply?	<input type="checkbox"/> City <input type="checkbox"/> Private well <input type="checkbox"/> Filtered water <input type="checkbox"/> Bottled water <input type="checkbox"/> Other	

Residence 2:

Dates Lived: _____		
Address: _____		City/Town: _____
Zip: _____	Country: _____	
Was this on a farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was your water supply?	<input type="checkbox"/> City <input type="checkbox"/> Private well <input type="checkbox"/> Filtered water <input type="checkbox"/> Bottled water <input type="checkbox"/> Other	



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## RESIDENTIAL HISTORY

### Residence 3

Dates Lived: _____		
Address: _____ City/Town: _____		
Zip: _____ Country: _____		
Was this on a farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was your water supply?	<input type="checkbox"/> City <input type="checkbox"/> Private well <input type="checkbox"/> Filtered water <input type="checkbox"/> Bottled water <input type="checkbox"/> Other	

### Residence 4

Dates Lived: _____		
Address: _____ City/Town: _____		
Zip: _____ Country: _____		
Was this on a farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was your water supply?	<input type="checkbox"/> City <input type="checkbox"/> Private well <input type="checkbox"/> Filtered water <input type="checkbox"/> Bottled water <input type="checkbox"/> Other	



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## RESIDENTIAL HISTORY

Residence 5

Dates Lived: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Was this on a farm?

Yes

No

What was your water supply?

City

Private well

Filtered water

Bottled water

Other