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:

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.

2. 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".

3. 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."

4. If you were working, did people who worked with you smoke at work?

5. Did you live anywhere else after you lived at this address? Interviewer: Repeat the last reported address if necessary.

6. When did you move from this address?

Thank you so much for completing this questionnaire! This information will be kept strictly confidential and will help us understand if air pollution is related to heart disease and stroke.

COMPLETE SUPPLEMENTARY PAGES AS NECESSARY UNTIL CURRENT ADDRESS IS REACHED

06/01/2003