



Residential History Questionnaire

It is **VERY** important to our research to know if your child has had fluoride in their drinking water and for how long. To do this we need to know **everywhere** your child has lived and the type of water supply (public mains, group scheme or private well) at each address, especially during the first 5 years of life, when your child's adult teeth were forming. **Please** take the time to complete the following in **as much detail** as you can.

Child's name: _____ Date of birth: _____

School: _____ Class: _____

Current Address

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃

My child lived here From: _____ To: _____
MM/YYYY MM/YYYY

Has your child always lived at this address? Yes ₁ → Please proceed to **Parent Survey**

No ₂ If No, please continue to the next question



Apart from holidays, has your child ever lived outside Ireland? Yes ₁ → Please proceed to **Parent Survey**

No ₂ If No, please complete the following section



Previous Address 1

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃

My child lived here From: _____ To: _____
MM/YYYY MM/YYYY

Previous Address 2

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃**My child lived here From:** _____ **To:** _____
MM/YYYY MM/YYYY**Previous Address 3**

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃**My child lived here From:** _____ **To:** _____
MM/YYYY MM/YYYY**Previous Address 4**

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃**My child lived here From:** _____ **To:** _____
MM/YYYY MM/YYYY**Previous Address 5**

House/Apartment no.: _____ Street/Estate: _____

Area/Town: _____ City/County: _____

Type of water supply at this address: Public mains ₁ Group scheme ₂ Own Well ₃**My child lived here From:** _____ **To:** _____
MM/YYYY MM/YYYY

Please use a separate page if your child has lived at more previous addresses.

Thank you for completing this questionnaire! Now please proceed to the Parent Survey!