

3A. Hay Fever?

1. Yes ___ 2. No ___

IF YES TO 3A:

B. Was it confirmed by a doctor?

1. Yes ___ 2. No ___

3. Does Not Apply ___

C. At what age did it start?

Age in Years ___

Does Not Apply ___

23A. Have you ever had chronic bronchitis?

1. Yes ___ 2. No ___

IF YES TO 23A:

B. Do you still have it?

1. Yes ___ 2. No ___

3. Does Not Apply ___

C. Was it confirmed by a doctor?

1. Yes ___ 2. No ___

3. Does Not Apply ___

D. At what age did it start?

Age in Years ___

Does Not Apply ___

24A. Have you ever had emphysema?

1. Yes ___ 2. No ___

IF YES TO 24A:

B. Do you still have it?

1. Yes ___ 2. No ___

3. Does Not Apply ___

C. Was it confirmed by a doctor?

1. Yes ___ 2. No ___

3. Does Not Apply ___

D. At what age did it start?

Age in Years ___

Does Not Apply ___

25A. Have you ever had asthma?

1. Yes ___ 2. No ___

IF YES TO 25A:

B. Do you still have it?

1. Yes ___ 2. No ___

3. Does Not Apply ___

C. Was it confirmed by a doctor?

1. Yes ___ 2. No ___

3. Does Not Apply ___

D. At what age did it start?

Age in Years ___

Does Not Apply ___

E. If you no longer have it, at what age did it stop?

Age stopped ___

Does Not Apply ___

26. Have you ever had:

A. Any other chest illness?

1. Yes ___ 2. No ___

If yes, please specify _____