

B. Any chest operations? 1. Yes ___ 2. No ___

If yes, please specify _____

C. Any chest injuries? 1. Yes ___ 2. No ___

If yes, please specify _____

27A. Has a doctor ever told you that you had heart trouble? 1. Yes ___ 2. No ___

IF YES TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes ___ 2. No ___
3. Does Not Apply ___

28A. Has a doctor ever told you that you had high blood pressure? 1. Yes ___ 2. No ___

IF YES TO 28A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes ___ 2. No ___
3. Does Not Apply ___

29. When did you last have your chest X-rayed? (Year) _____
25 26 27 28

30. Where did you last have your chest X-rayed (if known)? _____

What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

FATHER

MOTHER

1. Yes 2. No 3. Don't Know 1. Yes 2. No 3. Don't Know

A. Chronic Bronchitis? _____

B. Emphysema? _____

C. Asthma? _____

D. Lung cancer? _____

E. Other chest conditions _____

F. Is parent currently alive? _____

G. Please Specify _____ Age if Living _____ Age if Living
_____ Age at Death _____ Age at Death
_____ Don't Know _____ Don't Know