

F. For how many years have you had trouble with phlegm?

Number of years ___
Does not apply ___

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? 1. Yes ___ 2. No ___

*(For persons who usually have cough and/or phlegm)

If YES TO 34A

B. For how long have you had at least 1 such episode per year? Number of years ___
Does not apply ___

WHEEZING

35A. Does your chest ever sound wheezy or whistling

1. When you have a cold?	1. Yes ___	2. No ___
2. Occasionally apart from colds?	1. Yes ___	2. No ___
3. Most days or nights?	1. Yes ___	2. No ___

IF YES TO 1, 2, or 3 in 35A

B. For how many years has this been present? Number of years ___
Does not apply ___

36A. Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes ___ 2. No ___

IF YES TO 36A

B. How old were you when you had your first such attack? Age in years ___
Does not apply ___

C. Have you had 2 or more such episodes? 1. Yes ___ 2. No ___
3. Does not apply ___

D. Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes ___ 2. No ___
3. Does not apply ___

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.
Nature of condition(s) _____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes ___ 2. No ___