

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record 'No'.
When no square, circle appropriate answer.

B. COUGH

(on getting up)†
Do you usually cough first thing in the morning? _____ Yes ___ No ___ (31)
(Count a cough with first smoke or on "first going out of doors."
Exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? _____ Yes ___ No ___ (32)
(Ignore an occasional cough.)

If 'Yes' to either question (31-32):

Do you cough like this on most days for as much as three months a year? _____ Yes ___ No ___ (33)

Do you cough on any particular day of the week? _____ Yes ___ No ___ (34)

(1) (2) (3) (4) (5) (6) (7)

If 'Yes': Which day? Mon. Tues. Wed. Thur. Fri. Sat. Sun. _____ (35)

C. PHLEGM or alternative word to suit local custom.

(on getting up)†
Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) _____ Yes ___ No ___ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) _____ Yes ___ No ___ (37)

If 'Yes' to either question (36) or (37):

Do you bring up phlegm like this on most days for as much as three months each year? _____ Yes ___ No ___ (38)

If 'Yes' to question (33) or (38):

(cough) (1) 2 years or less (39)
How long have you had this phlegm?
(Write in number of years) (2) More than 2 years-9 years
(3) 10-19 years
(4) 20+ years

†These words are for subjects who work at night

D. CHEST ILLNESSES

In the past three years, have you had a period (1) No (40)
of (increased) †cough and phlegm lasting for
3 weeks or more? (2) Yes, only one period
(3) Yes, two or more periods

†For subjects who usually have phlegm

During the past 3 years have you had any chest illness which has kept you off work, indoors at home or in bed? (For as long as one week, flu?) Yes ___ No ___ (41)

If 'Yes' to (41): Did you bring up (more) phlegm than usual in any of these illnesses? Yes ___ No ___ (42)

If 'Yes' to (42): During the past three years have you had:
Only one such illness with increased phlegm? (1) (43)

More than one such illness: (2) (44)

Br. Grade _____