

C. SYMPTOMS

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No".

COUGH

1. Do you usually cough first thing in the morning?  
(on getting up)\* 1  Yes 2  No  
(Count a cough with first smoke or on "first going out of doors". Exclude clearing throat or a single cough.)

2. Do you usually cough during the day or at night?  
(Ignore an occasional cough.) 1  Yes 2  No

If YES to either question 1 or 2:

3. Do you cough like this on most days for as much as three months a year? 1  Yes 2  No 9  NA

4. Do you cough on any particular day of the week? 1  Yes 2  No

If YES:

5. Which day? Mon. Tue. Wed. Thur. Fri. Sat. Sun. \_\_\_\_\_

PHLEGM

6. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)\* 1  Yes 2  No  
(Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.)

7. Do you usually bring up any phlegm from your chest during the day or at night?  
(Accept twice or more.) 1  Yes 2  No

If YES to either question 6 or 7:

8. Do you bring up phlegm like this on most days for as much as three months each year? 1  Yes 2  No

If YES to question 3 or 8:

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

\*These words are for subjects who work at night