

A. Do you consider yourself to be in good health?

If "NO" state reason _____

B. Have you any defect of vision?.....

If "YES" state nature of defect _____

C. Have you any hearing defect?.....

If "YES" state nature of defect _____

D. Are you suffering from or have you ever suffered from:

YES NO

a. Epilepsy (or fits, seizures, convulsions)?

b. Rheumatic fever?

c. Kidney disease?

d. Bladder disease?

e. Diabetes?

f. Jaundice?

19. CHEST COLDS AND CHEST ILLNESSES

19A. If you get a cold, does it usually go to your chest?
(Usually means more than 1/2 the time)

1. Yes__ 2. No__ 3. Don't get colds__

20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes__ 2. No__

IF YES TO 20A:

B. Did you produce phlegm with any of these chest illnesses?

1. Yes__ 2. No__ 3. Does Not Apply __

C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses _____ No such illnesses _____