

B. Do you still have it? 1. Yes\_\_ 2. No\_\_  
3. Does Not Apply \_

C. Was it confirmed by a doctor? 1. Yes\_\_ 2. No\_\_  
3. Does Not Apply \_

D. At what age did it start? Age in Years \_\_  
Does Not Apply \_

E. If you no longer have it, at what age did it stop? Age stopped \_\_  
Does Not Apply \_

26. Have you ever had:

A. Any other chest illness? 1. Yes\_\_ 2. No\_\_

If yes, please specify \_\_\_\_\_

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) \_ \_ \_ \_

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