

What was the outcome? \_\_\_\_\_

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

FATHER

MOTHER

1. Yes 2. No 3. Don't know. 1. Yes 2. No 3. Don't know.

Chronic bronchitis?

Emphysema? \_\_\_\_\_

Asthma? \_\_\_\_\_

Lung cancer? \_\_\_\_\_

Other chest conditions? \_\_\_\_\_

F. Is parent currently alive? \_\_\_\_\_

G. Please Specify \_\_\_\_\_

\_\_\_\_\_ Age if Living

\_\_\_\_\_ Age at Death

\_\_\_\_\_ Don't Know

\_\_\_\_\_ Age if Living

\_\_\_\_\_ Age at Death

\_\_\_\_\_ Don't Know

H. Please specify cause of death  
\_\_\_\_\_

COUGH

32A. Do you usually have a cough? (Count cough with first smoke or on first going out of doors. Exclude clearing of throat.) [If no, skip to question 32C.]

1. Yes \_\_\_ 2. No \_\_\_

32B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week?

1. Yes \_\_\_ 2. No \_\_\_

C. Do you usually cough at all on getting up or first thing in the morning?

1. Yes \_\_\_ 2. No \_\_\_

D. Do you usually cough at all during the rest of the day or at night?

1. Yes \_\_\_ 2. No \_\_\_

IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING.  
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE