

E. Do you usually cough like this on most days for 3 consecutive months or more during the year?
1. Yes ___ 2. No ___
3. Does not apply ___

F. For how many years have you had the cough?
Number of years ___
Does not apply ___

33A. Do you usually bring up phlegm from your chest?
(Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C)

1. Yes ___ 2. No ___

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?
1. Yes ___ 2. No ___

C. Do you usually bring up phlegm at all on getting up or first thing in the morning?
1. Yes ___ 2. No ___

D. Do you usually bring up phlegm at all during the rest of the day or at night?
1. Yes ___ 2. No ___

IF YES TO ANY OF THE ABOVE (33A, B, C, or D), ANSWER THE FOLLOWING:

IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
1. Yes ___ 2. No ___
3. Does not apply ___

F. For how many years have you had trouble with phlegm?
Number of years ___
Does not apply ___

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year?
*(For persons who usually have cough and/or phlegm)
1. Yes ___ 2. No ___

If YES TO 34A

B. For how long have you had at least 1 such episode per year?