

Number of years _____
Does not apply _____

WHEEZING

- 35A. Does your chest ever sound wheezy or whistling
- 1. When you have a cold? 1. Yes ___ 2. No ___
 - 2. Occasionally apart from colds? 1. Yes ___ 2. No ___
 - 3. Most days or nights? 1. Yes ___ 2. No ___

IF YES TO 1, 2, or 3 in 35A

- B. For how many years has this been present?
- Number of years _____
Does not apply _____

- 36A. Have you ever had an attack of wheezing that has made you feel short of breath?

1. Yes ___ 2. No ___

IF YES TO 36A

- B. How old were you when you had your first such attack?
- Age in years _____
Does not apply _____

- C. Have you had 2 or more such episodes?
- 1. Yes ___ 2. No ___
 - 3. Does not apply _____

- D. Have you ever required medicine or medicine for the(se) attack(s)?
- 1. Yes ___ 2. No ___
 - 3. Does not apply _____

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.

Nature of condition(s) _____

- 38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
1. Yes ___ 2. No ___

IF YES TO 38A

- B. Do you have to walk slower than people of your age on the level because of breathlessness?
1. Yes ___ 2. No ___