

IF YES TO 1A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_

C. At what age was your first attack?

Age in Years \_\_\_  
Does Not Apply \_\_\_

2A. Pneumonia (include  
bronchopneumonia)?

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

IF YES TO 2A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_

C. At what age did you first have it?

Age in Years \_\_\_  
Does Not Apply \_\_\_

3A. Hay Fever?

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

IF YES TO 3A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_

C. At what age did it start?

Age in Years \_\_\_  
Does Not Apply \_\_\_

22A. Have you ever had chronic bronchitis?

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

IF YES TO 22A:

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 \_\_\_

23A. Have you ever had emphysema?

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