

IF YES TO 23A:

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 \_\_\_

24A. Have you ever had asthma?

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

IF YES TO 24A:

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 \_\_\_

25. 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 \_\_\_\_\_

26A. Has a doctor ever told you that you had heart trouble?

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