

If YES to either 1 or 2:

3. Do you cough like this on days for as much as three months a year? 1. \_\_\_\_ Yes 2. \_\_\_\_ No  
3. \_\_\_\_ NA

4. Do you cough on any particular day of the week? 1. \_\_\_\_ Yes 2. \_\_\_\_ No

If YES:

5. Which day? Mon. Tue. Wed. Thur. Fri. Sat. Sun. \_\_\_\_

### PHLEGM

6. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)\* (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm. 1. \_\_\_\_ Yes 2. \_\_\_\_ No

7. Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) 1. \_\_\_\_ Yes 2. \_\_\_\_ No

If YES to either question 6 or 7:

8. Do you bring up phlegm like this on most days for as much as three months each year? 1. \_\_\_\_ Yes 2. \_\_\_\_ No