

5. Do you have any hobbies or "side jobs" that require you to use chemicals, such as furniture stripping, sand blasting, insulation or manufacture of urethane foam, furniture, etc.?

Yes__ No__

If so, please describe, giving type of business or hobby, chemicals used and length of exposures.

E. Symptoms Questionnaire

1. Do you ever have any shortness of breath?

Yes__ No__

If yes, do you have to rest after climbing several flights of stairs?

Yes__ No__

If yes, if you walk on the level with people your own age, do you walk slower than they do?

Yes__ No__

If yes, if you walk slower than a normal pace, do you have to limit the distance that you walk?

Yes__ No__

If yes, do you have to stop and rest while bathing or dressing?

Yes__ No__

2. Do you cough as much as three months out of the year?

Yes__ No__

If yes, have you had this cough for more than two years?

Yes__ No__

If yes, do you ever cough anything up from chest?

Yes__ No__