D. At what age did it start?  

23A. Have you ever had emphysema?  
1. Yes ___  2. No ___  

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 _____________________________________________