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 ___

IF YES TO 26A:

B. Have you ever had treatment for heart trouble in the past 10 years?  
1. Yes ___  2. No ___  3. Does Not Apply ___

27A. Has a doctor told you that you had high blood pressure?  
1. Yes ___  2. No ___

IF YES TO 27A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?  
1. Yes ___  2. No ___  3. Does Not Apply ___

28. When did you last have your chest X-rayed?  (Year) ___ ___ ___ ___

29. Where did you last have your chest X-rayed (if known)?

What was the outcome? ____________________________