11F. In the past year, what was your:

1. Job/occupation? ________________________________
2. Position/job title? ________________________________

12. RECENT MEDICAL HISTORY

12A. Do you consider yourself to be in good health? Yes ___  No ___
   If NO, state reason _____________________________________________

12B. In the past year, have you developed:

   Yes No
   Epilepsy? ___ ___
   Rheumatic fever? ___ ___
   Kidney disease? ___ ___
   Bladder disease? ___ ___
   Diabetes? ___ ___
   Jaundice? ___ ___
   Cancer? ___ ___

13. CHEST COLD AND CHEST ILLNESSES

13A. If you get a cold, does it "usually" go to your chest? (usually means more than 1/2 the time)

   1. Yes ___  2. No ___
   3. Don't get colds ___

14A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

   1. Yes ___  2. No ___
   3. Does Not Apply ___

IF YES TO 14A:

14B. Did you produce phlegm with any of these chest illnesses?

   1. Yes ___  2. No ___
   3. Does Not Apply ___

14C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

   Number of illnesses ___
   No such illnesses ___