

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:

	<u>Yes</u>	<u>No</u>
Epilepsy?	___	___
Rheumatic fever?	___	___
Kidney disease?	___	___
Bladder disease?	___	___
Diabetes?	___	___
Jaundice?	___	___
Cancer?	___	___

13. CHEST COLDS 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 ___