

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes ☐ No ☐
If NO, state reason _____

13B. In the past year, have you developed:
Epilepsy? ☐ Yes ☐ No
Rheumatic fever? ☐
Kidney disease? ☐
Bladder disease? ☐
Diabetes? ☐
Jaundice? ☐
Cancer? ☐

14. CHEST COLDS AND CHEST ILLNESSES

14A. 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 ☐

15A. 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 15A:

15B. Did you produce phlegm with any of these chest illnesses?
1. Yes ☐ 2. No ☐
3. Does Not Apply ☐

15C. 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 ☐

16. RESPIRATORY SYSTEM

In the past year have you had:

Yes or No Further Comment on Positive Answers

Asthma ☐

Bronchitis ☐

Hay Fever ☐

Other Allergies ☐

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Yes or No Further Comment on Positive Answers

Pneumonia ☐

Tuberculosis ☐

Chest Surgery ☐

Other Lung Problems ☐

Heart Disease ☐

Do you have:

Yes or No Further Comment on Positive Answers

Frequent colds ☐

Chronic cough ☐

Shortness of breath when walking or climbing one flight or stairs ☐

Do you:

Wheeze ☐

Cough up phlegm ☐

Smoke cigarettes ☐

Packs per day How many years

Date

Signature