

- B. Any chest operations? 1. Yes ___ 2. No ___
If yes, please specify _____
- C. Any chest injuries? 1. Yes ___ 2. No ___
If yes, please specify _____
- 27A. Has a doctor ever told you that you had heart trouble? 1. Yes ___ 2. No ___
If YES TO 27A:
B. Have you ever had treatment for heart trouble in the past 10 years? 1. Yes ___ 2. No ___
3. Does Not Apply ___
- 28A. Has a doctor ever told you that you had high blood pressure? 1. Yes ___ 2. No ___
If YES TO 28A:
B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years? 1. Yes ___ 2. No ___
3. Does Not Apply ___
29. When did you last have your chest X-rayed? (Year) 25 26 27 28
30. Where did you last have your chest X-rayed (if known)? _____
What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:
- | | FATHER | | | MOTHER | | |
|-------------------------------|--------|-------|---------------|--------|-------|---------------|
| | 1. Yes | 2. No | 3. Don't Know | 1. Yes | 2. No | 3. Don't Know |
| A. Chronic Bronchitis? | ___ | ___ | ___ | ___ | ___ | ___ |
| B. Emphysema? | ___ | ___ | ___ | ___ | ___ | ___ |
| C. Asthma? | ___ | ___ | ___ | ___ | ___ | ___ |
| D. Lung cancer? | ___ | ___ | ___ | ___ | ___ | ___ |
| E. Other chest conditions | ___ | ___ | ___ | ___ | ___ | ___ |
| F. Is parent currently alive? | ___ | ___ | ___ | ___ | ___ | ___ |
- G. Please Specify: Age if Living ___ Age if Living ___
Age at Death ___ Age at Death ___
Don't Know ___ Don't Know ___

H. Please specify cause of death

COUGH

- 32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) (If no, skip to question 32C.) 1. Yes ___ 2. No ___
- B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. Yes ___ 2. No ___
- C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. Do you usually cough at all during the rest of the day or at night? 1. Yes ___ 2. No ___
- IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE
- E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___
3. Does not apply ___
- F. For how many years have you had the cough? Number of years ___
Does not apply ___
- 33A. Do you usually bring up phlegm from your chest? 1. Yes ___ 2. No ___
(Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 33C)
- B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes ___ 2. No ___
- C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes ___ 2. No ___
- D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes ___ 2. No ___
- IF YES TO ANY OF THE ABOVE (33A, B, C, or D), ANSWER THE FOLLOWING: IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.
- E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 1. Yes ___ 2. No ___
3. Does not apply ___