

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 if Living	___ Age if Living	___ Age if Living	___ Age if Living
	___ Age at Death	___ Age at Death	___ Age at Death	___ Age at Death	___ Age at Death	___ Age at Death
	___ Don't Know	___ Don't Know	___ Don't Know	___ Don't Know	___ 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? (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) 1. Yes ___ 2. No ___

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 ___

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