(Q.4--Continued)

	a. Has a doctor ever told you that you had *(condition)*?	*(If "Yes" to a, ask b-c):* b. In what year were you first diagnosed for *(condition)*?	c. Are you currently being seen by a doctor for this condition?
Cardiovascular *(cont'd.)*			
[7] Phlebitis, or a blood clot in your veins	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[8] Decreased blood flow to your legs	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[9] Some other heart condition, excluding a stroke *(Specify)* _____	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
Pulmonary			
[10] Asthma	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[11] Chronic bronchitis	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2

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