F. For how many years have you had trouble with phlegm? — Number of years __ Does not apply __

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year?
*(For persons who usually have cough and/or phlegm) — 1. Yes __ 2. No __

IF YES TO 34A

B. For how long have you had at least 1 such episode per year? — Number of years __ Does not apply __

WHEEZING

35A. Does your chest ever sound wheezy or whistling

1. When you have a cold? — 1. Yes __ 2. No __
2. Occasionally apart from colds? — 1. Yes __ 2. No __
3. Most days or nights? — 1. Yes __ 2. No __

IF YES TO 1, 2, or 3 in 35A

B. For how many years has this been present? — Number of years __ Does not apply __

36A. Have you ever had an attack of wheezing that has made you feel short of breath? — 1. Yes __ 2. No __

IF YES TO 36A

B. How old were you when you had your first such attack? — Age in years __ Does not apply __

C. Have you had 2 or more such episodes? — 1. Yes __ 2. No __ 3. Does not apply __

D. Have you ever required medicine or treatment for the(se) attack(s)? — 1. Yes __ 2. No __ 3. Does not apply __

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.
Nature of condition(s)_____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? — 1. Yes __ 2. No __

IF YES TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness? — 1. Yes __ 2. No __ 3. Does not apply __

C. Do you ever have to stop for breath when walking at your own pace on the level? — 1. Yes __ 2. No __ 3. Does not apply __

D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? — 1. Yes __ 2. No __ 3. Does not apply __

E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? — 1. Yes __ 2. No __ 3. Does not apply __

TOBACCO SMOKING

39A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) — 1. Yes __ 2. No __

IF YES TO 39A

B. Do you now smoke cigarettes (as of one month ago) — 1. Yes __ 2. No __ 3. Does not apply __

C. How old were you when you first started regular cigarette smoking? — Age in years __ Does not apply __

D. If you have stopped smoking cigarettes completely, how old were you when you stopped? — Age stopped __ Check if still smoking __ Does not apply __

E. How many cigarettes do you smoke per day now? — Cigarettes per day __ Does not apply __

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? — Cigarettes per day __ Does not apply __

G. Do or did you inhale the cigarette smoke? — 1. Does not apply 2. Not at all 3. Slightly 4. Moderately 5. Deeply __

40A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) — 1. Yes __ 2. No __