

F. For how many years have you had trouble with phlegm?

Number of years
Does not apply

EPISODES OF COUGH AND PHEGM

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?
2. Occasionally apart from colds?
3. Most days or nights?

1. Yes 2. No
1. Yes 2. No
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 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