

D. Are you suffering from or have you ever suffered from:

- a. Epilepsy (or fits, seizures, convulsions)?
- b. Rheumatic fever?
- c. Kidney disease?
- d. Bladder disease?
- e. Diabetes?
- f. Jaundice?

19. CHEST COLDS AND CHEST ILLNESSES

- 19A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time) 1. Yes \_\_\_ 2. No \_\_\_  
3. Don't get colds \_\_\_
- 20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes \_\_\_ 2. No \_\_\_

IF YES TO 20A:

- B. Did you produce phlegm with any of these chest illnesses? 1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_
- C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses \_\_\_  
No such illnesses \_\_\_
21. Did you have any lung trouble before the age of 16? 1. Yes \_\_\_ 2. No \_\_\_

22. Have you ever had any of the following?

- 1A. Attacks of bronchitis? 1. Yes \_\_\_ 2. No \_\_\_

IF YES TO 1A:

- B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_
- C. At what age was your first attack? Age in Years \_\_\_  
Does Not Apply \_\_\_

- 2A. Pneumonia (include bronchopneumonia)? 1. Yes \_\_\_ 2. No \_\_\_

IF YES TO 2A:

- B. Was it confirmed by a doctor? 1. Yes \_\_\_ 2. No \_\_\_  
3. Does Not Apply \_\_\_
- C. At what age did you first have it? Age in Years \_\_\_  
Does Not Apply \_\_\_