

H. Please specify cause of death

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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? 1. Yes \_\_\_ 2. No \_\_\_  
(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)

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 \_\_\_