

OTHER ILLNESSES AND ALLERGY HISTORY CONTINUED:

33. Have you ever had asthma? 1 Yes 2 No
 If yes, did it begin: (1) Before age 30
 (2) After age 30
34. If yes before 30: did you have asthma before ever going to work in a textile mill? 1 Yes 2 No
35. Have you ever had hay fever or other allergies (other than above)? 1 Yes 2 No

TOBACCO SMOKING

36. Do you smoke? 1 Yes 2 No
 Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe)
- If NO to (33).
37. Have you ever smoked? (Cigarettes, cigars, pipe. Record NO if subject has never smoked as much as one cigarette a day, or 1 oz. of tobacco a month, for as long as one year.) 1 Yes 2 No

If Yes to (33) or (34); what have you smoked for how many years? (Write in specific number of years in the appropriate square)

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
|----------------|------|-------|---------|---------|---------|---------|---------|---------|-------|
| Years | (<5) | (5-9) | (10-14) | (15-19) | (20-24) | (25-29) | (30-34) | (35-39) | (>40) |
| 38. Cigarettes | | | | | | | | | |
| 39. Pipe | | | | | | | | | |
| 40. Cigars | | | | | | | | | |

41. If cigarettes, how many packs per day? Less than 1/2 pack
 Write in number of cigarettes 1/2 pack, but less than 1 pack
 _____ 1 pack, but less than 1 1/2 packs
 1-1/2 packs or more
42. Number of pack years: _____
43. If an ex-smoker (cigarettes, cigar or pipe), how long since you stopped? (Write in number of years.) _____
 0-1 year
 1-4 years
 5-9 years
 10+ years