A. Do you consider yourself to be in good health?  [___]  [___]
   If "NO" state reason __________________________

B. Have you any defect of vision?.................[___]  [___]
   If "YES" state nature of defect __________________

C. Have you any hearing defect?....................[___]  [___]
   If "YES" state nature of defect __________________

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 ____