B. Do you still have it?
1. Yes__ 2. No__ 3. Does Not Apply__

C. Was it confirmed by a doctor?
1. Yes__ 2. No__ 3. Does Not Apply__

D. At what age did it start?
Age in Years __
Does Not Apply__

E. If you no longer have it, at what age did it stop?
Age stopped __
Does Not Apply__

26. Have you ever had:
A. Any other chest illness?
1. Yes__ 2. No__

If yes, please specify __________________________

B. Any chest operations?
1. Yes__ 2. No__

If yes, please specify __________________________

C. Any chest injuries?
1. Yes__ 2. No__

If yes, please specify __________________________

27A. Has a doctor ever told you that you had heart trouble?
1. Yes__ 2. No__

IF YES TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years?
1. Yes__ 2. No__ 3. Does Not Apply__

28A. Has a doctor ever told you that you had high blood pressure?
1. Yes__ 2. No__

IF YES TO 28A:

B. Have you had any treatment for high blood pressure (hypertension in the past 10 years?)
1. Yes__ 2. No__ 3. Does Not Apply__

29. When did you last have your chest X-rayed?
(Year) ___ ___ ___ ___

30. Where did you last have your chest X-rayed (if known)?