What was the outcome?

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:
   
   FATHER           MOTHER

   Chronic bronchitis?
   Emphysema?
   Asthma?
   Lung cancer?
   Other chest conditions?

F. Is parent currently alive?
   
G. Please Specify
   _____ Age if Living
   _____ Age at Death
   _____ Don't Know

   _____ Age if Living
   _____ Age at Death
   _____ Don't Know

H. Please specify cause of death
   

COUGH

32A. Do you usually have a cough? (Count 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 _____

32B. 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