WHEEZING

35A. Does your chest ever sound wheezy or whistling

1. When you have a cold?  
   1. Yes ___  2. No ___

2. Occasionally apart from colds?  
   1. Yes ___  2. No ___

3. Most days or nights?  
   1. Yes ___  2. No ___

IF YES TO 1, 2, or 3 in 35A

B. For how many years has this been present?
   Number of years   
   Does not apply ___

36A. Have you ever had an attack of wheezing that has made you feel short of breath?

1. Yes ___  2. No ___

IF YES TO 36A

B. How old were you when you had your first such attack?
   Age in years   
   Does not apply ___

C. Have you had 2 or more such episodes?
   1. Yes ___  2. No ___

3. Does not apply ___

D. Have you ever required medicine or medicine for the(se) attack(s)?
   1. Yes ___  2. No ___

3. Does not apply ___

BREATHELESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.

Nature of condition(s)__________________________

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1. Yes ___  2. No ___

IF YES TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness?
   1. Yes ___  2. No ___