12E. Was exposure:

1. Mild __ 2. Moderate __
3. Severe __

12F. In the past year, what was your:

1. Job/occupation? ________________
2. Position/job title? ____________

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes ___ No ___

If NO, state reason ________________________________________________

13B. In the past year, have you developed:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Rheumatic fever?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Kidney disease?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Bladder disease?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Jaundice?</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Cancer?</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

14. CHEST Colds AND CHEST ILLNESSES

14A. 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 __

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes ____ 2. No ____
3. Does Not Apply __

IF YES TO 15A:

15B. Did you produce phlegm with any of these chest illnesses?

1. Yes ____ 2. No ____
3. Does Not Apply __

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses __
No such illnesses __