IF YES TO 1A:

B. Was it confirmed by a doctor?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

Age in Years ____

C. At what age was your first attack?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

2A. Pneumonia (include bronchopneumonia)?

IF YES TO 2A:

B. Was it confirmed by a doctor?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

C. At what age did you first have it?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

Age in Years ____

3A. Hay Fever?

1. Yes ____  2. No ____

IF YES TO 3A:

B. Was it confirmed by a doctor?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

C. At what age did it start?  
1. Yes ____  2. No ____  
3. Does Not Apply ____

Age in Years ____

22A. Have you ever had chronic bronchitis?

1. Yes ____  2. No ____

IF YES TO 22A:

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

Age in Years ____

23A. Have you ever had emphysema?

1. Yes ____  2. No ____