IF YES TO 23A:

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 ___

24A. Have you ever had asthma? 1. Yes ___ 2. No ___

IF YES TO 24A:

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 ___

25. 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 ________________________________

26A. Has a doctor ever told you that you had heart trouble? 1. Yes ___ 2. No ___