IF YES TO 26A:

B. Have you ever had treatment for heart trouble in the past 10 years?

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

27A. Has a doctor told you that you had high blood pressure?

1. Yes ____  2. No ____

IF YES TO 27A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?

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

28. When did you last have your chest X-rayed? (Year) ____ ____ ____ ____

29. Where did you last have your chest X-rayed (if known)?

What was the outcome? ________________________________