11F. In the past year, what was your:
   1. Job/occupation? ______________________
   2. Position/job title? ______________________

12. RECENT MEDICAL HISTORY

12A. Do you consider yourself to be in good health?    Yes ___   No ___
If NO, state reason ____________________________________________

12B. In the past year, have you developed:

   Epilepsy?    Yes ___   No ___
   Rheumatic fever?    Yes ___   No ___
   Kidney disease?    Yes ___   No ___
   Bladder disease?    Yes ___   No ___
   Diabetes?    Yes ___   No ___
   Jaundice?    Yes ___   No ___
   Cancer?    Yes ___   No ___

13. CHEST COLDs AND CHEST ILLNESSES

13A. 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 ___

14A. 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 14A:

14B. Did you produce phlegm with any of these chest illnesses?

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

14C. 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 ___