Do you usually cough during the day or at night?  
Yes ______  No ______ (32)

(Ignore an occasional cough.)

If ‘Yes’ to either question (31-32):

Do you cough like this on most days for as much as three months a year?  
Yes ______  No ______ (33)

Do you cough on any particular day of the week?  
Yes ______  No ______ (34)

(1) (2) (3) (4) (5) (6) (7)

If ‘Yes’: Which day?  
Mon Tues Wed Thur Fri Sat Sun (35)

C. PHLEGJM or alternative word to suit local custom.

(on getting up)

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on “first going out of doors.” Exclude phlegm from the nose. Count swallowed phlegm.)  
Yes ______  No ______ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.)  
Yes ______  No ______ (37)

If ‘Yes’ to question (36) or (37):

Do you bring up any phlegm like this on most days for as much as three months each year?

Yes ______  No ______ (38)