29. Do you have to stop for breath when
walking at your own pace on the level?  
1. ____ Yes  2. ____ No

If NO, grade is 3, If YES, proceed to next question.

30. Are you short of breath on washing or
dressing?  
1. ____ Yes  2. ____ No

If NO, grade is 4, If YES, grade is 5.

B. Grd. __________________________

OTHER ILLNESSES AND ALLERGY HISTORY

32. Do you have a heart condition for which
you are under a doctor's care?  
1. ____ Yes  2. ____ No

33. Have you ever had asthma?
1. ____ Yes  2. ____ No

If yes, did it begin:

(1) Before age 30 ______

(2) After age 30 ______

34. If yes before 30: did you have asthma
before ever going to work in a textile
mill?  
1. ____ Yes  2. ____ No

35. Have you ever had hay fever or other
allergies (other than above)?
1. ____ Yes  2. ____ No

TOBACCO SMOKING

36. Do you smoke?  
1. ____ Yes  2. ____ No

Record Yes if regular smoker up to one
month ago. (Cigarettes, cigar or pipe)

If NO to (33).