B. Was it confirmed by a doctor?

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

C. At what age was your first attack?

Age in Years ___
Does Not Apply ___

2A. Pneumonia (include bronchopneumonia)?

1. Yes ___
2. No ___

IF YES TO 2A:

B. Was it confirmed by a doctor?

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

C. At what age did you first have it?

Age in Years ___
Does Not Apply ___

3A. Hay Fever?

1. Yes ___
2. No ___

IF YES TO 3A:

B. Was it confirmed by a doctor?

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

C. At what age did it start?

Age in Years ___
Does Not Apply ___

22A. Have you ever had chronic bronchitis?

1. Yes ___
2. No ___

IF YES TO 22A:

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 ___