23A. Have you ever had emphysema?

1. Yes ___  2. No ___

IF YES TO 23A:

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 ___

24A. Have you ever had asthma?

1. Yes ___  2. No ___

IF YES TO 24A:

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 ___

E. If you no longer have it, at what age did it stop?

Age stopped ___
Does Not Apply ___

25. Have you ever had:

A. Any other chest illness?

1. Yes ___  2. No ___

If yes, please specify ________________________________

B. Any chest operations?

1. Yes ___  2. No ___

If yes, please specify ________________________________

C. Any chest injuries?

1. Yes ___  2. No ___

If yes, please specify ________________________________

26A. Has a doctor ever told