EPISODES OF COUGH AND PHLEGM

33A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? *(For persons who usually have cough and/or phlegm)

1. Yes ___ 2. No ___

IF YES TO 33A

B. For how long have you had at least 1 such episode per year?

Number of years ___

Does not apply ___

WHEEZING

34A. Does your chest ever sound wheezy or whistling

1. When you have a cold? ___ 2. No ___

2. Occasionally apart from colds? ___ 2. No ___

3. Most days or nights? ___ 2. No ___

B. For how many years has this been present?

Number of years ___

Does not apply ___

35A. Have you ever had an attack of wheezing that has made you feel short of breath?

1. Yes ___ 2. No ___

IF YES TO 35A

B. How old were you when you had your first such attack?

Age in years ___

Does not apply ___

C. Have you had 2 or more such episodes?

1. Yes ___ 2. No ___

3. Does not apply ___

D. Have you ever required medicine or treatment for the(se) attack(s)?

1. Yes ___ 2. No ___

3. Does not apply ___