

CHEST COLDS AND CHEST ILLNESSES (Cont.)

- IF YES TO 17A: YES NO
- B. DID YOU PRODUCE PHLEGM WITH ANY OF THESE CHEST ILLNESSES ?
[] []
DOES NOT APPLY []
- C. IN THE LAST 3 YEARS, HOW MANY SUCH ILLNESSES WITH INCREASED
PHLEGM DID YOU HAVE WHICH LASTED A WEEK OR MORE?
NUMBER OF ILLNESSES _____ NO SUCH ILLNESSES []
18. DID YOU HAVE ANY LUNG TROUBLE BEFORE THE AGE OF 16? [] []
19. HAVE YOU EVER HAD ANY OF THE FOLLOWING:
- A. 1. ATTACKS OF BRONCHITIS: [] []
2. IF "YES" TO 19A1: WAS IT CONFIRMED BY A DOCTOR [] []
3. AT WHAT AGE WAS YOUR FIRST ATTACK?
AGE IN YEARS _____ DOES NOT APPLY []
- B. 1. PNEUMONIA (include bronchopneumonia)? [] []
2. IF "YES" TO 19B1: WAS IT CONFIRMED BY A DOCTOR [] []
3. AT WHAT AGE DID YOU FIRST HAVE IT?
AGE IN YEARS _____ DOES NOT APPLY []
- C. 1. HAY FEVER? [] []
2. IF "YES" TO 19C1: WAS IT CONFIRMED BY A DOCTOR [] []
3. AT WHAT AGE DID IT START?
AGE IN YEARS _____ DOES NOT APPLY []
20. A. 1. HAVE YOU EVER HAD CHRONIC BRONCHITIS? [] []
2. IF "YES" TO 20A1: DO YOU STILL HAVE IT? [] []
3. WAS IT CONFIRMED BY A DOCTOR? [] []
4. AT WHAT AGE DID IT START?
AGE IN YEARS _____ DOES NOT APPLY []
21. A. 1. HAVE YOU EVER HAD EMPHYSEMA? [] []
2. IF "YES" TO 21A1: DO YOU STILL HAVE IT? [] []
3. WAS IT CONFIRMED BY A DOCTOR? [] []

CHEST COLDS AND CHEST ILLNESSES (Cont.)

4. AT WHAT AGE DID IT START?
AGE IN YEARS _____ DOES NOT APPLY []
22. A. 1. HAVE YOU EVER HAD ASTHMA? YES NO
[] []
2. IF "YES" TO 22A1: DO YOU STILL HAVE IT? [] []
3. WAS IT CONFIRMED BY A DOCTOR? [] []
4. AT WHAT AGE DID IT START?
AGE IN YEARS _____ DOES NOT APPLY []
5. IF YOU NO LONGER HAVE IT, AT WHAT AGE DID IT STOP?
AGE STOPPED _____ DOES NOT APPLY []
23. HAVE YOU EVER HAD:
- A. ANY OTHER CHEST ILLNESS? [] []
IF YES, PLEASE SPECIFY _____
- B. ANY CHEST OPERATIONS? [] []
IF YES PLEASE SPECIFY _____
- C. ANY CHEST INJURIES? [] []
IF YES, PLEASE SPECIFY _____
24. A. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD HEART
TROUBLE? [] []
- IF "YES" TO 24A:
- B. HAVE YOU HAD TREATMENT FOR HEART TROUBLE IN [] []
THE LAST 10 YEARS? DOES NOT APPLY []
25. A. HAS A DOCTOR EVER TOLD YOU THAT YOU HAD HIGH BLOOD
PRESSURE? [] []
- IF "YES" TO 25A:
- B. HAVE YOU EVER HAD ANY TREATMENT FOR HIGH BLOOD
PRESSURE (hypertension) IN THE PAST 10 YEARS? [] []
DOES NOT APPLY []
26. WHEN DID YOU LAST HAVE YOUR CHEST X-RAYED? (year) _____
27. WHERE DID YOU LAST HAVE YOUR CHEST X-RAYED? (if known)

WHAT WAS OUTCOME? _____

FAMILY HISTORY

28. WERE EITHER OF YOUR NATURAL PARENTS EVER TOLD BY A DOCTOR THAT THEY HAD A CHRONIC LUNG CONDITION SUCH AS:

	FATHER			MOTHER		
	YES	NO	DON'T KNOW	YES	NO	DON'T
KNOW						
A. CHRONIC BRONCHITIS?	___	___	___	___	___	___
B. EMPHYSEMA?	___	___	___	___	___	___
C. ASTHMA?	___	___	___	___	___	___
D. LUNG CANCER?	___	___	___	___	___	___
E. OTHER CHEST CONDITIONS?	___	___	___	___	___	___
F. IS PARENT CURRENTLY ALIVE?	___	___	___	___	___	___
G. PLEASE SPECIFY		___	Age if living	___	Age if living	
		___	Age at death	___	Age at death	
		___	Don't know	___	Don't know	
H. PLEASE SPECIFY CAUSE OF DEATH:						
Father	_____			Mother	_____	

COUGH

	YES	NO
29. A. DO YOU USUALLY HAVE A COUGH? (count a cough with first smoke or on going out of doors. Exclude clearing of throat.) (If no, skip question 29C.)	[]	[]
B. DO YOU USUALLY COUGH AS MUCH AS 4 TO 6 TIMES A DAY, 4 OR MORE DAYS OUT OF THE WEEK?	[]	[]
C. DO YOU USUALLY COUGH AT ALL ON GETTING UP OR FIRST THING IN THE MORNING?	[]	[]
D. DO YOU USUALLY COUGH AT ALL DURING THE REST OF THE DAY OR AT NIGHT?	[]	[]

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING. IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO "EPISODES OF COUGH AND PHLEGM"

COUGH (Cont.)

- | | YES | NO |
|---|-----|-----|
| E. DO YOU USUALLY COUGH LIKE THIS ON MOST DAYS FOR 3 CONSECUTIVE MONTHS OR MORE DURING THE YEAR?
DOES NOT APPLY [] | [] | [] |
| F. FOR HOW MANY YEARS HAVE YOU HAD A COUGH?
NUMBER OF YEARS _____ DOES NOT APPLY [] | | |
| 30. A. DO YOU USUALLY BRING UP PHLEGM FROM YOU CHEST?
(Count phlegm with the first smoke or on first going out of doors.
Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 30C). | [] | [] |
| B. DO YOU USUALLY BRING UP PHLEGM LIKE THIS AS MUCH AS
TWICE A DAY 4 OR MORE DAYS OUT OF THE WEEK? | [] | [] |
| C. DO YOU USUALLY BRING UP PHLEGM AT ALL ON GETTING UP OR
FIRST THING IN THE MORNING? | [] | [] |
| D. DO YOU USUALLY BRING UP PHLEGM AT ALL DURING THE REST OF
THE DAY OR NIGHT? | [] | [] |

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING: IF NOT TO ALL, CHECK DOES NOT APPLY AND SKIP TO 31A.

- | | | |
|---|-----|-----|
| E. DO YOU BRING UP PHLEGM LIKE THIS ON MOST DAYS FOR 3 CONSECUTIVE MONTHS OR MORE DURING THE YEAR? | [] | [] |
| F. FOR HOW MANY YEARS HAVE YOU HAD TROUBLE WITH PHLEGM?
NUMBER OF YEARS _____ DOES NOT APPLY [] | | |

EPISODES OF COUGH AND PHLEGM

31. A. 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)
- IF "YES" TO 31A:
- B. FOR HOW LONG HAVE YOU HAD AT LEAST 2 SUCH EPISODES PER YEAR?
NUMBER OF YEARS _____ DOES NOT APPLY []

WHEEZING

- | | YES | NO |
|--|-----|-----|
| 32. A. DOES YOUR CHEST EVER SOUND WHEEZY OR WHISTLING? | | |
| 1. WHEN YOU HAVE A COLD? | [] | [] |
| 2. OCCASIONALLY APART FROM COLDS? | [] | [] |
| 3. MOST DAYS OR NIGHTS? | [] | [] |
| IF "YES" TO 1, 2, OR 3 IN 32A: | | |
| B. FOR HOW MANY YEARS HAS THIS BEEN PRESENT?
NUMBER OF YEARS _____ DOES NOT APPLY [] | | |

WHEEZING (Cont.)

33. A. HAVE YOU EVER HAD AN ATTACK OF WHEEZING THAT HAS MADE YOU FEEL SHORT OF BREATH? YES NO
[] []
- IF YES TO 33A:
- B. HOW OLD WERE YOU WHEN YOU HAD D YOUR FIRST SUCH ATTACK? AGE IN YEARS _____ DOES NOT APPLY []
- C. HAVE YOU HAD 2 OR MORE SUCH EPISODES? [] []
DOES NOT APPLY []
- D. HAVE YOU EVER REQUIRED MEDICINE OR TREATMENT FOR THE(SE) ATTACK(S)? [] []
DOES NOT APPLY []

BREATHLESSNESS

34. IF DISABLED FROM WALKING BY ANY CONDITION OTHER THAN HEART OR LUNG DISEASE, PLEASE DESCRIBE AND PROCEED TO QUESTION 36A.
NATURE OF CONDITION(S) _____
35. A. ARE YOU TROUBLED BY SHORTNESS OF BREATH WHEN HURRYING ON THE LEVEL OR WALKING UP A SLIGHT HILL? [] []
- IF "YES TO 35A:
- B. DO YOU HAVE TO WALK SLOWER THAN PEOPLE OF YOUR AGE ON THE LEVEL BECAUSE OF BREATHLESSNESS? [] []
DOES NOT APPLY []
- C. DO YOU EVER HAVE TO STOP FOR BREATH WHEN WALKING AT YOUR OWN PACE ON THE LEVEL? [] []
DOES NOT APPLY []
- D. DO YOU HAVE TO STOP FOR BREATH AFTER WALKING ABOUT 100 YARDS (or after a few minutes) ON THE LEVEL? [] []
DOES NOT APPLY []
- E. ARE YOU TOO BREATHLESS TO LEAVE THE HOUSE OR BREATHLESS ON DRESSING OR CLIMBING ONE FLIGHT OF STAIRS? [] []
DOES NOT APPLY []

TOBACCO SMOKING

33. A. HAVE YOU EVER SMOKED CIGARETTES? (NO means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year) [] []
IF "YES" TO 33A:
- B. DO YOU NOW SMOKE CIGARETTES (as of 1 month ago) [] []
DOES NOT APPLY []

TOBACCO SMOKING (Cont.)

- C. HOW OLD WERE YOU WHEN YOU FIRST STARTED REGULAR CIGARETTE SMOKING?
AGE IN YEARS _____ DOES NOT APPLY []
- D. IF YOU HAVE STOPPED SMOKING CIGARETTES COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED? AGE STOPPED _____
CHECK IF STILL SMOKING [] DOES NOT APPLY []
- E. HOW MANY CIGARETTES DO YOU SMOKE PER DAY NOW?
CIGARETTES PER DAY _____ DOES NOT APPLY []
- F. ON THE AVERAGE OF THE ENTIRE TIME YOU SMOKED, HOW MANY CIGARETTES DID YOU SMOKE PER DAY?
CIGARETTES PER DAY _____ DOES NOT APPLY []
- G. DO OR DID YOU INHALE THE CIGARETTE SMOKE?
1. DOES NO APPLY []
 2. NOT AT ALL []
 3. SLIGHTLY []
 4. MODERATELY []
 5. DEEPLY []

37. A. HAVE YOU EVER SMOKED A PIPE REGULARLY? (Yes means more than 12 oz. of tobacco in a lifetime.) YES NO
[] []

IF "YES" TO 37A:

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

- B. 1. HOW OLD WERE YOU WHEN YOU STARTED TO SMOKE A PIPE REGULARLY" AGE _____
2. IF YOU HAVE STOPPED SMOKING A PIPE COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED?
AGE STOPPED _____
CHECK IF STILL SMOKING PIPE []
DOES NOT APPLY []
- C. ON THE AVERAGE OVER THE ENTIRE TIME YOU SMOKED A PIPE, HOW MUCH PIPE TOBACCO DID YOU SMOKE PER WEEK?
_____ OZ. PER WEEK (A standard pouch of tobacco contains 1-1/2 oz.)
- D. HOW MUCH PIPE TOBACCO ARE YOU SMOKING NOW?
_____ OZ. PER WEEK NOT CURRENTLY SMOKING A PIPE []
- E. DO YOU OR DID YOU INHALE THE PIPE SMOKE:
1. NEVER SMOKED []
 2. NOT AT ALL []
 3. SLIGHTLY []
 4. MODERATELY []
 5. DEEPLY []

FOR PERSONS WHO HAVE EVER SMOKED A PIPE (Cont.)

35. A. HAVE YOU EVER SMOKED CIGARS REGULARLY? (Yes means more than 1 cigar a week for a year) YES NO
[] []

IF "YES" TO 35A:

FOR PERSONS WHO HAVE EVER SMOKED CIGARS

- B. 1. HOW OLD WERE YOU WHEN YOU STARTED SMOKING CIGARS REGULARLY? AGE _____
2. IF YOU HAVE STOPPED SMOKING CIGARS COMPLETELY, HOW OLD WERE YOU WHEN YOU STOPPED?
AGE STOPPED _____
CHECK IF STILL SMOKING CIGARS []
DOES NOT APPLY []
- C. ON THE AVERAGE OVER THE ENTIRE TIME YOU SMOKED CIGARS, HOW MANY CIGARS DID YOU SMOKE PER WEEK?
CIGARS PER WEEK _____
CHECK IF NOT SMOKING CIGARS CURRENTLY []
- D. HOW MANY CIGARS ARE YOU SMOKING PER WEEK NOW?
CIGARS PER WEEK _____
CHECK IF NOT SMOKING CIGARS CURRENTLY []
- E. DO OR DID YOU INHALE THE CIGAR SMOKE?
- 1. NEVER SMOKED []
 - 2. NOT AT ALL []
 - 3. SLIGHTLY []
 - 4. MODERATELY []
 - 5. DEEPLY []

SIGNATURE X _____ DATE X _____