3A. Hay Fever?
   IF YES TO 3A:
   B. Was it confirmed by a doctor?
   C. At what age did it start?

23A. Have you ever had chronic bronchitis?
   IF YES TO 23A:
   B. Do you still have it?
   C. Was it confirmed by a doctor?
   D. At what age did it start?

24A. Have you ever had emphysema?
   IF YES TO 24A:
   B. Do you still have it?
   C. Was it confirmed by a doctor?
   D. At what age did it start?

25A. Have you ever had asthma?
   IF YES TO 25A:
   B. Do you still have it?
   C. Was it confirmed by a doctor?
   D. At what age did it start?
   E. If you no longer have it, at what age did it stop?

26. Have you ever had:
   A. Any other chest illness?
      If yes, please specify __________________________