B. Any chest operations?
   1. Yes __  2. No __
   If yes, please specify ________________________________

C. Any chest injuries?
   1. Yes __  2. No __
   If yes, please specify ________________________________

27A. Has a doctor ever told you that you had heart trouble?
   1. Yes __  2. No __

   IF YES TO 27A:
   B. Have you ever had treatment for heart trouble in the past 10 years?
      1. Yes __  2. No __  3. Does Not Apply __

28A. Has a doctor ever told you that you had high blood pressure?
   1. Yes __  2. No __

   IF YES TO 28A:
   B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?
      1. Yes __  2. No __  3. Does Not Apply __

29. When did you last have your chest X-rayed? (Year) ______
   25  26  27  28

30. Where did you last have your chest X-rayed (if known)?
    ________________________________
    What was the outcome? ________________________________

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

   FATHER  
   1. Yes  2. No  3. Don't Know  
   MOTHER  
   1. Yes  2. No  3. 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