13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes ___ No ___
If NO, state reason ____________________________________________

13B. In the past year, have you developed:

- Epilepsy? Yes ___ No ___
- Rheumatic fever? Yes ___ No ___
- Kidney disease? Yes ___ No ___
- Bladder disease? Yes ___ No ___
- Diabetes? Yes ___ No ___
- Jaundice? Yes ___ No ___
- Cancer? Yes ___ No ___

14. CHEST Colds AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)
1. Yes ___ 2. No ___ 3. Don't get colds ___

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes ___ 2. No ___ 3. Does Not Apply ___

IF YES TO 15A:

15B. Did you produce phlegm with any of these chest illnesses? 1. Yes ___ 2. No ___ 3. Does Not Apply ___

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses ___ No such illnesses ___

16. RESPIRATORY SYSTEM

In the past year have you had:

<table>
<thead>
<tr>
<th>Yes or No</th>
<th>Further Comment on Positive Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
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<tr>
<td>Hay Fever</td>
<td></td>
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<tr>
<td>Other Allergies</td>
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