OTHER ILLNESSES AND ALLERGY HISTORY CONTINUED:

33. Have you ever had asthma?
   1 □ Yes  2 □ No
   If yes, did it begin: (1) Before age 30 □
   (2) After age 30 □

34. If yes before 30: did you have asthma before ever going to work in a textile mill?
   1 □ Yes  2 □ No

35. Have you ever had hay fever or other allergies (other than above)?
   1 □ Yes  2 □ No

TOBACCO SMOKING

36. Do you smoke?
   Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe)
   1 □ Yes  2 □ No
   If NO to (33).

37. Have you ever smoked? (Cigarettes, cigars, pipe. Record NO if subject has never smoked as much as one cigarette a day, or 1 oz. of tobacco a month, for as long as one year.)
   1 □ Yes  2 □ No
   If Yes to (33) or (34); what have you smoked for how many years? (Write in specific number of years in the appropriate square)

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<td>38.</td>
<td>Cigarettes</td>
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<td>Pipe</td>
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<tr>
<td>40.</td>
<td>Cigars</td>
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41. If cigarettes, how many packs per day?
   Write in number of cigarettes
   □ Less than 1/2 pack
   □ 1/2 pack, but less than 1 pack
   □ 1 pack, but less than 1 1/2 packs
   □ 1-1/2 packs or more

42. Number of pack years: _____________

43. If an ex-smoker (cigarettes, cigar or pipe), how long since you stopped? (Write in number of years.)
   □ 0-1 year
   □ 1-4 years
   □ 5-9 years
   □ 10+ years