D. Are you suffering from or have you ever suffered from:

a. Epilepsy (or fits, seizures, convulsions)? [___][___]
b. Rheumatic fever? [___][___]
c. Kidney disease? [___][___]
d. Bladder disease? [___][___]
e. Diabetes? [___][___]
f. Jaundice? [___][___]

19. CHEST COLDs AND CHEST ILLNESSES

19A. 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 ___

20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes ___ 2. No ___

IF YES TO 20A:
B. Did you produce phlegm with any of these chest illnesses? 1. Yes ___ 2. No ___ 3. 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 ___

21. Did you have any lung trouble before the age of 16? 1. Yes ___ 2. No ___

22. Have you ever had any of the following? 1. Yes ___ 2. No ___

IF YES TO 1A:
B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___ 3. Does Not Apply ___

C. At what age was your first attack? Age in Years ___ Does Not Apply ___

2A. Pneumonia (include bronchopneumonia)? 1. Yes ___ 2. No ___

IF YES TO 2A:
B. Was it confirmed by a doctor? 1. Yes ___ 2. No ___ 3. Does Not Apply ___

C. At what age did you first have it? Age in Years ___ Does Not Apply ___