3A. Hay Fever?

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

   C. At what age did it start?  
      Age in Years __  Does Not Apply __

23A. Have you ever had chronic bronchitis?

   IF YES TO 23A:
   B. Do you still have it?  
      1. Yes __  2. No __  3. Does Not Apply __

   C. Was it confirmed by a doctor?  
      1. Yes __  2. No __  3. Does Not Apply __

   D. At what age did it start?  
      Age in Years __  Does Not Apply __

24A. Have you ever had emphysema?

   IF YES TO 24A:
   B. Do you still have it?  
      1. Yes __  2. No __  3. Does Not Apply __

   C. Was it confirmed by a doctor?  
      1. Yes __  2. No __  3. Does Not Apply __

   D. At what age did it start?  
      Age in Years __  Does Not Apply __

25A. Have you ever had asthma?

   IF YES TO 25A:
   B. Do you still have it?  
      1. Yes __  2. No __  3. Does Not Apply __

   C. Was it confirmed by a doctor?  
      1. Yes __  2. No __  3. Does Not Apply __

   D. At what age did it start?  
      Age in Years __  Does Not Apply __

   E. If you no longer have it, at what age did it stop?  
      Age stopped __  Does Not Apply __

26. Have you ever had:

   A. Any other chest illness?  
      1. Yes __  2. No __  

      If yes, please specify ________________________________