F. For how many years have you had trouble with phlegm?
   Number of years __
   Does not apply __

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year?
   *(For persons who usually have cough and/or phlegm)

   If YES TO 34A
   B. For how long have you had at least 1 such episode per year?
   Number of years __
   Does not apply __

WHEEZING

35A. Does your chest ever sound wheezy or whistling
   1. When you have a cold?
   2. Occasionally apart from colds?
   3. Most days or nights?

   IF YES TO 1, 2, or 3 in 35A
   B. For how many years has this been present?
   Number of years __
   Does not apply __

36A. Have you ever had an attack of wheezing that has made you feel short of breath?

   IF YES TO 36A
   B. How old were you when you had your first such attack?
   Age in years __
   Does not apply __

   C. Have you had 2 or more such episodes?
   1. Yes __ 2. No __
   3. Does not apply __

   D. Have you ever required medicine or treatment for the(se) attack(s)?
   1. Yes __ 2. No __
   3. Does not apply __

BREATHELESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A.
Nature of condition(s)__________________________

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
   1. Yes __ 2. No __