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:

Yes or No Further Comment on Positive Answers

- Asthma ______
- Bronchitis ______
- Hay Fever ______
- Other Allergies ______