

Specify job/industry _____ Total Years Worked _____

Was dust exposure: Mild _____ Moderate _____ Severe _____

C. Have you ever been exposed to gas or chemical fumes in your work? Yes _____ No _____

Specify job/industry _____ Total Years Worked _____

Was exposure : Mild _____ Moderate _____ Severe _____

D. What has been your usual occupation or job -- the one you have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked: YES NO

E. In a mine? _____ _____

F. In a quarry? _____ _____

G. In a foundry? _____ _____

H. In a pottery? _____ _____

I. In a cotton, flax or hemp mill? _____ _____

J. With asbestos? _____ _____

18. PAST MEDICAL HISTORY

A. Do you consider yourself to be in good health? YES _____ NO _____

If "NO" state reason _____

B. Have you any defect of vision? YES _____ NO _____

If "YES" state nature of defect _____

C. Have you any hearing defect? YES _____ NO _____

If "YES" state nature of defect _____

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

	YES	NO
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)

Yes ___ No ___ Don't get colds ___

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

IF YES TO 20A:

B. Did you produce phlegm with any of these chest illnesses? Yes ___ No ___ 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? Yes ___ No ___

22. Have you ever had any of the following?

1A. Attacks of bronchitis? YES _____ NO _____

IF YES TO 1A:

B. Was it confirmed by a doctor? YES _____ NO _____ Does Not Apply ___

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

2A. Pneumonia (include bronchopneumonia)? YES _____ NO _____

IF YES TO 2A:

B. Was it confirmed by a doctor? YES _____ NO _____ Does Not Apply ___

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

3A. Hay Fever? YES _____ NO _____

IF YES TO 3A:

B. Was it confirmed by a doctor? YES _____ NO _____ Does Not Apply ____

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

23A. Have you ever had chronic bronchitis? YES _____ NO _____

IF YES TO 23A:

B. Do you still have it? YES _____ NO _____ Does Not Apply ____

C. Was it confirmed by a doctor? YES _____ NO _____ Does Not Apply ____

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

24A. Have you ever had emphysema? YES _____ NO _____

IF YES TO 24A:

B. Do you still have it? YES _____ NO _____

C. Was it confirmed by a doctor? YES _____ NO _____ Does Not Apply ____

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

25A. Have you ever had asthma? YES _____ NO _____

IF YES TO 25A:

B. Do you still have it? YES _____ NO _____ Does Not Apply ____

C. Was it confirmed by a doctor? YES _____ NO _____ 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? YES _____ NO _____

If yes, please specify _____

B. Any chest operations? YES _____ NO _____

If yes, please specify _____

C. Any chest injuries? YES _____ NO _____

If yes, please specify _____

27A. Has a doctor ever told you that you had heart trouble? YES _____ NO _____

IF YES TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years?

YES _____ NO _____ . Does Not Apply _____

28A. Has a doctor told you that you had high blood pressure? YES _____ NO _____

IF YES TO 28A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?

YES _____ NO _____ Does Not Apply _____

29. When did you last have your chest X-rayed?

(Year) _____

30. Where did you last have your chest X-rayed (if known)?

What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

	FATHER			MOTHER		
	Yes	No	Don't Know	Yes	No	Don't Know
A. Chronic Bronchitis?	_____	_____	_____	_____	_____	_____
B. Emphysema?	_____	_____	_____	_____	_____	_____
C. Asthma?	_____	_____	_____	_____	_____	_____
D. Lung cancer?	_____	_____	_____	_____	_____	_____
E. Other chest conditions?	_____	_____	_____	_____	_____	_____
F. Is parent currently alive?	_____	_____	_____	_____	_____	_____
G. Please Specify	_____ Age if Living _____ Age at Death _____ Don't Know			_____ Age if Living _____ Age at Death _____ Don't Know		

H. Please specify cause of death _____

COUGH

32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.)

YES _____ NO _____

(If no, skip to question 32C.)

B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week?

YES _____ NO _____

C. Do you usually cough at all on getting up or first thing in the morning? YES _____ NO _____

D. Do you usually cough at all during the rest of the day or at night? YES _____ NO _____

IF YES TO ANY OF ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO NEXT PAGE

E. Do you usually cough like this on most days for 3 consecutive months or more during the year?

YES _____ NO _____ Does not apply _____

F. For how many years have you had the cough? Number of years _____ Does not apply _____

33A. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) YES _____ NO _____

(If no, skip to 33C)

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?

YES _____ NO _____

C. Do you usually bring up phlegm at all on getting up or first thing in the morning? YES _____ NO _____

D. Do you usually bring up phlegm at all on during the rest of the day or at night? YES _____ NO _____

IF YES TO ANY OF THE ABOVE (33A, B, C, OR D), ANSWER THE FOLLOWING:

IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 34A

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

YES _____ NO _____ Does not apply _____

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) YES ____ NO ____

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? YES ____ NO ____
- 2. Occasionally apart from colds? YES ____ NO ____
- 3. Most days or nights? YES ____ NO ____

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? YES ____ NO ____

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? YES ____ NO ____ Does not apply ____

D. Have you ever required medicine or treatment for the(se) attack(s)? YES ____ NO ____ Does not apply ____

BREATHLESSNESS

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?
YES ____ NO ____

IF YES TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness?
YES ____ NO ____ Does not apply ____

C. Do you ever have to stop for breath when walking at your own pace on the level?
YES ____ NO ____ Does not apply ____

D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
YES ____ NO ____ Does not apply ____

E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?

YES ____ NO ____ Does not apply ____

TOBACCO SMOKING

39A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) YES ____ NO ____
IF YES TO 39A

B. Do you now smoke cigarettes (as of one month ago) YES ____ NO ____

C. How old were you when you first started regular cigarette smoking? Age in years ____ Does not apply ____

D. If you have stopped smoking cigarettes completely, how old were you when you stopped?
Age stopped ____

E. How many cigarettes do you smoke per day now? Cigarettes per day ____ Does not apply ____

F. On the average of the entire time you smoked, how many cigarettes did you smoke per day?
Cigarettes per day ____ Does not apply ____

G. Do or did you inhale the cigarette smoke?
1. Does not apply ____
2. Not at all ____
3. Slightly ____
4. Moderately ____
5. Deeply ____

40A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.)
YES ____ NO ____

IF YES TO 40A:

B. 1. How old were you when you started to smoke a pipe regularly? Age ____

2. If you have stopped smoking a pipe completely, how old were you when you stopped?
Age stopped ____
Check if still smoking pipe ____
Does not apply ____

C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?
(a standard pouch of tobacco contains 1 1/2 oz.) ____ oz. per week ____ Does not apply ____

D. How much pipe tobacco are you smoking now oz. per week ____ Not currently smoking a pipe ____

E. Do you or did you inhale the pipe smoke?
1. Never smoked ____
2. Not at all ____
3. Slightly ____
4. Moderately ____

5. Deeply _____

41A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year)

YES _____ NO _____

IF YES TO 41A

B. 1. How old were you when you started smoking cigars regularly? Age _____

2. If you have stopped smoking cigars completely, how old were you when you stopped?

Age stopped _____
Check if still smoking Cigars _____
Does not apply _____

C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?

Cigars per week _____ Does not apply _____

D. How many cigars are you smoking per week now? _____ Not Currently Smoking Cigars _____

E. Do or did you inhale the cigar smoke?

1. Never smoked _____
2. Not at all _____
3. Slightly _____
4. Moderately _____
5. Deeply _____

Signature _____ Date _____