c. Chronic Bronchitis — Yes No
d. Emphysema — Yes No
e. Pneumonia — Yes No
f. Tuberculosis — Yes No
g. Silicosis — Yes No
h. Pneumothorax (collapsed lung) — Yes No
i. Lung Cancer — Yes No
j. Broken Ribs — Yes No
k. Any chest injuries or surgeries — Yes No
l. Any other lung problem that you've been told about — Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath — Yes No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline — Yes No
c. Shortness of breath when walking with other people at an ordinary pace on level ground — Yes No
d. Have to stop for breath when walking at your own pace on level ground — Yes No
e. Shortness of breath when washing/dressing yourself — Yes No
f. Shortness of breath that interferes with your job — Yes No
g. Coughing that produces phlegm (thick sputum) — Yes No
h. Coughing that wakes you early in the morning — Yes No
i. Coughing that occurs mostly when you are lying down — Yes No
j. Coughing up blood in the last month — Yes No
k. Wheezing — Yes No
l. Wheezing that interferes with your job — Yes No
m. Chest pain when you breathe deeply — Yes No
n. Any other symptoms that you think may be related to lung problems — Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

a. Heart attack — Yes No
b. Stroke — Yes No
c. Angina — Yes No
d. Heart failure — Yes No
e. Swelling in your legs or feet (not caused by walking) — Yes No
f. Heart arrhythmia (heart beating irregularly) — Yes No
g. High blood pressure — Yes No
h. Any other heart problem that you've been told about — Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest — Yes No
b. Pain or tightness in your chest during physical activity — Yes No
c. Pain or tightness in your chest that interferes with your job — Yes No
d. In the past two years, have you noticed your heart skipping or missing a beat — Yes No
e. Heartburn or indigestion that is not related to eating — Yes No
f. Any other symptom you think may be related to heart or circulation problems — Yes No