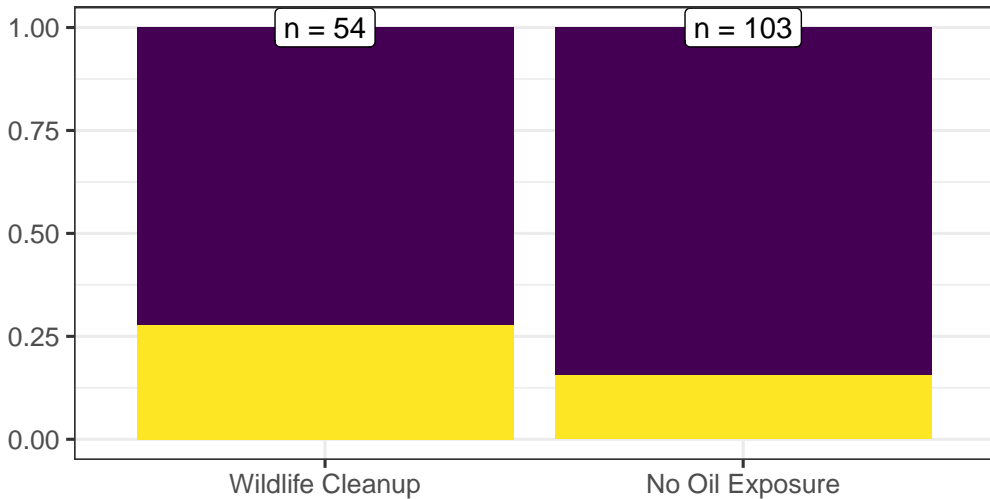


Relative Frequency



Experienced Respiratory Symptoms



No



Yes