

## Appendix B-1 to §1910.1043 Respiratory Questionnaire

### A. IDENTIFICATION DATA

1. PLANT: \_\_\_\_\_ 2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
3. NAME: \_\_\_\_\_ (SURNAME) 4. DATE OF INTERVIEW: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
5. FIRST NAME: \_\_\_\_\_ 6. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
7. ADDRESS: \_\_\_\_\_ 8, 9. AGE: \_\_\_\_\_ 10. SEX:  M  F
11. RACE:  W  N  IND  OTHER 12. INTERVIEWER: 1.  2.  3.  4.  5.  6.  7.  8.  13. WORK SHIFT: 1st  2nd  3rd
- 14, 15. STANDING HEIGHT: \_\_\_\_\_ FEET \_\_\_\_\_ INCHES 16-18. WEIGHT: \_\_\_\_\_ LBS.

### PRESENT WORK AREA

If working in more than one specified work area, X area where most of the work shift is spent. If "other," but spending 25% of the work shift in one of the specified work areas, classify in that work area. If carding department employee, check area within that department where most of the work shift is spent (if in doubt, check "throughout"). For work areas such as spinning and weaving where many work rooms may be involved, be sure to check the specific work room to which the employee is assigned - if he works in more than one work room within a department classify as 7 (all) for that department.

	Workroom Number	(19) Open	(20) Pick	Area	(21) Card #1	(22) #2	(23) Spin	(24) Wind	(25) Twist	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
<b>AT RISK (cotton &amp; cotton blend)</b>	1			Cards										
	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	6													
	7 (all)													
<b>Control (synthetic &amp; wool)</b>	8													
<b>Ex-worker (cotton)</b>	9													

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No". When no square, circle appropriate answer.

### B. COUGH

31. Do you usually cough first thing in the morning? (on getting up)\*  
(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)  Yes  No
32. Do you usually cough during the day or at night? (Ignore an occasional cough.)  Yes  No  
If "Yes" to either question (31-32):
33. Do you cough like this on most days for as much as three months a year?  Yes  No
34. Do you cough on any particular day of the week?  Yes  No
35. If "Yes", which day? 1.  MON. 2.  TUES. 3.  WED. 4.  THURS. 5.  FRI. 6.  SAT. 7.  SUN.

### C. PHLEGM or alternative word to suit local custom.

36. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)\*  Yes  No  
(Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.)
37. Do you usually bring up any phlegm from your chest during the day or night? (Accept twice or more.)  Yes  No  
If "Yes" to question (36) or (37):
38. Do you bring up phlegm like this on most days for as much as three months each year?  Yes  No  
If "Yes" to question (33) or (38):
39. How long have you had this phlegm (cough)? 1.  2 years or less 2.  More than 2 years - 9 years 3.  10 - 19 years 4.  20+ years  
(Write in number of years) \_\_\_\_\_

### D. CHEST ILLNESSES

40. In the past three years, have you had a period of (increased)\*\* cough and phlegm lasting for 3 weeks or more?  
1.  No 2.  Yes, only one period 3.  Yes, two or more periods
41. During the past 3 years have you had any chest illness which has kept you off work, indoors at home or in bed? (For as long as one week, flu?)  Yes  No  
If "Yes" to (41):
42. Did you bring up (more) phlegm than usual in any of these illnesses?  Yes  No  
If "Yes" to (42):  
During the past three years have you had:
43. Only one such illness with increased phlegm? 1.
44. More than one such illness: 2.   
Br. Grade \_\_\_\_\_

### E. TIGHTNESS

45. Does your chest ever feel tight or your breathing become difficult?  Yes  No
46. Is your chest tight or your breathing difficult on any particular day of the week? (after a week or 10 days away from the mill)  Yes  No
47. If "Yes": Which day?  
MON. (3) TUES. (4) WED. THURS. (5) FRI. (6) SAT. (7) SUN. (8)  
(1) (2)  
Sometimes Always
48. If "Yes" Monday: At what time on Monday does your chest feel tight or your breathing difficult? 1.  Before entering the mill 2.  After entering the mill  
(Ask only if NO to Question (45))
49. In the past, has your chest ever been tight or your breathing difficult on any particular day of the week?  Yes  No
50. If "Yes": Which day?  
MON. (3) TUES. (4) WED. THURS. (5) FRI. (6) SAT. (7) SUN. (8)  
(1) (2)  
Sometimes Always

\*These words are for subjects who work at night

\*\*For subjects who usually have phlegm

**Appendix B-1 to §1910.1043  
Respiratory Questionnaire (Continued)**

**F. BREATHLESSNESS**

51. If disabled from walking by any condition other than heart or lung disease put "X" here \_\_\_\_\_ and leave questions (52-60) unasked.
52. Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?  Yes  No If No, grade is 1. If "Yes", proceed to next question.
53. Do you get short of breath walking with other people at an ordinary pace on the level?  Yes  No If No, grade is 2. If "Yes", proceed to next question.
54. Do you have to stop for breath when walking at your own pace on the level?  Yes  No If No, grade is 3. If "Yes", proceed to next question.
55. Are you short of breath on washing or dressing?  Yes  No If No, grade is 4. If "Yes", grade is 5.
56. Dyspnea Grd. \_\_\_\_\_

**ON MONDAYS**

57. Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?  Yes  No If No, grade is 1. If "Yes", proceed to next question.
58. Do you get short of breath walking with other people at an ordinary pace on the level?  Yes  No If No, grade is 2. If "Yes", proceed to next question.
59. Do you have to stop for breath when walking at your own pace on the level?  Yes  No If No, grade is 3. If "Yes", proceed to next question.
60. Are you short of breath on washing or dressing?  Yes  No If No, grade is 4. If "Yes", grade is 5.
61. B Grd. \_\_\_\_\_

**G. OTHER ILLNESSES AND ALLERGY HISTORY**

62. Do you have a heart condition for which you are under a doctor's care?  Yes  No
63. Have you ever had asthma?  Yes  No  
If "Yes", did it begin: 1.  Before age 30 2.  After age 30
64. If "Yes" before 30 did you have asthma before ever going to work in a textile mill?  Yes  No
65. Have you ever had hay fever or other allergies (other than above)?  Yes  No

**H. TOBACCO SMOKING\***

66. Do you smoke?  Yes  No  
Record "Yes", if regular smoker up to one month ago. (Cigarettes, cigar or pipe)  
If "No" to (63):
67. Have you ever smoked? (Cigarettes, cigars, pipe. Record "No" if subject has never smoked as much as one cigarette a day, or 1 oz of tobacco a month, for as long as one year.)  Yes  No  
If "Yes" to (63) or (64), what have you smoked and for how many years?  
(Write in specific number of years in the appropriate square)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<b>Years</b>	(<5)	(5-9)	(10-14)	(15-19)	(20-24)	(25-29)	(30-34)	(35-39)	(>40)
68. <b>Cigarettes</b>									
69. <b>Pipe</b>									
70. <b>Cigars</b>									

71. If cigarettes, how many packs per day? (Write in number of cigarettes) \_\_\_\_\_  
1.  Less than 1/2 pack 2.  1/2 pack, but less than 1 pack 3.  1 pack, but less than 1 1/2 packs 4.  1 1/2 packs or more
- 72, 73. Number of pack years \_\_\_\_\_
74. If an ex smoker (cigarettes, cigar or pipe), how long since you stopped? (Write in number of years) \_\_\_\_\_  
1.  0-1 year 2.  1-4 years 3.  5-9 years 4.  10+ years
- \* Have you changed your smoking habits since last interview? If yes, specify what changes.

**I. OCCUPATIONAL HISTORY\*\***

Have you ever worked in:

75. A foundry? (As long as one year)  Yes  No
76. Stone or mineral mining, quarrying or processing? (As long as one year)  Yes  No
77. Asbestos milling or processing? (Ever)  Yes  No
78. Other dusts, fumes or smoke? If yes, specify.  Yes  No

Type of exposure \_\_\_\_\_

Length of exposure \_\_\_\_\_

\*\* Ask only on first interview.

At what age did you first go to work in a textile mill? (Write in specific age in appropriate square)

(1)	(2)	(3)	(4)	(5)	(6)
(<20)	(20-24)	(25-29)	(30-34)	(35-39)	(40+)

79. When you first worked in a textile mill, did you work with:

1.  Cotton or cotton blend
80. 2.  Synthetic or wool