Appendix B-2 to §1910.1043
Respiratory Questionnaire For Non-Textile Workers for the Cotton Industry

Identification No.: _____ Interviewer Code: _____

Location: _____ Date of Interview: _____ / _____ / _____
<div align="right">Month   Day   Year</div>

A. IDENTIFICATION

1. NAME: (Last) _____ (First) _____ (Middle Initial) ____

2. CURRENT ADDRESS: (Number, Street, or Rural Route) _____

   (City, or Town) _____

   (County) _____ (State) _____ (Zip Code) _____

3. TELEPHONE NUMBER: (_____) _____ - _____ EXT. _____

4. SOCIAL SECURITY NUMBER: _____ — _____ — _____ 5. BIRTHDATE: _____ / _____ / _____
   <div align="right">Month   Day   Year</div>

6. AGE LAST BIRTHDAY: _____ 7. SEX 1. ☐ Male 2. ☐ Female

8. ETHNIC GROUP OR ANCESTRY: 1. ☐ White, not of Hispanic Origin   2. ☐ Black, not of Hispanic Origin   3. ☐ Hispanic   4. ☐ American Indian or Alaskan Native
   5. ☐ Asian or Pacific Islander   6. ☐ Other:

9. STANDING HEIGHT: ___ FT. _____ IN. 10. WEIGHT: _____ LBS. 11. WORK SHIFT: ☐ 1ST ☐ 2ND ☐ 3RD

12. PRESENT WORK AREA.
    Please indicate primary assigned work area and percent of time spent at that site. If at other locations, please indicate and note percent of time for each.
    PRIMARY WORK AREA: _____

    PERCENT OF TIME SPENT AT ABOVE SITE: _____

    SPECIFIC JOB: _____

    PERCENT OF TIME SPENT AT ABOVE SITE: _____

13. APPROPRIATE INDUSTRY: 1. ☐ Garnetting   2. ☐ Cottonseed Oil Mill   3. ☐ Cotton Warehouse   4. ☐ Utilization   5. ☐ Cotton Classification   6. ☐ Cotton Ginning
    (Furnishing your Social Security number is voluntary. Your refusal to provide this number will not affect any right, benefit, or privilege to which you would be entitled if you did provide your Social Security number. Your Social Security number is being requested since it will permit use in future determinations in statistical research studies.)

B. OCCUPATIONAL HISTORY TABLE
Complete the following table showing the entire work history of the individual from present to initial employment. Sporadic, part-time periods of employment, each of no significant duration, should be grouped if possible.

INDUSTRY AND LOCATION	TENURE OF EMPLOYMENT FROM_____ TO_____	SPECIFIC OCCUPATION	AVERAGE NO. DAYS WORKED PER WEEK	HAZARDOUS HEALTH EXPOSURE ASSOCIATED WITH WORK		
				YES	NO	IF YES, DESCRIBE

C. SYMPTOMS
Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No".

COUGH

1. 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

2. Do you usually cough during the day or at night? (Ignore an occasional cough.) ☐ Yes ☐ No   If "Yes" to either 1 or 2:

3. Do you cough like this on most days for as much as three months a year? ☐ Yes ☐ No _____NA

4. Do you cough on any particular day of the week? ☐ Yes ☐ No

5. If "Yes", which day? 1. ☐ MONDAY   2. ☐ TUESDAY   3. ☐ WEDNESDAY   4. ☐ THURSDAY   5. ☐ FRIDAY   6. ☐ SATURDAY   7. ☐ SUNDAY

PHLEGM

6. 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.)

7. 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 (6) or (7):

8. Do you bring up phlegm like this on most days for as much as three months each year? ☐ Yes ☐ No   If "Yes" to question (3) or (8):

9. 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) _____

*These words are for subjects who work at night

C. (Continued)

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
For subjects who usually have phlegm:
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?)
If "Yes" to 11:
Did you bring up (more) phlegm than usual in any of these illnesses?
If "Yes" to 12:
During the past three years have you had:
Only one such illness with increased phlegm?   More than one such illness: Br. Grade

Does your chest ever feel tight or your breathing become difficult?
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)
If "Yes": Which day?
                              1.   2.
                         Sometimes   Always
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 (15))
In the past, has your chest ever been tight or your breathing difficult on any particular day of the week?
If "Yes": Which day?
                              1.   2.
                         Sometimes   Always

If disabled from walking by any condition other than heart or lung disease put "X" in the space _____ and leave questions (22-30) unasked.
Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?   If No, grade is 1.   If "Yes", proceed to next question.
Do you get short of breath walking with other people at an ordinary pace on the level?   If No, grade is 2.   If "Yes", proceed to next question.
Do you have to stop for breath when walking at your own pace on the level?   If No, grade is 3.   If "Yes", proceed to next question.
Are you short of breath on washing or dressing?   If No, grade is 4.   If "Yes", grade is 5.
Dyspnea Grd.

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?   If No, grade is 1.   If "Yes", proceed to next question.
Do you get short of breath walking with other people at an ordinary pac

41. 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
42. Number of pack years _____
43. If an ex smoker (cigarettes, cigar, or pipe), how long since you stopped? (Write in number of years) _____
    ☐ 0-1 year   ☐ 1-4 years   ☐ 5-9 years   ☐ 10+ years

OCCUPATIONAL HISTORY

Have you ever worked in:

44. A foundry? (As long as one year)   ☐ Yes   ☐ No
45. Stone or mineral mining, quarrying or processing? (As long as one year)   ☐ Yes   ☐ No
46. Asbestos milling or processing? (Ever)   ☐ Yes   ☐ No
47. Cotton or cotton blend mill? (For controls only)   ☐ Yes   ☐ No
48. Other dusts, fumes or smoke? If yes, specify.   ☐ Yes   ☐ No

Type of exposure

Length of exposure