

Appendix B-2 to §1910.1043

Respiratory Questionnaire For Non-Textile Workers for the Cotton Industry

Identification No.: _____ Interviewer Code: _____

Location: _____ Date of Interview: ____ / ____ / ____
Month Day Year

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: ____ / ____ / ____
Month Day Year
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. Ginning 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	SPECIFIC OCCUPATION	AVERAGE NO. DAYS WORKED PER WEEK	HAZARDOUS HEALTH EXPOSURE ASSOCIATED WITH WORK		
	FROM ____ TO ____			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*)
 (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) Yes No
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

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C. SYMPTOMS (Continued)

CHEST ILLNESS

10. 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:
11. 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 11:
12. Did you bring up (more) phlegm than usual in any of these illnesses? Yes No
 If "Yes" to 12:
 During the past three years have you had:
13. Only one such illness with increased phlegm? Yes No 14. More than one such illness: Yes No Br. Grade _____

TIGHTNESS

15. Does your chest ever feel tight or your breathing become difficult? Yes No
16. 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
17. If "Yes": Which day? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
 1. Sometimes 2. Always
18. 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))
19. In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? Yes No
20. If "Yes": Which day? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
 1. Sometimes 2. Always

BREATHLESSNESS

21. If disabled from walking by any condition other than heart or lung disease put "X" in the space _____ and leave questions (22-30) unasked.
22. 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.
23. 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.
24. 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.
25. Are you short of breath on washing or dressing? Yes No If No, grade is 4. If "Yes", grade is 5.
26. Dyspnea Grd. _____

ON MONDAYS

27. 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.
28. 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.
29. 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.
30. Are you short of breath on washing or dressing? Yes No If No, grade is 4. If "Yes", grade is 5.
31. B Grd. _____

OTHER ILLNESSES AND ALLERGY HISTORY

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

TOBACCO SMOKING

36. Do you smoke? Record "Yes", if regular smoker up to one month ago. (Cigarettes, cigar, or pipe) Yes No
 If "No" to (33):
37. Have you ever smoked? Yes No
 (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.)
 If "Yes" to (33) or (34); what have you smoked for how many years? (Write in specific number of years in the appropriate square)

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

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 _____