

## §5190 Appendix B-1 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: \_\_\_\_\_
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
AT RISK (cotton & cotton blend)	1			Cards										
	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	6													
	7 (all)													
Control (synthetic & wool)	8													
Ex-worker (cotton)	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

(on getting up)

31. Do you usually cough first thing in the morning? (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(s) of the week?  Yes  No
35. If "Yes", which day(s)? 1.  MON. 2.  TUES. 3.  WED. 4.  THURS. 5.  FRI. 6.  SAT. 7.  SUN.

### C. PHLEGM or alternative word to suit local custom. (on getting up)\* (\*These words are for subjects who work at night)

36. Do you usually bring up any phlegm from your chest first thing in the morning?  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 at 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? (Write in number of years) \_\_\_\_\_ 1.  2 years or less 2.  More than 2 years - 9 years 3.  10 - 19 years 4.  20+ 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? (\*\*For subjects who usually have phlegm)  
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(s) of the week? (after a week or 10 days away from the mill)  Yes  No
47. If "Yes": Which day(s)?  MON. 3.  TUES. 4.  WED. 5.  THURS. 6.  FRI. 7.  SAT. 8.  SUN.

1.  Sometimes  Always  
2.

48. If "Yes" first day of employee's work week: At what time on first day of your work week does your chest feel tight or your breathing difficult?  
 Before entering the mill  After entering the mill

49. In the past, has your chest ever been tight or your breathing difficult on any particular day(s) of the week? 1.  Yes 2.  No

50. If "Yes": Which day(s)?  MON. 3.  TUES. 4.  WED. 5.  THURS. 6.  FRI. 7.  SAT. 8.  SUN.

1.  Sometimes  Always  
2.