

§5190 Appendix B-2
Respiratory Questionnaire For Non-Textile Workers for the Cotton Industry

Identification No.: _____ Interview 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: *(Optional, see below) _____ - _____ - _____ 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: _____

 SPECIFIC JOB: _____

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	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)* 1. Yes 2. No
 (Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)
 2. Do you usually cough during the day or at night? (Ignore an occasional cough.) 1. Yes 2. 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? 1. Yes 2. No NA
 4. Do you cough on any particular day(s) of the week? 1. Yes 2. No
 5. If "Yes", which day(s)? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
- PHLEGM**
6. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)* 1. Yes 2. 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 at night? (Accept twice or more.) 1. Yes 2. No If "Yes" to question (6) or (7):
 8. Do you bring up any phlegm like this on most days for as much as three months each year? 1. Yes 2. No If "Yes" to question (3) or (8):
 9. How long have you had this phlegm? (cough) (Write in number of years) _____ 1. 2 years or less 2. More than 2 years - 9 years 3. 10 - 19 years 4. 20+ years
 *These words are for subjects who work at night.

§5190 Appendix B-2 (continued)
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C. SYMPTOMS (Continued)

CHEST ILLNESSES

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?) 1. Yes 2. No
 If "Yes" to (11):
 12. Did you bring up (more) phlegm than usual in any of these illnesses? 1. Yes 2. 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: 1. Yes 2. No Br. Grade _____

TIGHTNESS

15. Does your chest ever feel tight or your breathing become difficult? 1. Yes 2. No
 16. 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) 1. Yes 2. No
 17. If "Yes": Which day(s)? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
 1. Sometimes 2. Always
 18. If "Yes" first day of employee's work week: At what time on the first day of your work week does your chest feel tight or your breathing difficult?
 Before entering the mill After entering the mill
 19. 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
 20. If "Yes": Which day(s)? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
 1. Sometimes 2. Always
 If "Yes" first day of employee's work week:

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? 1. Yes 2. 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? 1. Yes 2. 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? 1. Yes 2. No If "No", grade is 3. If "Yes", proceed to next question.
 25. Are you short of breath on washing or dressing? 1. Yes 2. No If "No", grade is 4. If "Yes", grade is 5.
 26. Dyspnea Grd. _____

ON THE FIRST DAY BACK TO WORK

27. Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? 1. Yes 2. 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? 1. Yes 2. 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? 1. Yes 2. No If "No", grade is 3. If "Yes", proceed to next question.
 30. Are you short of breath on washing or dressing? 1. Yes 2. 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? 1. Yes 2. No
 33. Have you ever had asthma? 1. Yes 2. 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? 1. Yes 2. No
 35. Have you ever had hay fever or other allergies (other than above)? 1. Yes 2. No

TOBACCO SMOKING

36. Do you smoke? Record "Yes" if regular smoker up to one month ago (Cigarettes, cigar or pipe). 1. Yes 2. No If "No" to (33)
 37. Have you ever smoked? 1. Yes 2. 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) _____
 1. 0-1 year 2. 1-4 years 3. 5-9 years 4. 10+ years

OCCUPATIONAL HISTORY

Have you ever worked in:

44. A foundry? (As long as one year) _____ 1. Yes 2. No
 45. Stone or mineral mining, quarrying or processing? (As long as one year) _____ 1. Yes 2. No
 46. Asbestos milling or processing? (Ever) 1. Yes 2. No
 47. Cotton or cotton blend mill? (For controls only) 1. Yes 2. No
 48. Other dusts, fumes or smoke? If yes, specify. _____ 1. Yes 2. No

Type of exposure _____

Length of exposure _____