

Appendix B-1 to §1910.1043 Respiratory Questionnaire

A. IDENTIFICATION DATA

1. PLANT: _____
3. NAME: _____ 4. DATE OF INTERVIEW: _____ / _____ / _____
(SURNAME) MONTH DAY YEAR
5. _____ 6. DATE OF BIRTH: _____ / _____ / _____
(FIRST NAME) MONTH DAY YEAR
7. ADDRESS: _____ 8, 9. AGE: _____ 10. SEX: ☐ M ☐ F
11. Race (Check all that apply) 1. ☐ White 2. ☐ Black or African American 3. ☐ Asian 4. ☐ Hispanic or Latino
5. ☐ American Indian or Alaska Native 6. ☐ Native Hawaiian or Other Pacific Islander
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	1			Cards										
RISK	2			Draw										
(cotton	3			Comb										
& cotton	4			Thru Out										
blend)	5													
	6													
	7 (all)													
Control	8													
(synthetic														
& wool)														
Ex-worker	9													
(cotton)														

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)* ☐ Yes ☐ No
(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)
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. (1) Sometimes (2) Always TUES. WED. THURS. FRI. SAT. SUN. (3) (4) (5) (6) (7) (8)
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. (1) Sometimes (2) Always TUES. WED. THURS. FRI. SAT. SUN. (3) (4) (5) (6) (7) (8)

*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 ground? ☐ 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?
Record "Yes", if regular smoker up to one month ago. (Cigarettes, cigar or pipe) ☐ Yes ☐ No
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)
Years	(<5)	(5-9)	(10-14)	(15-19)	(20-24)	(25-29)	(30-34)	(35-39)	(>40)
68. Cigarettes									
69. Pipe									
70. Cigars									

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 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+)

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

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