

Appendix B-2 to §1910.1043

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. PHONE NUMBER: (____) _____ - _____ EXT. _____
4. BIRTHDATE: ____ / ____ / ____
Month Day Year
5. SEX 1. ☐ Male 2. ☐ Female
6. ETHNIC GROUP OR ANCESTRY (Check all that apply)
- | | | | |
|---|--|--------------------------------|---|
| 1. <input type="radio"/> White | 2. <input type="radio"/> Black or African American | 3. <input type="radio"/> Asian | 4. <input type="radio"/> Hispanic or Latino |
| 5. <input type="radio"/> American Indian or Alaska Native | 6. <input type="radio"/> Native Hawaiian or Other Pacific Islander | | |
7. STANDING HEIGHT: ____ FT. ____ IN. 8. WEIGHT: ____ LBS. 9. WORK SHIFT: ☐ 1ST ☐ 2ND ☐ 3RD

10. 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: _____

11. APPROPRIATE INDUSTRY: 1. ☐ Garnetting 2. ☐ Cottonseed Oil Mill 3. ☐ Cotton Warehouse 4. ☐ Utilization 5. ☐ Cotton Classification 6. ☐ Cotton Ginning

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.

[illegible]

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 days for as much as three months a year? ☐ Yes ☐ No
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

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

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 _____