



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

**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 \_\_\_\_\_