



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

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