

§5190 Appendix B-3 Abbreviated Respiratory Questionnaire

A. IDENTIFICATION DATA

1. PLANT: _____
2. SOCIAL SECURITY NUMBER: _____ — _____ — _____
3. NAME: _____
(SURNAME)
4. FIRST NAME: _____
5. DATE OF INTERVIEW: _____ / _____ / _____
MONTH DAY YEAR
6. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR
7. ADDRESS: _____
- 8, 9. AGE: _____ 10. SEX: Male Female
11. RACE: W N IND OTHER
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 RISK (cotton & cotton blend)	1		Cards										
	2		Draw										
	3		Comb										
	4		Rove										
	5		Thru Out										
	6												
	7 (All)												
Control (synthetic & wool)	8												
Ex-worker (cotton)	9												

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 (on getting up*)

31. Do you usually cough first thing in the morning? (Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.) Yes No
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(s) of the week? Yes No
35. If "Yes", which day(s)? 1. MON. 2. TUES. 3. WED. 4. THURS. 5. FRI. 6. SAT. 7. SUN.

C. PHLEGM or alternative word to suit local custom. (on getting up*)

36. Do you usually bring up any phlegm from your chest first thing in the morning? 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 at night? (Accept twice or more.) Yes No If "Yes" to question (36) or (37):
38. Do you bring up any phlegm like this on most days for as much as three months each year? Yes No If "Yes" to question (33) or (38):
How long have you had this phlegm? (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.

D. TIGHTNESS

39. Does your chest ever feel tight or your breathing become difficult? Yes No
40. 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) Yes No
41. If "Yes": Which day(s)? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
Sometimes 1. 2. Always
42. If "Yes" first day of employee's work week: At what time on first day of your work week does your chest feel tight or your breathing difficult?
1. Before entering the mill 2. After entering the mill
43. In the past, has your chest ever been tight or your breathing difficult on any particular day(s) of the week? Yes No
44. If "Yes": Which day(s)? MON. 3. TUES. 4. WED. 5. THURS. 6. FRI. 7. SAT. 8. SUN.
Sometimes 1. 2. Always

E. TOBACCO SMOKING

45. Have you changed your smoking habits since last interview? If yes, specify what changes. _____