Appendix D.3: Flavoring Workers Questionnaire (English)

Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/20xx

### FLAVORING WORKERS QUESTIONNAIRE

Section	n I: Identification and Demographic Information
1.	Survey Date://2014
2.	Name:
3.	Home Address:
	(City) (State) (Zip Code)
4.	Home Telephone Number: ()
5.	Date of Birth:// / Year
6.	Gender: 1 Male 2 Female
7.	Ethnicity (Please choose one): 1 Hispanic or Latino 0 Not Hispanic or Latino
8.	Race (Please choose all that apply): 1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

# If you were to move, is there someone who would know how to contact you?

9.	Name:				· · · · · · · · · · · · · · · · · · ·
	First		MI	Last	
10.	Relationship to you:_				
11.	Address:		(Number, St	reet, and/or Rural F	Route)
		(City)		(State)	(Zip Code)
12.	Telephone Number: (		_)		

### Section II. Health Information

*I'm going to ask you some questions about your health. The answer to many of these questions will be "Yes" or "No". If you are unsure about whether to answer "Yes" or "No", then please answer "No".* 

13. IE VES	During the last 12 months, have you had any trouble with your breathing?	1.Yes	0.No
IF YES	Which of the following statements best describes your breathing? 1I only rarely have trouble with my breathing 2I have regular trouble with my breathing but it always 3My breathing is never quite right	gets comple	etely better
14. IF YES	Do you usually have a cough? (Count cough with first smoke or on first going out-of-doors. Exclude clearing of throat.) :	1.Yes	_ 0.No
a)	Do you usually cough on most days for 3 consecutive months or more during the year?	1.Yes	_ 0.No
b)	In what year did this cough begin?		Year
15. IF YES	Do you usually bring up phlegm from your chest? (Count phlegm with first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.)	1.Yes	_ 0.No
a)	Do you usually bring up phlegm on most days for 3 consecutive months or more during the year?	1.Yes	_ 0.No
b)	In what year did this phlegm begin?		Year
16. IF YES	Have you ever had wheezing or whistling in your chest?	1.Yes	_ 0.No
a)	Have you had this wheezing or whistling when you did <i>not</i> have a cold?	1.Yes	0.No
b)	In what year did this wheezing or whistling first begin?	_	Year
c)	During the last 12 months, have you had this wheezing or whistling in your chest when you did <i>not</i> have a cold?	1.Yes	0.No

17.	Have you ever had an attack of wheezing that has made you feel short of breath?	1.Yes	_ 0.No
IF YE	S:		
a)	In what year did this wheezing first begin?		
			Year
b)	During the last 12 months, have you had an attack of wheezing that has made you feel short of breath?	1.Yes	0.No
18. IF YE	Have you ever woken up with a feeling of tightness in your chest? S:	1.Yes	0.No
a)	In what year did you first notice this chest tightness?		Year
b)	During the last 12 months, have you woken up with a feeling of chest tightness?	1.Yes	0.No
	IF NO:		
	c) When did this chest tightness stop?	/	
		Month	Year
19. IF YE	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	1.Yes	0.No
a)	Do you get short of breath walking with people of your own age on	1 Voc	0.No
a)	level ground?	1.165_	0.110
b)	Do you ever have to stop for breath when walking at your own pace on level ground?	1.Yes	0.No
c)	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?	1.Yes	0.No
d)	Are you too breathless to leave the house or breathless when dressing or undressing?	1.Yes	0.No
e)	In what year did this shortness of breath start?		— <u>—</u> — — Year
L			

20. In the last 4 weeks have you used any prescription or over-the-counter medications, including inhalers and/or pills, for breathing problems?

1.Yes \_\_\_\_ 0.No \_\_\_\_

IF YES:		
a) Please list:	 	 

21. Have you **ever** been told by a physician or other health professional that you had any of the following conditions?

Conditions	Told by a physician you	Year of first	
-			

	had?	diagnosis?
a) Hay fever or nasal allergies	1. Yes 0.No	
b) Heart disease	1. Yes 0.No	
c) Chronic bronchitis	1. Yes 0.No	
d) Emphysema	1. Yes 0.No	
e) Chronic obstructive pulmonary disease (COPD)	1. Yes 0.No	
f) Hypersensitivity pneumonitis	1. Yes 0.No	
g) Chemical pneumonitis	1. Yes 0.No	
h) Bronchiolitis obliterans	1. Yes 0.No	
i) Interstitial lung disease	1. Yes 0.No	
j) Gastroesophageal reflux disease (GERD)	1. Yes 0.No	
k) Vocal cord dysfunction	1. Yes 0.No	
l) Sarcoidosis of the lung	1. Yes 0.No	
m) Asthma	1. Yes 0.No	
IF YES: n) Do you still have asthma?	1. Yes 0.No	

22. Have you **ever** been told by a physician or other health professional that you had any other respiratory condition?

1.Yes \_\_\_\_ 0.No \_\_\_\_

IF YES:

a) What was it?

b) In what year were you first told you had this respiratory condition?

Year

23.	Are there any other respiratory problems that we have not already	1.Yes 0.No
	discussed that you would like us to know about?	
	IF YES:	

a) Please describe \_\_\_\_\_

## Section III. Work History

24. I'm now going to ask you some questions about where you have worked, starting with your first job. We will then move up to the present time.

Company	Job Title	Start Mo/Yr	End Mo/Yr	Major Work Areas (Flavorings only)	Other Work Areas (Flavorings only)	Do/Did you pour or scoop flavorings in this job (Flavorings only)	Reason Left	Comments

25. Do/Did you ever enter the flavoring room?   1     0.No   1	.Yes
Section IV. Other Exposures	
26. Have you ever:	
a) Worked in mining? 1 0.No	.Yes
IF YES: Years	
b)     Worked in farming?     1        0.No     1	.Yes
IF YES: Years	
c) Worked in chemical manufacturing like explosives, dyes, lacquers, and celluloid? 1 0.No	.Yes
IF YES: Years	
d)   Been exposed to fire smoke? (Do not count campfires, stoves.)   1    0.No   1	.Yes
IF YES: Years	
	e? l.Yes
0.No IF YES: Years	
f) Been exposed to mineral dusts including coal, silica, and talc? 1 0.No	.Yes
IF YES: Years	
g)   Been exposed to grain dusts?   1     0.No   1	.Yes
IF YES: Years	
h) Been exposed to oxides of nitrogen including silo gas? 1 0.No	.Yes
IF YES: Years	

- i) Been exposed to asbestos?
- \_\_\_\_ 0.No \_\_\_\_

IF YES: \_\_\_\_\_ Years

j) Outside of the flavoring plant (or microwave popcorn plant), have you ever been exposed to any chemical or substance that affected your breathing?
1.Yes \_\_\_\_ 0.No \_\_\_\_

IF YES, describe the exposure:\_\_\_\_\_

#### Section V. Tobacco Use

27. Have you ever smoked cigarettes?

1.Yes

\_\_\_\_ 0.No \_\_\_\_

(*NO* if less than 20 packs of cigarettes in a lifetime or less than 1 cigarette a day for 1 year.)

### IF YES:

	YES:	
a) 	How old were you when you first started smoking regularly? Years Old	
b)	Over the entire time that you have smoked, what is the average number of cigarettes that you smoked per day? Cigarettes/Day	
c)	Do you still smoke cigarettes? 0.No IF NO:	1.Yes
d) 	How old were you when you stopped smoking regularly? Years Old	