

Appendix D.3: Flavoring Workers Questionnaire (English)

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. During the last 12 months, have you had any trouble with your breathing? 1.Yes ___ 0.No ___

IF YES:

- | |
|--|
| a) Which of the following statements best describes your breathing?
1. ___ I only rarely have trouble with my breathing
2. ___ I have regular trouble with my breathing but it always gets completely better
3. ___ My breathing is never quite right |
|--|

14. Do you usually have a cough? 1.Yes ___ 0.No ___

(Count cough with first smoke or on first going out-of-doors.

Exclude clearing of throat.)

IF YES:

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. Do you usually bring up phlegm from your chest? 1.Yes ___ 0.No ___

(Count phlegm with first smoke or on first going out-of-doors.

Exclude phlegm from the nose. Count swallowed phlegm.)

IF YES:

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. Have you ever had wheezing or whistling in your chest? 1.Yes ___ 0.No ___

IF YES:

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 YES:

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. Have you ever woken up with a feeling of tightness in your chest? 1.Yes ___ 0.No ___

IF YES:

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. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 1.Yes ___ 0.No ___

IF YES:

a) Do you get short of breath walking with people of your own age on level ground?	1.Yes ___ 0.No ___
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?	___ ___ ___ ___ Year

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 discussed that you would like us to know about?

1.Yes ___ 0.No ___

IF YES:

a) Please describe _____

25. Do/Did you ever enter the flavoring room? 1.Yes
___ 0.No ___

Section IV. Other Exposures

26. Have you ever:

a) Worked in mining? 1.Yes
___ 0.No ___

IF YES: _____ Years

b) Worked in farming? 1.Yes
___ 0.No ___

IF YES: _____ Years

c) Worked in chemical manufacturing like explosives, dyes, lacquers, and celluloid? 1.Yes
___ 0.No ___

IF YES: _____ Years

d) Been exposed to fire smoke? (Do not count campfires, stoves.) 1.Yes
___ 0.No ___

IF YES: _____ Years

e) Been exposed to irritant gases like chlorine, sulfur dioxide, ammonia, and phosgene? 1.Yes
___ 0.No ___

IF YES: _____ Years

f) Been exposed to mineral dusts including coal, silica, and talc? 1.Yes
___ 0.No ___

IF YES: _____ Years

g) Been exposed to grain dusts? 1.Yes
___ 0.No ___

IF YES: _____ Years

h) Been exposed to oxides of nitrogen including silo gas? 1.Yes
___ 0.No ___

IF YES: _____ Years

i) Been exposed to asbestos? 1.Yes
___ 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:

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? 1.Yes
___ 0.No ___

IF NO:

d) How old were you when you stopped smoking regularly?
_____ Years Old