

APPENDIX B-I
RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT _____

DAY MONTH YEAR
(figures) (last 2 digits)

NAME _____ DATE OF INTERVIEW _____
(Surname)

_____ DATE OF BIRTH _____
(First Names)

M F

ADDRESS _____ AGE ____ (8, 9) SEX _____(10)

W N IND OTHER

_____ RACE _____ (11)

INTERVIEWER: 1 2 3 4 5 6 7 8 (12)

WORK SHIFT: 1st _____ 2nd _____ 3rd _____ (13)

STANDING HEIGHT _____ (14, 15)

WEIGHT _____ (16, 18)

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 to 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.

		(19)	(20)	(21)	(22)	(23)	(24)	(25)	
	Work- room Number	Open	Pick	Area	Card #1	#2	Spin	Wind	Twist
AT	1			Cards					
RISK	2			Draw					
(cotton & cotton blend)	3			Comb					
	4			Thru Out					
	5								
	6								
	7 (all)								
Control (synthe- tic & wool)	8								
Ex- Worker (cotton)	9								

Continued –

	Work- Room Number	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
AT	1					
RISK	2					
(cotton & cotton blend)	3					
	4					
	5					
	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)

Do you usually cough first thing in the morning? _____

Yes _____ No _____ (31)

(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)

Do you usually cough during the day or at night? Yes _____ No _____ (32)
(Ignore an occasional cough.)

If `Yes' to either question (31-32):

Do you cough like this on most days for as much as three months a year? Yes _____ No _____ (33)

Do you cough on any particular day of the week? Yes _____ No _____ (34)

(1) (2) (3) (4) (5) (6) (7)
If `Yes': Which day? Mon Tues Wed Thur Fri Sat Sun (35)

C. PHLEGM or alternative word to suit local custom.

(on getting up)

Do you usually bring up any phlegm from your chest first thing in the morning? (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.) Yes _____ No _____ (36)

Do you usually bring up any phlegm from your chest during the day or at night? (Accept twice or more.) Yes _____ No _____ (37)

If `Yes' to question (36) or (37):

Do you bring up any phlegm like this on most days for as much as three months each year? Yes _____ No _____ (38)

If `Yes' to question (33) or (38):

(cough)

How long have you had this phlegm?

(Write in number of years)

(1) ____ 2 years or less (39)

(2) ____ More than 2 year-9 years

(3) ____ 10-19 years

(4) ____ 20+ years

* These words are for subjects who work at night

D. CHEST ILLNESSES

In the past three years, have you had a period of (increased) *cough and phlegm lasting for 3 weeks or more?

(1) ____ No (40)

(2) ____ Yes, only one period

(3) ____ Yes, two or more periods

*For subjects who usually have phlegm

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 _____ (41)

If `Yes' to (41):

Did you bring up (more) phlegm than usual in any of these illnesses?

Yes _____ No _____ (42)

If `Yes' to (42):

During the past three years have you had:

Only one such illness with increased phlegm? (1) ____ (43)

More than one such illness: (2) ____ (44)

Br. Grade _____

E. TIGHTNESS

Does your chest ever feel tight or your breathing become difficult?

Yes _____ No _____ (45)

Is your chest tight or your breathing difficult on any particular day of the week? (after a week or 10 days from the mill) Yes _____ No _____ (46)

If `Yes': Which day? (3) (4) (5) (6) (7) (8)
Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (47)

(1) / \ (2)

Sometimes Always

If `Yes' Monday: At what time on (1) ___ Before entering the mill (48)
Monday does your chest feel tight or your (2) ___ After entering the mill
breathing difficult?

(Ask only if NO to Question (45))

In the past, has your chest ever been tight or your breathing difficult on any particular day of the week?

Yes _____ No _____ (49)

If `Yes': Which day? (3) (4) (5) (6) (7) (8)
Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (50)

(1) / \ (2)

Sometimes Always

F. BREATHLESSNESS

If disabled from walking by any condition other than heart or lung disease put "X" here and leave questions (52-60) unasked. _____(51)

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? Yes _____ No _____ (52)

If `No', grade is 1.

If `Yes', proceed to next question.

Do you get short of breath walking with other people at an ordinary pace on the level?

Yes _____ No _____ (53)

If `No', grade is 2.

If `Yes', proceed to next question.

Do you have to stop for breath when walking at your own pace on the level?

Yes _____ No _____ (54)

If `No', grade is 3.

If `Yes', proceed to next question.

Are you short of breath on washing or dressing?

Yes _____ No _____ (55)

If `No', grade is 4.

If `Yes' grade is 5.

Dyspnea Grd. _____ (56)

ON MONDAYS

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?

Yes _____ No _____ (57)

If `No', grade is 1.

If `Yes', proceed to next question.

Do you get short of breath walking with other people at ordinary pace on the level?

Yes _____ No _____ (58)

If `No', grade is 2.

If `Yes', proceed to next question.

Do you have to stop for breath when walking at your own pace on level ground?

Yes _____ No _____ (59)

If `No', grade is 3.

If `Yes', proceed to next question.

Are you short of breath on washing or dressing?

Yes _____ No _____ (60)

If `No', grade is 4.

If `Yes', grade is 5.

B. Grd. _____ (61)

G. OTHER ILLNESSES AND ALLERGY HISTORY

Do you have a heart condition for which you are under a doctor's care?

Yes _____ No _____ (62)

Have you ever had asthma?

Yes _____ No _____ (63)

If `Yes', did it begin:

(1) _____ Before age 30

(2) _____ After age 30

If `Yes' before 30 did you have asthma before ever going to work in a textile mill?

Yes _____ No _____ (64)

Have you ever had hay fever or other allergies (other than above)?

Yes _____ No _____ (65)

H. TOBACCO SMOKING*

Do you smoke?

Record `Yes', if regular smoker up to one month ago (Cigarettes, cigar or pipe)

Yes _____ No _____ (66)

If `No' to (63)

Have you ever smoked? (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.)

Yes _____ No _____ (67)

If `Yes' to (63) or (64), what have you smoked and 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
Cigarettes									(68)
Pipe									(69)
Cigars									(70)

If cigarettes, how many packs per day?
(Write in number of cigarettes)

(1) _____ Less than 1/2 pack (71)
(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

Number of years _____ (72, 73)

If an ex smoker (cigarettes, cigar or pipe),
how long since you stopped?
(Write in number of years) _____ (74)

- (1) _____ 0-1 year
(2) _____ 1-4 years
(3) _____ 5-9 years
(4) _____ 10+ years

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

I. OCCUPATIONAL HISTORY**

Have you ever worked in:

A foundry? (As long as one year) Yes _____ No _____ (75)

Stone or mineral mining, quarry or processing?
(As long as one year) Yes _____ No _____ (76)

Asbestos milling or processing? Yes _____ No _____ (77)

Other dusts, fumes or smoke? Yes _____ No _____ (78)

If yes, specify.

Type of exposure _____

Length of exposure _____

** Ask only on first interview.

At what age did you first go to work in a textile mill?

(Write in specific age in appropriate square)

(1)	(2)	(3)	(4)	(5)	(6)
<20	20-24	25-29	30-34	35-39	40+

When you first worked in a textile mill, did you work with:

(1) _____ Cotton or cotton blend (79)

(2) _____ Synthetic or wool (80)