APPENDIX B-II

Respiratory Questionnaire for Non-Textile Workers for the

Cotton Industry

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification No. Interviewer Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Date of Interview

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **IDENTIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME (Last) (First) (Middle Initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CURRENT ADDRESS (Number, Street, or Rural Route, City or Town,

County, State, Zip Code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PHONE NUMBER AREA CODE NO.

( \_\_ \_\_ \_\_ ) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

1. BIRTHDATE (Mo., Day, Yr.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. AGE LAST BIRTHDAY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SEX

1. \_\_\_\_\_\_ Male 2. \_\_\_\_\_\_ Female

1. ETHNIC GROUP OR ANCESTRY

1. \_\_\_\_ White, not of Hispanic Origin

2. \_\_\_\_ Black, not of Hispanic Origin

3. \_\_\_\_ Hispanic

4. \_\_\_\_ American Indian or Alaskan Native

5. \_\_\_\_ Asian or Pacific Islander

6. \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. STANDING HEIGHT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cm)

1. WEIGHT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. WORK SHIFT

1st \_\_\_\_\_\_ 2nd \_\_\_\_\_\_ 3rd \_\_\_\_\_\_

1. PRESENT WORK AREA

Please indicate primary assigned work area and percent of time spent at that site. If at other locations, please indicate and note percent of time for each.

|  |  |
| --- | --- |
| PRIMARY WORK AREA |  |
|  |
| SPECIFIC JOB |  |
|  |

1. APPROPRIATE INDUSTRY

1. \_\_\_\_\_ Garnetting

2. \_\_\_\_\_ Cottonseed Oil Mill

3. \_\_\_\_\_ Cotton Warehouse

4. \_\_\_\_\_ Utilization

5. \_\_\_\_\_ Cotton Classification

6. \_\_\_\_\_ Cotton Ginning

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **OCCUPATIONAL HISTORY TABLE**

Complete the following table showing the entire work history of the individual from present to initial employment. Sporadic, part-time periods of employment, each of no significant duration, should be grouped if possible.

| INDUSTRY AND LOCATION | TENURE OF EMPLOYMENT | | SPECIFIC OCCUPATION | AVER-AGE NO. DAYS WORK-ED PER WEEK | HAZARDOUS HEALTH EXPOSURE ASSOCIATED WITH WORK | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FROM  19\_\_  or  20 \_\_ | TO  19\_\_  or  20 \_\_ | YES | NO | IF YES, DESCR-IBE |
|  |  |  |  |  |  |  |  |
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1. **SYMPTOMS**

Use actual wording of each question. Put X in appropriate square after each question. When in doubt record "No.".

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COUGH | | |  | | |
| 1. Do you usually cough first thing in the morning? (on getting up)\* (Count a cough with first smoke or on "first going out of doors". Exclude clearing throat or a single cough.) | | | 1.\_\_\_\_\_Yes 2.\_\_\_\_\_No | | |
|  | | |  | | |
| 2. Do you usually cough during the day or at night? (Ignore an occasional cough.) | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| If YES to either 1 or 2: | | |  | | |
| 3. Do you cough like this on days for as much as three months a year? | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No  3. \_\_\_\_ NA | | |
|  | | |  | | |
| 4. Do you cough on any particular day of the week? | | | 1. \_\_\_\_ Yes 2. \_\_\_\_\_ No | | |
|  | | |  | | |
| If YES: | | |  | | |
|  | | |  | | |
| 5. Which day? | | | Mon. Tue. Wed. Thur. Fri. Sat. Sun. \_\_\_\_\_ | | |
|  | | |  | | |
| PHLEGM | | |  | | |
|  | | |  | | |
| 6. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)\* (Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm. | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| 7. Do you usually bring up any phlegm from your chest during the day or at night?  (Accept twice or more.) | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| If YES to either question 6 or 7: | | |  | | |
|  | | |  | | |
| 8. Do you bring up phlegm like this on most days for as much as three months each year? | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| If YES to question 3 or 8: | | |  | | |
|  | | |  | | |
| 9. How long have you had this phlegm?  (cough)  (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. | | | | | |
|  | | |  | | |
| CHEST ILLNESS | | |  | | |
| 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 | | |
|  | | |  | | |
| 13. Only one such illness with increased phlegm? | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| If YES to 12: During the past three years have you had: | | |  | | |
|  | | |  | | |
| 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 of the week? (after a week or 10 days away from the mill) | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| 17. If `Yes': Which day? | | (3) (4) (5) (6) (7) (8)  Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun.  (1) / \ (2)  Sometimes Always | | | |
|  | | |  | | |
| 18. If YES Monday:  At what time on Monday does your chest feel tight or your breathing difficult? | | | \_\_\_\_\_ Before entering mill  \_\_\_\_\_ After entering mill | | |
|  | | |  | | |
| (ASK ONLY IF NO TO QUESTION 15) | | | |  | |
| 19. In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No | | |
|  | | |  | | |
| 20. If `Yes': Which day? | (3) (4) (5) (6) (7) (8)  Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun.  (1) / \ (2)  Sometimes Always | | | | |
|  | | | | |  |
| 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 MONDAYS: | | | | |  |
|  | | | | |  |
| 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. | | | | |  |
|  | | | | | 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?  (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.) | | | | | 1. \_\_\_\_ Yes 2. \_\_\_\_ No |
|  | | | | |  |
| 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 |  |
| Cigarettes |  |  |  |  |  |  |  |  |  | (38) |
| Pipe |  |  |  |  |  |  |  |  |  | (39) |
| Cigars |  |  |  |  |  |  |  |  |  | (40) |

|  |  |
| --- | --- |
| 41. If cigarettes, how many packs per day?  Write in number of cigarettes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_ Less than 1/2 pack  \_\_\_\_\_ 1/2 pack, but less than 1 pack  \_\_\_\_\_ 1 pack, but less than 1 1/2 packs  \_\_\_\_\_ 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.) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_ 0-1 year  \_\_\_\_\_ 1-4 years  \_\_\_\_\_ 5-9 years  \_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |