APPENDIX B-III

 ABBREVIATED RESPIRATORY QUESTIONNAIRE

1. **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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Work-roomNumber | (19)Open | (20)Pick | Area | (21)Card#1 | (22)#2 | (23)Spin | (24)Wind | (25)Twist |  |
|  AT RISK(cotton & Cotton blend) | 1 |  |  | Cards |  |  |  |  |  |  |
| 2 |  |  | Draw |  |  |  |  |  |  |
| 3 |  |  | Comb |  |  |  |  |  |  |
| 4 |  |  | ThruOut |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7(all) |  |  |  |  |  |  |  |  |  |
| Control(synthetic & wool) | 8 |  |  |  |  |  |  |  |  |  |
| Ex-Worker(cotton) | 9 |  |  |  |  |  |  |  |  |  |

Continued –

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

|  |  |
| --- | --- |
| 1. 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?  (Ignore an occasional cough.)  | Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ (32) |
| 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)­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 1. PHLEGM or alternative word to suit local custom.

 (on getting up)  |
| Do you usually bring up any phlegm from yourchest 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 (2) \_\_\_\_ More than 2 years-9 years (3) \_\_\_\_ 10-19 years(4) \_\_\_\_ 20+ years |
| \* These words are for subjects who work at night |  |
|  |  |
| 1. TIGHTNESS
 |  |
| Does your chest ever feel tight or your breathing become difficult?  |  Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ (39) |
| 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 \_\_\_\_\_\_\_ (40) |
| If `Yes': Which day? (3) (4) (5) (6) (7) (8) Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (41) (1) / \ (2) Sometimes Always |
| If `Yes' Monday At what time on Monday does your chest feel tight or your breathing difficult? | (1) \_\_\_ Before entering the mill (42)(2) \_\_\_ After entering the mill |
| (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 \_\_\_\_\_\_\_ (43) |
| If `Yes': Which day?  (3) (4) (5) (6) (7) (8) Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (44) (1) / \ (2) Sometimes Always |
|  |  |
| 1. TOBACCO SMOKING
 |  |
| \* Have you changed your smoking habits since last interview?  If yes, specify what changes. |