

Future PPA Burden Box will appear here.

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29 CFR Ch. XVII (7-1-13 Edition)

**APPENDIX B-1
RESPIRATORY QUESTIONNAIRE**

A. IDENTIFICATION DATA

PLANT _____ SOCIAL SECURITY NO. _____ DAY _____ MONTH _____ YEAR _____
(figures) (last 2 digits)

NAME _____ DATE OF INTERVIEW _____
(Surname)

(First Names) DATE OF BIRTH _____ M _____ F _____

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

RACE W N IND. OTHER (11)

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

WORK SHIFT: 1st _____ 2nd _____ 3rd _____ (13) STANDING HEIGHT _____ (14,15)

PRESENT WORK AREA _____ WEIGHT _____ (16,18)

← removed

← Seeking comment under NPRM

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 the 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.

	Workroom Number	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
		Open	Pick	Area	Card #1	#2	Spin	Wind	Twist	Spool	Warp	Slash	Weave
AT RISK (cotton & cotton blend)	1			Cards									
	2			Draw									
	3			Comb									
	4			Rove									
	5			Thru Out									
	6												
	7 (all)												
Control (synthetic & wool)	8												
Ex-Work- er (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 either question (36) or (37):

Do you bring up 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) (1) 2 years or less (39)
How long have you had this phlegm? (Write in number of years)
(2) More than 2 years-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 _____ (15)

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) _____ Yes _____ No _____ (16)

If 'Yes': Which day? Mon. (1) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun. (8) (47)
 Sometimes Always

If 'Yes' Monday At what time on Monday does your chest feel tight or your breathing difficult? 1 Before entering the mill (48)
 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 _____ (49)

If 'Yes': Which day? Mon. (1) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun. (8) (50)
 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 an 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 the level? _____ 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) _____ (71)
 (1) less than 1/2 pack
 (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 pack years: _____ (72, 73)
 If an ex smoker (cigarettes, cigar or pipe), how long since you stopped? _____ (74)
 (Write in number of years)
 (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 laundry? (As long as one year) _____ Yes _____ No _____ (75)
 Stone or mineral mining, quarrying or processing? (As long as one year) _____ Yes _____ No _____ (76)
 Asbestos milling or processing? (Ever) _____ Yes _____ No _____ (77)
 Other dusts, fumes or smoke? If yes, specify _____ Yes _____ No _____ (78)
 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)