

Future PRA Burden Box will appear here.

Occupational Safety and Health Admin., Labor

§ 1910.1043

APPENDIX B-III
ABBREVIATED RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

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

← Removed

NAME _____ DATE OF INTERVIEW _____
(Surname)

_____ DATE OF BIRTH _____
(First Names) M F

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

RACE W N IND. OTHER (11)

← Seeking comment under NPRM

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)

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 _____ department.

	Workroom Number	(19)	(20)	Area	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
		Open	Pick		Card #1	#2	Spin	Wind	Twist	Spool	Warp	Slesh	Weave	Other
AT RISK (cotton & cotton blend)	1			Cards										
	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	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 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)
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

D. 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 away from the mill) _____ Yes ___ No ___ (40)

If 'Yes': Which day? Mon (1) Tues (2) Wed (3) Thurs (4) Fri (5) Sat (6) Sun (7) (8)
Sometimes Always (41)

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? Mon (1) Tues (2) Wed (3) Thurs (4) Fri (5) Sat (6) Sun (7) (8)
Sometimes Always (44)

E. TOBACCO SMOKING

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