

Future PRA Burden Box will appear here.

§ 1910.1043

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

APPENDIX B-II

Respiratory Questionnaire
for
Non-Textile Workers for the
Cotton Industry

Identification No.	Interviewer Code
Location	Date of Interview

A. IDENTIFICATION

1. NAME (Last) (First) (Middle Initial)	3. PHONE NUMBER AREA CODE () NO.	4. SOCIAL SECURITY NO. (optional see below)
2. CURRENT ADDRESS (Number, Street, or Rural Route, City or Town, County, State, Zip Code)	5. BIRTHDATE (Mo., Day, Yr.)	6. AGE LAST BIRTHDAY
	7. SEX 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
8. ETHNIC GROUP OR ANCESTRY 1. <input type="checkbox"/> White, not of Hispanic Origin 2. <input type="checkbox"/> Black, not of Hispanic Origin 3. <input type="checkbox"/> Hispanic 4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Asian or Pacific Islander 6. <input type="checkbox"/> Other: _____		

← Removed and renumbered

← Seeking comment under NPRM

9. STANDING HEIGHT _____ (cm)	10. WEIGHT _____	11. WORK SHIFT 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
----------------------------------	---------------------	--

12. 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	_____

13. APPROPRIATE INDUSTRY

1 <input type="checkbox"/> Ginning	3 <input type="checkbox"/> Cotton Warehouse	5 <input type="checkbox"/> Cotton Classification
2 <input type="checkbox"/> Cottonseed Oil Mill	4 <input type="checkbox"/> Utilization	6 <input type="checkbox"/> Cotton Ginning

Removed →

~~(Furnishing your Social Security number is voluntary. Your refusal to provide this number will not affect any right, benefit, or privilege to which you would be entitled if you did provide your Social Security number. Your Social Security number is being requested since it will permit use in future determinations in statistical research studies.)~~

C. 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 question 1 or 2:

3. Do you cough like this on most days for as much as three months a year? 1 Yes 2 No 9 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

If YES to 12: During the past three years have you had:

13. Only one such illness with increased phlegm? 1 Yes 2 No
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? Mon. (1) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun. (8)
Sometimes (1) Always (2)
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? Mon. (1) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun. (8)
Sometimes (1) Always (2)

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

31. **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

OTHER ILLNESSES AND ALLERGY HISTORY CONTINUED:

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? 1 Yes 2 No
 Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe)
 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)
38. Cigarettes									
39. Pipe									
40. Cigars									

41. If cigarettes, how many packs per day? Less than 1/2 pack
 Write in number of cigarettes 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 _____
