

RACE (11) (Check all that apply)

10-22-18

1. White _____

4. Hispanic or Latino _____

2. Black or African American _____

5. American Indian or Alaska Native _____ SIPS-IV Mark-up

3. Asian _____

6. Native Hawaiian or
Other Pacific Islander _____

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APPENDIX B-1
RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

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

NAME _____ DATE OF INTERVIEW _____
(Surname)

_____, _____ DATE OF BIRTH _____
(First Name) 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)

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.

Table split into two.

	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	
Workroom Number	Open	Pick	Area	Card #1	#2	Spin	Wind	Twist	Spool	Warp	Slash	Weave	Other
AT RISK (cotton & cotton blend)	1		Cards										
	2		Draw										
	3		Comb										
	4		Rove										
	5		Thru										
	6		Out										
	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)
How long have you had this phlegm? (Write in number of years)
(1) [X] 2 years or less (39)
(2) [] More than 2 years-9 years
(3) [] 10-19 years
(4) [] 20+ years

All squares changed to underlined fields.

Symbols changed to asterices

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) (17)
 Sometimes (1) Always (2)

If 'Yes' Monday At what time on Monday does your chest feel tight or your breathing difficult? 1 Before entering the mill (18)
 2 After entering the mill

(Ask only if NO to Question (15))

In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? _____ Yes _____ No _____ (19)

If 'Yes': Which day? Mon. (1) Tues. (3) Wed. (4) Thur. (5) Fri. (6) Sat. (7) Sun. (8) (20)
 Sometimes (1) Always (2)

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)

Years	(1) (<u><5</u>)	(2) (5-9)	(3) (10-14)	(4) (15-18)	(5) (20-24)	(6) (25-29)	(7) (30-34)	(8) (35-39)	(9) (<u>>40</u>)
Cigarettes									
Pipe									
Cigars									

If cigarettes, how many packs per day? (Write in number of cigarettes) (1) less than 1/2 pack (71)
 (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)

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 # (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 checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		8. ETHNIC GROUP OR ANCESTRY (check all that apply) 6.1. <input type="checkbox"/> White, not of Hispanic Origin 2. <input type="checkbox"/> Black, not of Hispanic Origin or African American 4. <input checked="" type="checkbox"/> Hispanic or Latino 5. <input type="checkbox"/> American Indian or Alaskan Native 6.5. <input type="checkbox"/> Asian or Pacific Islander 6. <input type="checkbox"/> Other: <u>Native Hawaiian or Other Pacific Islander</u>
7. STANDING HEIGHT (cm)	8.10. WEIGHT (lbs)	
9. WORK SHIFT 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		

10. 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	

11. 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

~~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.~~

3. Asian

All squares/boxes changed to underlined fields

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)* 1 Yes 2 No
 (Count a cough with first smoke or on "first going out of doors". Exclude clearing throat or a single cough.)

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) Sometimes (3) Tues. (2) Always (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

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) Sometimes (3) Tues. (2) Always (4) Wed. (5) Thur. (6) Fri. (7) Sat. (8) Sun.

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										(38)
39. Pipe										(39)
40. Cigars										(40)

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 _____

RACE (11) (Check all that apply)

1. White —

2. Black or African American —

3. Asian —

4. Hispanic or Latino

5. American Indian or Alaska Native

6. Native Hawaiian or Other Pacific Islander —

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)

NAME _____ DATE OF INTERVIEW _____
(Surname)

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

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)

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.

	(18)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)		
	Workroom Number	Open	Pick	Area	Card #1	#2	Spin	Wind	Twist	Spool	Warp	Slash	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-Work-or (cotton)	9													

Chart split into two / continued

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. Tues. Wed. Thur. Fri. Sat. Sun. _____ (41)
(1) (2) (3) (4) (5) (6) (7) (8)
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? Mon. Tues. Wed. Thur. Fri. Sat. Sun. _____ (44)
(1) (2) (3) (4) (5) (6) (7) (8)
Sometimes Always

E. TOBACCO SMOKING

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