

 An official website of the United States government.

[Here's how you know](#)



MENU

# Occupational Safety and Health Administration

By Standard Number 1910.1043 App B-I - Respiratory Questionnaire

- **Part Number:** 1910  
**Part Number**
- **Title:** Occupational Safety and Health Standards
- **Subpart:** 1910 Subpart Z
- **Subpart Title:** Toxic and Hazardous Substances  
**Standard**
- **Number:** [1910.1043 App B-I](#)
- **Title:** Respiratory Questionnaire
- **GPO Source:** [e-CFR](#)

## Appendix B-I to § 1910.1043 - Respiratory Questionnaire

### APPENDIX B-I -- RESPIRATORY QUESTIONNAIRE

### RESPIRATORY QUESTIONNAIRE

#### A. 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)

RACE (11) (Check all that apply)

1. White \_\_\_\_\_

4. Hispanic or Latino \_\_\_\_\_

2. Black or African American \_\_\_\_\_

5. American Indian or Alaska Native \_\_\_\_\_

3. Asian \_\_\_\_\_

6. Native Hawaiian or

Other Pacific Islander \_\_\_\_\_

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

more than one work room within a department classify as 1 (all) for that department.

		(19)	(20)		(21)	(22)	(23)	(24)	(25)
	Work- room Number	Open	Pick	Area	Card #1	#2	Spin	Wind	Twist
AT RISK (cotton & cotton blend)	1			Cards					
	2			Draw					
	3			Comb					
	4			Thru Out					
	5								
	6								
	7 (all)								
Control (synthe- tic & wo ol)	8								
Ex- Worker (cotton)	9								

Continued –

	Work- Room Number	(26) Spool	(27) Warn	(28) Slash	(29) Weave	(30) Other
--	-------------------------	---------------	--------------	---------------	---------------	---------------

	1	2	3	4	5	6	7
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.

**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 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 (39)

(2) \_\_\_\_ More than 2 year-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 \_\_\_\_\_ (45)

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 \_\_\_\_\_ (46)

If 'Yes': Which day? (3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (47)

(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 (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

you breathing ~~difficult~~ on any particular day  
of the week?

Yes \_\_\_\_\_ No \_\_\_\_\_ (49)

If 'Yes': Which day?

(3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (50)

(1) / \ (2)

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



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 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 level ground?

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)

- (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 years \_\_\_\_\_ (72, 73)

If an ex-smoker (cigarettes, cigar or pipe),  
how long since you stopped?

(Write in number of years) \_\_\_\_\_ (74)

- (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 foundry? (As long as one year) Yes \_\_\_\_\_ No \_\_\_\_\_ (75)

Stone or mineral mining, quarry or processing?  
(As long as one year) Yes \_\_\_\_\_ No \_\_\_\_\_ (76)

Asbestos milling or processing? Yes \_\_\_\_\_ No \_\_\_\_\_ (77)

Other dusts, fumes or smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ (78)

If yes, specify.

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)

---

[43 FR 27394, June 23, 1978; 43 FR 35035, Aug. 8, 1978, as amended at 45 FR 67340, Oct. 10, 1980; 50 FR 51173, Dec. 13, 1985; 51 FR 24325, July 3, 1986; 54 FR 24334, June 7, 1989; 61 FR 5508, Feb. 13, 1996; 63 FR 1290, Jan. 8, 1998; 65 FR 76567, Dec. 7, 2000; 70 FR 1142, Jan. 5, 2005; 71 FR 16672, 16673, Apr. 3, 2006; 71 FR 50189, Aug. 24, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33609, June 8, 2011; 77 FR 17782, Mar. 26, 2012; 84 FR 21492, May 14, 2019]

[Scroll to Top](#) [arrow-alt-circle-up](#)

**OSHA**

**Standards**

**Enforcement**

**Topics**

**Media Center**

**Contact Us**



**U.S. DEPARTMENT OF LABOR**

Occupational Safety and Health Administration

200 Constitution Ave NW

Washington, DC 20210

☐ [1-800-321-OSHA](tel:1-800-321-OSHA)

[1-800-321-6742](tel:1-800-321-6742)

[www.osha.gov](http://www.osha.gov)

**FEDERAL GOVERNMENT PLUS-SQUARE**

**OCCUPATIONAL SAFETY & HEALTH PLUS-SQUARE**

**ABOUT THE SITE PLUS-SQUARE**

Connect With OSHA



f

[Site Map](#)

[Important Website Notices](#)

[Privacy & Security Statement](#)