

Appendix B-3 to §1910.1043
Abbreviated Respiratory Questionnaire

A. IDENTIFICATION DATA

PLANT: _____

NAME: _____ DATE OF INTERVIEW: _____ / _____ / _____
(SURNAME) MONTH DAY YEAR

(FIRST NAME) DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

ADDRESS: _____ 8, 9. AGE: _____ 10. SEX: ☐ M ☐ F

11. Race (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

12. INTERVIEWER: 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐

13. WORK SHIFT: 1st ☐ 2nd ☐ 3rd ☐

14, 15. STANDING HEIGHT: _____ FEET _____ INCHES 16-18. WEIGHT: _____ LBS.

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 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) Open	(20) Pick	Area	(21) Card #	(22) #2	(23) Spin	(24) Wind	(25) Twist	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) 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

31. Do you usually cough first thing in the morning? (on getting up)* ☐ Yes ☐ No
(Count a cough with first smoke or on "first going out of doors." Exclude clearing throat or a single cough.)
32. Do you usually cough during the day or at night? (Ignore an occasional cough.) ☐ Yes ☐ No
If "Yes" to either question (31-32):
33. Do you cough like this on most days for as much as three months a year? ☐ Yes ☐ No
34. Do you cough on any particular day of the week? ☐ Yes ☐ No
35. If "Yes", which day? 1. ☐ MON. 2. ☐ TUES. 3. ☐ WED. 4. ☐ THURS. 5. ☐ FRI. 6. ☐ SAT. 7. ☐ SUN.

C. PHLEGM or alternative word to suit local custom.

36. Do you usually bring up any phlegm from your chest first thing in the morning? (on getting up)* ☐ Yes ☐ No
(Count phlegm with the first smoke or on "first going out of doors." Exclude phlegm from the nose. Count swallowed phlegm.)
37. Do you usually bring up any phlegm from your chest during the day or night? (Accept twice or more.) ☐ Yes ☐ No
If "Yes" to question (36) or (37):
38. Do you bring up phlegm like this on most days for as much as three months each year? ☐ Yes ☐ No
If "Yes" to question (33) or (38):
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

D. TIGHTNESS

39. Does your chest ever feel tight or your breathing become difficult? ☐ Yes ☐ No
40. 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
41. If "Yes": Which day?
MON. (3) TUES. (4) (5) (6) (7) (8)
(1) (2)
Sometimes Always
42. If "Yes" Monday: At what time on Monday does your chest feel tight or your breathing difficult? 1. ☐ Before entering the mill 2. ☐ After entering the mill
(Ask only if No to Question (45))
43. In the past, has your chest ever been tight or your breathing difficult on any particular day of the week? ☐ Yes ☐ No
44. If "Yes": Which day?
MON. (3) TUES. (4) (5) (6) (7) (8)
(1) (2)
Sometimes Always

E. TOBACCO SMOKING

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

*These words are for subjects who work at night