## APPENDIX B-I

**Respiratory Questionnaire**

### IDENTIFICATION DATA

<table>
<thead>
<tr>
<th>PLANT</th>
<th>SOCIAL SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF INTERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Surname)</td>
<td></td>
</tr>
<tr>
<td>(First Names)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>AGE (8-9)</th>
<th>SEX (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVIEWER:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>(12)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WORK SHIFT:</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>(13)</th>
<th>STANDING HEIGHT</th>
<th>(14,15)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRESENT WORK AREA</th>
<th>WEIGHT</th>
<th>(16,18)</th>
</tr>
</thead>
</table>

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>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AT RISK (cotton &amp; cotton blend)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Draw</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Comb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rove</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Thru Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>(all)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 Thrus. 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):
How long have you had this phlegm? (Write in number of years)
(1) 2 years or less (39)
(2) More than 2 years-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? Yes No (40)
(1) No
(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? Yes No (43)
(1)
More than one such illness:
(2) Br. Grade

Certified on 10/25/2019 WAC 296-62-14537 Page 2
E. TIGHTNESS

Do your chest ever feel tight or your breathing become difficult? __________ Yes ______ No ______

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 ______

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

Sometimes __________ Always ________

If 'Yes' Monday: At what time on Monday does your chest feel tight or your breathing difficult? 

☐ Before entering the mill

☐ 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 ______

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

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.

☐ Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? __________ Yes ______ No ______

If 'No', grade is 1. If 'Yes', proceed to next question

Do you get short of breath waking with other people at an ordinary pace on the level? __________ Yes ______ No ______

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 ______

If 'No', grade is 3. If 'Yes', proceed to next question

Are you short of breath on washing or dressing? __________ Yes ______ No ______

If 'No', grade is 4. If 'Yes', grade is 5.

Dyspnea Grd. __________________________

ON MONDAYS:

Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill? __________ Yes ______ No ______

If 'No', grade is 1. If 'Yes', proceed to next question

Do you get short of breath waking with other people at an ordinary pace on the level? __________ Yes ______ No ______

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 ______

If 'No', grade is 3. If 'Yes', proceed to next question

Are you short of breath on washing or dressing? __________ Yes ______ No ______

If 'No', grade is 4. If 'Yes', grade is 5.

B. Grd. __________________________
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)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
</tr>
</thead>
</table>

If cigarettes, how many packs per day?

(Write in number of cigarettes)

(1) less than 1/2 pack
(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 (68)

Number of pack years: (Write in number of years) (69)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 year</td>
<td>1-4 years</td>
<td>5-9 years</td>
<td>10+ years</td>
</tr>
</tbody>
</table>

*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, quarrying or processing? (As long as one year) Yes No (76)

Asbestos mining or processing? (Ever) Yes No (77)

Other dusts, fumes or smoke? 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)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>20-24</td>
<td>25-29</td>
<td>30-34</td>
<td>35-39</td>
<td>40+</td>
</tr>
</tbody>
</table>

When you first worked in a textile mill, did you work with

(1) Cotton or cotton blend
(2) Synthetic or wool

(79) (80)
# Identification No.          Interviewer Code

## Location                          Date of Interview

### A. IDENTIFICATION

1. **NAME** (Last) (First) (Middle Initial)  
2. **CURRENT ADDRESS** (Number, Street, or Rural Route, City or Town, County, State, Zip Code)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. PHONE NUMBER AREA CODE ( ) NO.</td>
<td>4. SOCIAL SECURITY # (optional see below)</td>
<td></td>
</tr>
<tr>
<td>5. BIRTHDATE (Mo., Day, Yr.)</td>
<td>6. AGE LAST BIRTHDAY</td>
<td></td>
</tr>
<tr>
<td>7. SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1  Male</td>
<td>2  Female</td>
</tr>
</tbody>
</table>

8. **ETHNIC GROUP OR ANCESTRY**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. White, not of Hispanic Origin</td>
<td>2. Black, not of Hispanic Origin</td>
<td>3. Hispanic</td>
</tr>
<tr>
<td>4. American Indian or Alaskan Native</td>
<td>5. Asian or Pacific Islander</td>
<td>6. Other:</td>
</tr>
</tbody>
</table>

9. **STANDING HEIGHT** (cm)  
10. **WEIGHT**  
11. **WORK SHIFT**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>PRIMARY WORK AREA</th>
<th>SPECIFIC JOB</th>
</tr>
</thead>
</table>

13. **APPROPRIATE INDUSTRY**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Garnetting</td>
<td>3  Cotton Warehouse</td>
<td>5  Cotton Classification</td>
</tr>
<tr>
<td>2</td>
<td>Cottonseed Oil Mill</td>
<td>4  Utilization</td>
<td>6  Cotton Ginning</td>
</tr>
</tbody>
</table>

(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.)
### B. OCCUPATIONAL HISTORY TABLE

Complete the following table showing the entire work history of the individual from present to initial employment. Sporadic, part-time periods of employment, each of no significant duration, should be grouped if possible.

<table>
<thead>
<tr>
<th>INDUSTRY AND LOCATION</th>
<th>TENURE OF EMPLOYMENT</th>
<th>SPECIFIC OCCUPATION</th>
<th>AVERAGE NO. DAYS WORKED PER WEEK</th>
<th>HAZARDOUS/HEALTH EXPOSURE ASSOCIATED WITH WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM <em>19</em> TO <em>19</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:


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:
   Br. Brade ______

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)
   (3) (4) (5) (6) (7) (8)
   (1) (2) Sometimes Always


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

   (1) (2) Sometimes Always
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) unmasked.

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?  
   If yes, did it begin: (1) Before age 30  
   (2) After age 30  
   1 ☐ Yes  2 ☐ No

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?  
   Record Yes if regular smoker up to one month ago. (Cigarettes, cigar or pipe)  
   1 ☐ Yes  2 ☐ No

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)

|-------------|------|-------|---------|---------|---------|---------|---------|---------|-------|

38. Cigarettes

39. Pipe

40. Cigars

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

APPENDIX B-III
Abbreviated Respiratory Questionnaire
A. IDENTIFICATION DATA

PLANT ___________________________ SOCIAL SECURITY NO. ______________________________

NAME ___________________________ DATE OF INTERVIEW ______________________________

  (Surname) ________________________

  (First Names) _____________________

AGE _____________________________ SEX _______ (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.

<table>
<thead>
<tr>
<th>Workroom Number</th>
<th>Open</th>
<th>Pick</th>
<th>Area</th>
<th>Card #1</th>
<th>#2</th>
<th>Spin</th>
<th>Wind</th>
<th>Twist</th>
<th>Spool</th>
<th>Warp</th>
<th>Slash</th>
<th>Weave</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT RISK (cotton &amp; cotton blend)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Draw</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Comb</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rove</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Thru</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 (all)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control (synthetic &amp; wool)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-Worker (cotton)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)
(Excluding cough with first smoke or on "first going out of doors.
Excluding clearing throat or a single cough.)

Do you usually cough during the day or at night? ___________________________ Yes No (32)
(Excluding an occasional cough.

If "Yes" to either question (31-32):

Do you cough like this on most days for as much as three months? Yes No (33)

Do you cough on any particular day of the week?


C. PHLEGEM or alternative word to suit local custom.

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.
Excluding 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 (37):

How long have you had this phlegm? (Write in number of years)

☐ 2 years or less
☐ More than 2 years-9 years
☐ 10-19 years
☐ 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)


(1) (2) Always

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 (42)


(1) Sometimes (2) Always

(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)


(1) Sometimes (2) Always

E. TOBACCO SMOKING

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