WAC 296-62-14537 Appendix B-I through B-III—Respiratory questionnaire.

# APPENDIX B-I Respiratory Questionnaire

### A. IDENTIFICATION DATA

PLANT		_SOCIAL SECURITY NO.	DAY	MONTH YEAR (figures) (last 2 digits)
NAME		_DATE OF INTERVIEW_		
(First Names)		_DATE OF BIRTH	M	F
ADDRESS		_AGE(8,9) S		
INTERVIEWER: 1 2 3 4 5 6 7	8 (12)			
WORK SHIFT: 1st2nd	3rd	(13) STANDI	NG HEIG	HT(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.

	Workroom	(19)	(20)		(21) Card	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
	Number	Open	Pick	Area	#1	#2	Spin	Wind	Twest	Spool	Warp	Slash	Weave	Other
AT RISK (cotton &	1			Cards										
cotton blend)	2			Draw										
	3			Comb										
	4			Rove										
	5			Thru Out										
	6													
	7 (ail)													
Control (synthe- tic & 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							
ь.	000011	(on getting up)†						
	(Co	rusually cough first thing in the morning: unt a cough with first smoke or on "first ( lude clearing throat or a single cough.)	going c	out of doors."		Yes	No	(31
		usually cough during the day or at night ore an occasional cough.)	?			Yes	No	(32)
If 'Ye:	' to either	question (31-32):						
	Do you	i cough like this on most days for as much	n as the	ee months a vear?		Yes	No	(33)
		cough on any particular day of the week					No	
	,	(1) (2) (3) (4)		(6) (7)				
If 'Ye:	s': Which o	day? Mon. Tues. Wed Thur, Fri.	•	, , , , , ,				135
C. 1	PHLEGM	or alternative word to suit local custom.						
-			4.	(on getting	1 (qu			
	the	i usually bring up any phlegm from your om morning? (Count phlegm with the first sm	oke o	on "first going				
		of doors." Exclude phleym from the nose gm.)				Yes	No	(36)
		usually bring up any phlegm from your c						
	nigh	t? (Accept twice or more.)				_Yes_	No	(37)
If 'Yes	to either	question (36) or (37):						
		bring up phlegm like this on most days for this each year?	or as m			Yes	No	(38)
If 'Yes	' to questi	ion (33) or (38):						
		(cough)	(1)	☐ 2 years or less				(39)
		ng have you had this phlegm? Write in number of years	(2)	☐ More than 2 years-9	years			
			(3)	☐ 10-19 years				
			(4)	20+ years				
†Thes	e words ar	e for subjects who work at night						
D.	CHEST IL	LNESSES						
	In the p	past three years, have you had a period	(1)	L] No				(40)
	of (i	ncreased) 1 cough and phlegm lasting for eks or more?	(2)	☐ Yes, only one period	d			
			(3)	☐ Yes, two or more pe				
tFor s	ubjects wł	no usually have phiegm						
	During	the past 3 years have you had any chest if	liness v	vhich has kept				
14 1/2.	you	off work, indoors at home or in bed? (Fo	r as lo	ng as one week, flu?)		Yes	No	(41)
it te:	10 (41):	Did you bring up (more) phlegm than u of these illnesses?	sual in	any		Yes	No	(42)
If 'Ye	s' to (42):	During the past three years have you ha			=			
		Only one such illness with increased phi	egm?		(1)			(43)
		More than one such illness:			(2)			(44)
					Br. Grade			

E.	TIGHTNESS  Does your chest ever	feel tight or	your breat	thing becom	e difficult	7	Yes	No	(45)
	Is your chest tight or of the week? (after	vour breath	ing difficul	lt on any pa	rticular da	ý	Yes		
lf 'Ye	s': Which day? Mon. (1) Sometimes	(3) Tues. (2) Alw	(4) Wed.	(5) Thur.	(6) Fri.	(7) Sat.	(8) Sun.		(47)
If 'Ye	s' Monday: At what tim feel tight or	e on Monda your breath	y does you sing difficul	lt?	☐ Before ☐ After				(48)
(Ask	only if NO to Question (	45).							
	In the past, has your difficult on any pa	chest ersca nticular_day	o the wee	r your breat ck?	hing		Yes	No	(49)
ſf 'Ye	s': Which day? Mon. (1) Sometimes	,3) Tues. (2) Alw	i4) Wed. rays	(5) Thur.	(6) Fri.	(7) Sat.	(8) Sun.		(50)
F.	BREATHLESSNESS								
	If disabled from walk heart or lung dise questions (52-60)	ase put "X"	condition of here and le	other than eave					<b>{51</b> }
	Are you ever trouble level or walking u			th, when hur	rying on t	he	Yes	No	(52)
H W	grade is 1. If Yes' pro	oceed to nex	ct question						
	Do you get short of to ordinary pace on						Yes	No	(53)
If 'N	o', grade is 2. If 'Yes', pro	occed to nex	ct question						
	Do you have to stop on the level?			•	-		Yes	No	(54)
If No	o", grade is 3. if "Yes", pro		•						
	Are you short of bre	ath on wash	ing or dress	sing?			Yes	No	(55)
If 'No	o', grade is 4. If 'Yes', gra	de is 5.							
					D	yspnea Gr	d		(56)
ON V	MONDAYS:								
	Are you ever trouble level or walking u						Yes	No	(57)
If 'N	o', grade is 1. If 'Yes', pro	oceed to ne	kt question						
	Do you get short of pace on the level?		ing with otl	her people a	t an ordin	ıry	Yes	No	(58)
11 'N	o', grade is 2, If 'Yes', pr	oceed to ne	xt question						
	Do you have to stop pace on the level?		when walki	ng at your o	wn		Yes	No	(59)
If 'N	o', grade is 3. If 'Yes', pr	oceed to ne	xt question						
	Are you short of bre	ath on wash	ing or dres	sing?			Yes	No	(60)
If 'N	o', grade is 4. If 'Yes', gra	ade is 5			А	Grd			(61)

Do you smoke?  Record 'Yes' if regular smoker up to one month ago. (Cigarettes, cigar or pipe)	G. OTH	ER ILLNE	SSES AND	ALLERGY	HISTORY					
1'Yes', did it begin   (1)	D	o you have	a heart cor	ndition for w	hich you are	under a doc	tor's care?	Y#	No	(62)
1 Yes' before 30 did you have asthma before ever going to work in a textile mill?   Yes	H	ave you eve	r had asthi	ma?				Yes	No	(63)
Yes   before 30   did you have asthma before ever going to work in a textile mill?	It 'Yes', die	i it begin	(I) U	Betore age 3	80					
Have you ever had hay fever or other allergies (other than above)?			(2)	After age 30	)					
Have you ever had hay fever or other allergies (other than above)?				asthma befo	re ever going	to work in		٧	<b>9</b> 1 –	164)
TOBACCO SMOKING*   Do you smoke?   Record 'Yes' if regular smoker up to one month ago. (Cigarettes, cigar or pipe)   Yes No(66)										
Do you smoke?   Record "Yes" if regular smoker up to one month ago. (Cigarettes, cigar or pipe)   Yes	H	ave you eve	r had hay	fever or othe	er allergies (O	ther than ab	ove)?	ves	NO	(03)
Do you smoke?   Record 'Yes' if regular smoker up to one month ago. (Cigarettes, cigar or pipe)   Yes	н. тов	ACCO SMC	KING*							
1 No' to (63)   1 No' to (63	D	o you smok	e?							
PNo' to (63)		Record 'Y	es' if regul	ar smoker u	to one mon	th ago. (Ciga	rettes, cigar			
Have you ever smoked? (Cigarettes, cigars, pipe. Record 'No' if subject		or pipe	)					Yes	No	(66)
has never smoked as much as one cogarette a day, or 1 oz. of tobacco a month, for als long as one year.]  If "Yes" to (63) or (64); what have you smoked and fur how many years?  (Write in specific number of years in the appropriate square)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  (Pass (<5) (5-9) (10-14) (15-19) (20-24) (25-29) (30-34) (35-39) (-340) (16-10)  (Inge										
(Write in specific number of years in the appropriate square)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  (Pears (5) (5-9) (10-14) (15-19) (20-24) (25-29) (30-34) (35-39) (1-40) (apperties	ha	s never smi	oked as mu	ich as one ci				Yes	No	(67)
Feast   (<5)   (5-9)   (10-14)   (15-19)   (20-24)   (25-29)   (30-34)   (35-39)   (>40)   (>40)   (35-39)   (>40)   (>4	11	'Yes' to (6	3) or (64);	what have y			many years?			
ingerettes		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
inger	Years	(<5)	(5-9)	(10-14)	(15-19)	(20 24)	(25-29)	(30-34)	(35-39)	
ingeres		<u></u>							ļ	
(Write in number of cigarettes)   (2)	Cigars							<u> </u>		
(Write in number of cigarettes)   (2)				_			17			
(1)	t an ex sm	oker (cigar	ettes, cigar			you stopped	,			
1-4 years   31   5-9 years	(Write i	n number o	t years)							
Have you changed your smoking habits since last interview? If yes, specify what changes.    OCCUPATIONAL HISTORY**							2) 🔲 1-4	years		
Have you changed your smoking habits since last interview? If yes, specify what changes.  DCCUPATIONAL HISTORY** Have you ever worked in: A foundry? (As long as one year)						-				
Have you ever worked in: A foundry? (As long as one year)	*Have you	changed ye	our smokin	ig habits sind	e last intervi	·		•		
Have you ever worked in: A foundry? (As long as one year)	ı. occ	UPATION	AL HISTO	RY**						
Asbestos milling oi processing? (Ever) Yes No. (76)  Asbestos milling oi processing? (Ever) Yes No. (77)  Other dusts, fumes or smoke? If yes, specify. Yes No. (78)  Type of exposure Length of exposure Length of exposure Security.  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)					ry? (As long	as one year)		Yes	No	(75)
Asbestos milling oi processing? (Ever)				Stone or	mineral min	ing, quarryir	g or processi	ng?		
Other dusts, fumes or smoke? If yes, specify										
Type of exposure  Length of exposure  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)				Asbesto	milling or p	rocessing? (E	ver )	Yes _	No	(77)
Type of exposure  Length of exposure  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)										
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) (70) (70) (70) (70) (70) (70) (70) (70						•	es, specity	res_		<del>(78)</del>
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)										
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)				Leng	in of exposu	£				-
(1) (2) (3) (4) (5) (6)   (20   20·24   25·29   30·34   35·39   40+	**Ask onl	y on first ir	iterview,							
(1) (2) (3) (4) (5) (6)   (20   20·24   25·29   30·34   35·39   40+										
			e did you f	irst go to wo	ork in a texti	le mill? (Wri	te in specific	age in appro	priate	
		(1)	(2)	(3)	(4)	(5)	(6)			
When you first worked in a textile mill, did you work with (1) Cotton or cotton blend (79)	. [				·	<del></del>				
	t			<del>                                     </del>	<u> </u>					
	ι				<u> </u>					
(2) Synthetic or wooi (80)	. '	Musu Aon i	irst worke	d in a textile	mill, did yo	u work with	(1) 🗆 Co	ton or cotto	מהפול הכ	(79)
							(2) 🗆 Sy	nthetic or wi	ooi	(80)

APPENDIX B-II

Respiratory Questionnaire for Nontextile Workers for the Cotton Industry

lent	ification N	lo.		Inte	erview	er Code			
ocat	ion			Date	Date of Interview				
			A. IDENTI	CATION	<del>.</del>				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					The coord of Cup ITY			
1.	NAME (Last)	(Firs	t) (Middle Initia	3. PHONE AREA CODE NO.		4. SOCIAL SECURITY # (optional see below)			
2.	CURRENT ADDRESS		Street, or Rural Roo Town, County, State )	e, 5. BIRTH (Mo., Day		6. AGE LAST BIRTHDAY			
				7. SEX					
				1 /	7 Male	2 / / Female			
						OR ANCESTRY			
				2.	lack, no ispanic merican sian or	t of Hispanic Origin t of Hispanic Origin Indian or Alaskan Native Pacific Islander			
9.	STANDING HEIGHT		10. WEIGHT	11. WORK	SHIFT				
		(cm)		lst		nd 3rd			
12.	PRESENT WORK A	primary	assigned work area a indicate and note po	d percent of t	ime spen or each.	t at that site. If at			
	PRIMARY WOR	C AREA							
	SPECIFIC JOI	3							
13.	APPROPRIATE IN	DUSTRY							
	1 Garnett  2 Cottonse		<del></del>	Warehouse		Cotton Classification Cotton Ginning			
not your	nishing your Soc affect any right Social Security	ial Secur t, benefit, number.	ity number is volunt	ry. Your refu ch you would b number is bei	sal to p e entitle	rovide this number will ed if you did provide sted since it will			

### 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.

INDUSTRY AND LOCATION	TENURE OF EMPLOYMENT		CDCCTTTC OCCUPATION	AVERAGE NO. DAYS WORKED PER WEEK	HAZARDOUS HEALTH EXPOSURE ASSOCIATED WITH WORK			
TROUGHNI AND LOCATION	FROM 19	10 19	SPECIFIC OCCUPATION	PER WEEK	YFS	МО	IF YES, DESCRIBE	
							·	
:								
			· .					
			· ·					

# C. SYMPTOMS

Use actual wording of each question. Put  ${\tt X}$  in appropriate square after each question. When in doubt record "No".

cou	<u>одн</u>			
1.	Do you usually cough first thing in the morning?  Ton 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 / Ho	
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:			
	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. Sa	it. Sun.		
PHL	<u>EGM</u>			
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) (1) (Write in number of years)	2 years	or less	_

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\*These words are for subjects who work at night

(2) More than 2 years - 9 years

(3) \_\_\_\_\_ 10-19 years

(4) \_\_\_\_\_ 20+ years

CHES	T ILLNESS					
10.	In the past three years, have you had a period of (increased) cough and phlegm lasting for 3 weeks or more?	(1) (2)			only one	period
Fo	r subjects who usually have phlegm:	(3)		Yes,	two or m	ore periods
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) phelgm than usual in any of these illnesses?	1		Yes	2 🗀	No
If	YES to 12: During the past three years have you ha	ıd:				
13.	Only one such illness with increased phelgm?	1		Yes	2	No
14.	More than one such illness:	1		Yes	2	No
		Br.	Brade	:		
TIGH	TNESS					
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)			Yes	2	
17.	If YES, Which day? Mon. Tues. Wed. Thur  (1)  Sometimes Always		(6) Fri.		(7) Sat.	(8) Sun.
18.	If YES Monday: At what time on Monday does your ch feel tight or your breathing diffic		, <i>C</i>			ering 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 /	<b>-</b> 1	'es	2 🗀	No

20. If YES, Which day? Mon.

(4) Wed. (5) Thur.

(3) Tues.

(2) Always

(1) / Sometimes

(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.		
	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		
	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.		
If 26.	NO, grade is 4. If YES, grade is 5.	Dyspnea Grd.	
26.	NO, grade is 4. If YES, grade is 5.  ONDAYS:	Dyspnea Grd.	
26. ON M			
26. ON M 27.	ONDAYS:  Are you ever troubled by shortness of breath, when		
26. ON MC 27.	ONDAYS:  Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?		2 No
26. ON MC 27 If 28.	ONDAYS:  Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?  NO, grade is 1. If YES, proceed to next question  Do you get short of breath walking with other	1 Yes	2 No
26. ON MC 27 If 28.	ONDAYS:  Are you ever troubled by shortness of breath, when hurrying on the level or walking up a slight hill?  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?	1 Yes	2 No 2 No

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.

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

B. Grd. \_\_\_\_\_

OTHE	R ILLNESSES	AND AL	LERGY H	IISTORY CO	NTINUED:					
33.	Have you ev	ver had	asthma	?			1 Ye	s 2 <u></u>	7 No	
	If yes, did	i it be	gin: (	1) Befor	e age 30					
			(	2) After	age 30					
34.	If yes beforever going						1 Ye	s 2 <u></u>	7 No	
35.	Have you ev (other than	ver had n above	hay fe )?	ver or ot	ther aller		1 Ye	s 2 <u></u>	7 No	
TOBA	ACCO SMOKING									
36.	Do you smok Record Yes month ago.	if reg					1 Ye	s 2	7 но	
If	NO to (33).	•								
37.	Have you ev pipe. Reco as much as tobacco a m	ord NO one ci	if subj garett <b>e</b>	ect has n a day, o	ever smok r 1 oz. o	ed f	1 <u> </u>	s 2 <u></u>	7 No	
ma th	my years? ( ne appropriat	(1)	re) (2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	. Aga L2	(<5)	(5-9)	(10-14)	(15-19)	(20-24)	(25-29)	(30-34)	(35-39)	(>40)
38.	Cigarettes						ļ			<del> </del>
39.	Pipe		ļ						ļ	
40.	Cigars									
						<del></del>	<del> </del>			
	If cigarett Write in nu	mber o	f cigar		day?			than 1/2 pack, but ck, but 1 2 packs o	less than	n 1 pack 1 1/2 packs
	If cigarett	mber o	f cigar	ettes ———				pack, but ck, but 1	less than	•

#### OCCUPATIONAL HISTORY

Have you ever worked in:

44. A foundry? (As long as one year)

45. Stone or mineral mining, quarrying or processing? (As long as one year)

46. Asbestos milling or processing? (Ever)

47. Cotton or cotton blend mill? (For controls only)

48. Other dusts, fumes or smoke? If yes, specify.

Type of exposure

Length of exposure

Length of exposure

APPENDIX B-III

Abbreviated Respiratory Questionnaire

## A. IDENTIFICATION DATA

PLANT	SOCIAL SE	CURITY NO. DAY	MONTH YEAR (figures) (last 2 digits)
NAME	DATE OF I	NTERVIEW	
(Surname)	DATE OF E	BIRTHM	
ADDRESS	AGE	(8,9) SEX	
	RACE	N IND	. OTHER (11)
INTERVIEWER: 1 2 3 4 5 6	7 8 (12)		
WORK SHIFT: 1st 2nd	3rd(13)	STANDING HEIG	HT(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.

	Workroom Number	(19) Open	(20) Pick	Aree	(21) Card #1	(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 (synthe- tic & wool)	8													
Ex-Work- er (cotton)	9													

Musu c	o square, circl	a abbloblist	a answer,										
в. с	OUGH												
(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	learing thro	at or a single	cough.	)								
Do you usually cough during the day or at night?											_Yes	_No	_(32)
		n occasional											
H Yes	to either ques	tion (31-32)	):										
Do you cough like this on most days for as much as three months year.										V	_No	(22)	
	no you coup	in like this o	n most cays	101 32 1	nuci	s as un	<b>188</b> (1	uouriua a Ass	·		: 63		
	Do you coug	th on any pa	ro <del>cular d</del> ay	of the v	veek	<b>3</b>					Yes	_No	(34)
			(1) (2)	(3)	(4)	(5)	(6	) (7)					
			•••			•							1051
H.As.	: Which day?	Mon, Tu	es. Wed.	inur. I	rn.	Sat	Sun	•					(35)
C. P	HLEGM or alt	ernative wo	rd to suit loc	al custo	m.								
									n getting	up)†			
	Do you usua the morni												
the morning? (Count phiegm with the first smoke or on "first gaing out of doors." Exclude phiegm from the nose, Count swallowed													
	phiegm.)										_Yes	_hlo	(36)
	Do you usua	lly bring up	any phiegm	from y	our c	hest o	durin	g the day or	at .				
	night? (A	rcept twice	or more.)								Yes	_No	(37]
If 'Yes'	to either ques	tion (36) or	(37):										
	Do you bring	o un oblaca	like this on	most di	6	ar ar 1	nuch	ar three					
		rcp Asses; —		111036 02	.,,,,	0, 3,	1100				_Yes	_No	(38)
H ~~	to guestion (3	171 00 1791.											
11 1 53	to design (	131 6: 1231.											
	(cough) (1) ☐ 2 years or less  How long have you had this phlegm?  (Write in number of years (2) ☐ More than 2 years-9 years												
	(3) 10-19 years												
						(4)		20+ years					
†These	words are for	subjects who	o work at nig	ght									
D.	TIGHTNES	S ur chest ever	feel tight o	r vour t	rest	hina t	econ	ne difficult?.		Yes	No	139	
	-							articular day					
								ne mill)		Yes_	No_	(40)	
			(3)	(4)		(5)		(6)	(7)	(8)		,	
11	Yes": Which da		Tues.	Wed	١.	Th	ur.	Fri.	Sat.	Sun.		(41)	
		(1) Sometimes	Alw										
16 "			se on Monda	v does	vou	chesi	. 1	□ Before	enterion	the mill		[42]	
If 'Yes' Monday: At what time on Monday does your chest 1  Before entering the mill feel tight or your breathing difficult?											[44		
							2	After e	ntering t	he mill			
(As	k only if NO t												
			chest ever is				bres	thing		Yes	No	:471	
	Olipei	of on any p	articular day		1766			161	/23		NO:	(43)	
11.0	Yes': Which da	v? Mon.	(3) Tues.	(4) Wed		(5) Th	ur.	(6) Fri.	(7) Sat.	(8) Sun.		(44)	
		(1) /	(2)									,,,,	
		Sometimes	"A!w	ays									
E.	TOBACCO S	MOKING											
									_				
•Have	you changed	your:okii	ng habits sin	ce last i	nter	Y <del>we</del> iv	If ya	e specify wi	nat chan	325.			

Use actual wording of each question, Put X in appropriate squary after each question. When in doubt record "No.

[Statutory Authority: Chapter 49.17 RCW. WSR 87-24-051 (Order 87-24), \$296-62-14537, filed 11/30/87.]