



OSHA

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Occupational Safety & Health Administration We Can Help

Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** Z
- **Subpart Title:** Toxic and Hazardous Substances
- **Standard Number:** 1910.1043 App B-III
- **Title:** Abbreviated respiratory questionnaire

Appendix B-III

ABBREVIATED RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT _____ SOCIAL SECURITY NO. _____
DAY MONTH YEAR
(fig- (last
ures) 2
dig-
its)

NAME _____ DATE OF INTERVIEW _____
(Surname)

_____ DATE OF BIRTH _____
(First Names)

M F

ADDRESS _____ AGE ____ (8,9) SEX _____ (10)

W N IND OTHER

_____ RACE _____ (11)

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.

Work- room Number	(19) Open	(20) Pick	(21) Area	(22) Card #1	(23) #2	(24) Spin	(25) Wind	(26) Twist
AT RISK	1		Cards					
(cotton								
blend)	2		Draw					
	3		Comb					
	4		Rove					
	5		Thru Out					
	6							
	7							
	(all)							
Control	8							
(synthe- tic & wool)								
Ex- Worker	9							
(cotton)								

Continued --

Work- room Number	(26) Spool	(27) Warp	(28) Slash	(29) Weave	(30) Other
AT RISK	1				
(cotton					
blend)	2				

3						
4						
5						
6						
7						
(all)						
Control						
(synthetic & wool)	8					
Ex-Worker	9					
(cotton)						

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 _____ (33)

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 phlegm like this
on most days for as much as three
months each year? _____ Yes _____ NO _____ (38)

(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 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
from the mill) _____ Yes _____ No _____ (40)

If `Yes': Which day? (3) (4) (5) (6) (7) (8)
 Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (41)
 (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 (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? (3) (4) (5) (6) (7) (8)
 Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (44)
 (1) / \ (2)
 Sometimes Always

E. TOBACCO SMOKING

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

➡ Next Standard (1910.1043 App C)

➡ Regulations (Standards - 29 CFR) - Table of Contents