



## 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-II
- **Title:** Respiratory questionnaire for non-textile workers for the cotton industry

#### Appendix B-II

Respiratory Questionnaire  
For  
Non-Textile Workers for the  
Cotton Industry

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)

3. PHONE NUMBER AREA CODE NO.

( ) - -

4. SOCIAL SECURITY: (optional see below)

- - -

5. BIRTHDATE (Mo., Day, Yr.)

6. AGE LAST BIRTHDAY

7. SEX

1. \_\_\_\_\_ Male      2. \_\_\_\_\_ Female

8. ETHNIC GROUP OR ANCESTRY

1. \_\_\_\_\_ White, not of Hispanic Origin

2. \_\_\_\_\_ Black, not of Hispanic Origin

3. \_\_\_\_\_ Hispanic

4. \_\_\_\_\_ American Indian or Alaskan Native

5. \_\_\_\_\_ Asian or Pacific Islander

6. \_\_\_\_\_ Other: \_\_\_\_\_

9. STANDING HEIGHT

\_\_\_\_\_ (cm)

10. WEIGHT

\_\_\_\_\_

11. WORK SHIFT

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

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.

PRIMARY WORK AREA

SPECIFIC JOB

1. \_\_\_\_\_ Garnetting
2. \_\_\_\_\_ Cottonseed Oil Mill
3. \_\_\_\_\_ Cotton Warehouse
4. \_\_\_\_\_ Utilization
5. \_\_\_\_\_ Cotton Classification
6. \_\_\_\_\_ Cotton Ginning

B. OCCUPATIONAL HISTORY TABLE

[illegible]


### 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 1 or 2:

3. Do you cough like this on 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. Sat. Sun. \_\_\_\_

#### 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? (1) \_\_\_\_ 2 years or less (cough) (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.

#### 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? 1. \_\_\_\_ Yes 2. \_\_\_\_ No
- (For as long as one week, flu?)

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: 1. \_\_\_\_ Yes 2. \_\_\_\_ No

Br. Grade \_\_\_\_\_

#### TIGHTNESS

15. Does your chest ever feel tight or your breathing 1. \_\_\_\_ Yes 2. \_\_\_\_ No

become difficult?

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)

1. \_\_\_\_ Yes 2. \_\_\_\_ No

17. If 'Yes': Which day? (3) (4) (5) (6) (7) (8)  
Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun.  
(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

20. If 'Yes': Which day? (3) (4) (5) (6) (7) (8)  
Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun.  
(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) unasked.

\_\_\_\_\_

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.

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

33. Have you ever had asthma? 1. \_\_\_\_ Yes 2. \_\_\_\_ No

If yes, did it begin:

(1) Before age 30 \_\_\_\_\_

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

If NO to (33).

37. Have you ever smoked? 1. \_\_\_\_ Yes 2. \_\_\_\_ No  
(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.

If YES to (33) or (34); what have you smoked for how many years?  
(Write in specific number of years in the appropriate square)

Years	< 5	5-9	10-14	15-19	20-24	25-29
38. Cigarettes						
39. Pipe						
40. Cigars						

[38, 39, 40 CONTINUED]

Years	30-34	35-39	>40
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? 1. \_\_\_\_ Yes 2. \_\_\_\_ No  
(As long as one year)
45. Stone or mineral mining,  
quarrying or processing? 1. \_\_\_\_ Yes 2. \_\_\_\_ No  
(As long as one year)
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 \_\_\_\_\_

\_\_\_\_\_

➡ [Next Standard \(1910.1043 App B-III\)](#)

➡ [Regulations \(Standards - 29 CFR\) - Table of Contents](#)