

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)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Years	(<5)	(5-9)	(10-14)	(15-19)	(20-24)	(25-29)	(30-34)	(35-39)	(>40)	
Cigarettes										(68)
Pipe										(69)
Cigars										(70)

If cigarettes, how many packs per day? (Write in number of cigarettes)

(1) less than 1/2 pack (71)(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

Number of pack years: _____ (72,73)

If an ex smoker (cigarettes, cigar or pipe), how long since you stopped? (Write in number of years) _____ (74)

(1) 0-1 year(2) 1-4 years(3) 5-9 years(4) 10+ years

*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 milling or processing? (Ever) Yes _____ No _____ (77)

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

(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)(2) Synthetic or wool (80)