

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. Thur. Fri. Sat. Sun. _____ (35)

C. PHEGM 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):

(cough)
How long have you had this phlegm? (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

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)

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

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? Mon. Tues. Wed. Thur. Fri. Sat. Sun.
(1) (2) (3) (4) (5) (6) (7) (8)
Sometimes Always (44)

E. TOBACCO SMOKING

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