APPENDIX B-I -- RESPIRATORY QUESTIONNAIRE

RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT _____

DAY MONTH YEAR

(figures) (last 2 digits)

NAME _____ DATE OF INTERVIEW _____

(Surname)

_____ DATE OF BIRTH _____

(First Names)

M F

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

RACE (11) (Check all that apply)

1. White ___
2. Black or African American ___
3. Asian ___
4. Hispanic or Latino ___
5. American Indian or Alaska Native ___
6. Native Hawaiian or Other Pacific Islander ___

INTERVIEWER: 1 2 3 4 5 6 7 8 (12)

WORK SHIFT: 1st _____ 2nd _____ 3rd _____ (13)

STANDING HEIGHT _____ (14, 15)

WEIGHT _____ (16, 18)