

APPENDIX B-II -- RESPIRATORY QUESTIONNAIRE FOR NON-TEXTILE  
WORKERS FOR THE COTTON INDUSTRY

Respiratory Questionnaire for Non-Textile Workers for the  
Cotton Industry

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Identification No.

Interviewer Code

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Location

Date of Interview

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**A. IDENTIFICATION**

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1. NAME (Last) (First) (Middle Initial)

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2. CURRENT ADDRESS (Number, Street, or Rural Route, City or Town,  
County, State, Zip Code)

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3. PHONE NUMBER AREA CODE NO.

( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

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5. SEX

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

6. ETHNIC GROUP OR ANCESTRY (Check all that apply)

1. \_\_\_\_ White

2. \_\_\_\_ Black or African American

3. \_\_\_\_ Asian