

TIGHTNESS

15. Does your chest ever feel tight or your breathing become difficult? 1. ____ Yes 2. ____ No

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

18. If YES Monday: _____ Before entering mill At what time on Monday does your chest feel tight or your breathing difficult? _____ 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? Mon. ^ (3) (4) (5) (6) (7) (8) 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