

If 'Yes' to question (33) or (38):

(cough)

How long have you had this phlegm?

(1) ___ 2 years or less

(Write in number of years)

(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 from the mill)

Yes _____ No _____ (40)

If 'Yes': Which day?

(3) (4) (5) (6) (7) (8)

Mon. ^ Tues. Wed. Thur. Fri. Sat. Sun. (41)

(1) / \ (2)

Sometimes Always

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)