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)


C. PHLEG.OM 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):

How long have you had this phlegm?
(Write in number of years)

☐ 2 years or less (1)
☐ More than 2 years-9 years (2)
☐ 10-19 years (3)
☐ 20+ years (4)

†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. (1)  Tues. (2)
Sometimes

Wed. (3)
Thur. (4)
Fri. (5)
Sat. (6)
Sun. (7)

If ‘Yes’ Monday: At what time on Monday does your chest
feel tight or your breathing difficult?  1 ☐ Before entering the mill
2 ☐ After entering the mill (42)

(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. (1)  Tues. (2)
Sometimes

Wed. (3)
Thur. (4)
Fri. (5)
Sat. (6)
Sun. (7)

E. TOBACCO SMOKING

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