E. **TIGHTNESS**

Does your chest ever feel tight or your breathing become difficult?  
Yes _______ No _______ (45)

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 _______ (46)

If `Yes': Which day?  
(1) / \ (2)  
Sometimes Always

(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 _______ (49)

If `Yes': Which day?  
(1) / \ (2)  
Sometimes Always