If ‘Yes’ to question (33) or (38):

(cough)

How long have you had this phlegm?

(1) ____ 2 years or less
(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)


(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)