

APPENDIX I

Privacy Act of 1974 - Comments

Field Operations Manual
NIOSH Contract No. 210-76-0175

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Privacy Act of 1974 - Comments

The study we have performed as a non-government organization under contract with a Federal agency adhered to the Privacy Act of 1974, which requires that the government: 1) maintain no secret files on individuals; 2) inform people at the time it is collecting information about them why this information is needed, and how it will be used; 3) assure that personal information is used only for the reasons given, or seek the person's permission when another purpose for its use is considered necessary or desirable; 4) allow people to see the records kept on them; and 5) provide people with the opportunity to correct inaccuracies in their records.

In this study all completed forms, computer output, back up tapes and related documents will be maintained in locked cabinets on secure premises. All subjects will be assigned a study number upon signature of the informed consent. Only in a single file will the subject's name, social security number and study number be present in an unscrambled form. In most files only the subject number will be used. In those cases where the subject's identification is needed for specific tests such as the subject's physical exam record, code work scrambled identifiers will be used. In certain processors these scrambled words are replaced by asterisks upon printing, unless a decoding command is used. Access to codes will be restricted to the data manager.

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ALOSH will receive one sealed copy of the list of subjects by name, social security number and study number. All samples will be transferred by subject number and sample number with a sample number list identifying the source and details pertinent to that sample. At study completion, ALOSH will specify in writing which subject records are to have identifying data purged prior to transfer.

All subjects, prior to signing the consent form, were informed of their rights under the Privacy Act and that the Medical Ethics Code applied to all their medical information to protect their privacy. Medical information was released to the individual or with his written consent to his physician.

APPENDIX II

Research Participants' Document

**Field Operations Manual
NIOSH Contract No. 210-76-0175**

OMB No. 68-S77027
Exp. 7-79

NIOSH/UNIVERSITY OF WISCONSIN HUMAN SUBJECTS RESEARCH PARTICIPANT DOCUMENT

I. PROJECT DESCRIPTION

1. Project Title and Number: Disease Prevalence & Health Hazards of Grain Handlers; NIOSH Project VKCR21132.
2. Sponsor and/or contractor: National Institute for Occupational Safety and Health, Morgantown, West Virginia 26505 and University of Wisconsin, Madison, Wisconsin 53706.
3. Purpose and Benefits:

This study will be divided into two parts: Part A -- Determination of General Health Status and Biological Response to the Working Environment; and Part B -- Determination of Response to Specific Environmental Agents. The participant may limit his willingness to cooperate to either Part A or Part B or he may elect to participate in both of these studies.

Part A: Determination of General Health Status and Biological Response to the Working Environment

This study is designed to define the presence and extent of health hazards associated with occupational exposure to grain dusts. However, in order to determine the uniqueness of the effect of the exposure to grain dust it is necessary to evaluate what the health status is of other working people not exposed to grain dust. Therefore, to participate in this study you do not necessarily have to be associated with the grain industry.

During the course of the study, our examinations may identify diseases or conditions (which may or may not be related to grain handlers) which should have further medical attention or treatment. With your permission, we will notify you and your private physician of such findings so that they can be taken care of. This is one way in which you may personally benefit from the tests. In addition, all workers may benefit from the study if it is found that present precautions against occupational disease are inadequate, and that improved preventive measures should be taken.

Part B: Determination of Response to Specific Environmental Agents

This study is designed to identify the agent that may cause a lung reaction to grain dust in sensitive individuals. Grain dust contains not only grain particles but also particles of insects and molds to which some people may react. If the agent causing your problem can then be recognized, steps can be taken to prevent or reduce its effects on your health. However, in order to determine if only sensitive individuals will react, it is also necessary to do this study on people who have not shown reaction to grain dust. In this case the participant will not derive any direct benefit from the study.

II. CONSENT TO PARTICIPATE

I, _____, age _____, hereby voluntarily agree to cooperate in the above named study and to undergo the tests listed in Attachment A as follows:

(Indicate your willingness to cooperate in either Part A or Part B or both studies by writing "YES" or "NO" in the space provided.)

Part A: _____

Part B: _____

The studies have been discussed with me and I have been given a copy of the document. I understand that:

1. The procedures and tests to be followed are as stated in Attachment A with those procedures which are experimental so identified.
2. Attendant discomforts and risks are as noted in Attachment A and, except as noted, are minimal and provision has been made for any necessary medical care, and I have been told what to do if I have any reaction.
3. Benefits are as indicated in the Purpose and Benefits section in Part I.
4. If alternative procedures advantageous to me are available, they are specified in Attachment A; and if they become available during the project, the procedure most advantageous for me will be indicated and used or an explanation will be given to me as to use of any other procedure.
5. My inquiries will be answered by the examining personnel, by the Project Director, Dr. John Rankin, University of Wisconsin, Department of Preventive Medicine, Rm. 101, 504 N. Walnut Street, Madison, Wisconsin 53706, (608-263-2881); or by the Project Officer, Dr. Pervis C. Major, NIOSH, 944 Chestnut Ridge Road, Morgantown, West Virginia 26505 (304-291-4256).
6. I am free to terminate my consent and to discontinue participation in the project at any time without prejudice to myself.
7. My identity and my relationship to any information (1) disclosed by me in completing any project questionnaire, and (2) reported by me or derived from me during my participation in the above named project shall be kept confidential and will not be disclosed to others without my written consent except as required by law and except that such information will be used for statistical and research purposes in such a manner that no individual can be identified. I understand that if any information is found out concerning me that can endanger the health and safety of others, this information will be given to the proper authority.
8. If any of my medical records are required for purposes of this project, a separate written consent for release of the records will be requested from me.
9. There will be questions that I will be asked to answer, and my inquiries concerning the questions will be answered by the examining personnel, by Dr. John Rankin (608-263-2881), or by Dr. Pervis Major (304-291-4256).

10. A report of any significant information from the study that specifically concerns me, including medical information, will be furnished by the project officer or his designated representative to me or to my designated physician(s) upon completion of the study or earlier if appropriate.

SIGNATURE _____ DATE _____
(Subject)

SIGNATURE _____ DATE _____
(Parent or Guardian)

11. INVESTIGATOR _____
(Name, title and signature)

III. REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, hereby request and authorize the Project Director to inform the following physicians whose names and addresses I have entered below of any significant findings from the above named study concerning me. (Do not leave blank. Write "NO" where you do not wish to give a name and address.)

1. My personal physician(s): Dr. _____
Street: _____
City: _____

2. Other physician: Dr. _____
Street: _____
City: _____

SIGNATURE _____ DATE _____

IV. The "Medical Health Surveillance of Grain Handlers" questionnaire is required under Part A of this study and it will constitute this Part IV as a separate attachment to be retained by the Project Director. A copy of the questionnaire is not retained by the participant.

ATTACHMENT A

- A. Project Title and Number: Disease Prevalence & Health Hazards of Grain Handlers; NIOSH Project VKCR21132.
- B. Procedures and tests which involve human subjects in conduct of this project are as follows:

The examination will be divided into two parts: Part A -- Determination of General Health Status and Biological Response to the Working Environment; and Part B --Determination of Response to Specific Environmental Agents. The participant may limit his willingness to cooperate to either Part A or Part B or he may elect to participate in both of these studies.

PART A:

The procedures and tests that you will be asked to do are part of a physical examination which consists of: (1) Filling out a questionnaire which contains a series of questions which will be reviewed with you later by a trained interviewer. These questions will be about your work history, your use of tobacco, possible health problems, and your family history; (2) your height and weight will be measured and recorded; (3) x-rays of your chest will be made; (4) breathing tests will be made to determine if there is any increased resistance in your air passages; (5) blood and urine will be collected and analyzed; and (6) allergic skin tests will be done with common allergy testing agents (e.g., ragweed) and with specific agents related to the grain industry (e.g., wheat). Reactions to skin tests look like a hive and may give some local discomfort and itching. None of these tests is experimental, all are widely used during medical examinations and usually cause no discomfort to the health of participants.

Occasionally, the breathing tests may cause some temporary chest discomfort and coughing. Some pain, as you may feel with a pin prick, may be associated with the blood collection and skin tests.

One tube (20 ml) of blood will be drawn from an arm vein before and after a work shift. The blood will be analyzed for white cell counts, globulins, complement, enzymes, creatinine and precipitins against common molds and grains. A sample of your blood will be frozen and transferred to the National Institute for Occupational Safety and Health (NIOSH), Morgantown, West Virginia, where they may elect to perform additional blood tests or repeat those performed in this study.

Urine will be collected and analyzed for protein, sugar, and blood.

There will be no direct costs to you for these tests.

Qualified professional personnel and proper medical supplies will be available to treat any unforeseen reaction such as fainting. There are no alternative procedures to those noted above which will permit you to participate in the study. You may, of course, refuse to take any of them without incurring any penalty.

PART B:

This part of the study will be done in a hospital. Each individual will

be exposed to a spray-mist of a solution made from substances obtained from either grain, mite, or insects and/or molds to which he has shown to be allergic in the skin test. He will be tested before, immediately after the exposure, and at regular intervals over a 24-hour period.

The tests will include the assessment of symptoms, temperature, white blood count, and standard breathing.

The individual may develop fever, cough, wheezing and/or shortness of breath which may be rapidly improved by available standard medication. Some temporary chest discomfort and coughing may come with the breathing tests and some pain, as a pin prick, may be associated with the collection of the blood sample.

Although the tests used to evaluate the effects of the exposure are not experimental, the exposure to the material is experimental. However, to assure that no untoward reactions will occur, only those individuals who are commonly exposed to these materials at work and who have shown they have reacted to them (as indicated by the positive skin tests to these materials) will be selected as the test population. Only those individuals who are non-reactive (as indicated by negative skin tests to these materials) will be selected as controls.

C. Rights Under the Privacy Act of 1974 Title 5 United States Code, Section 552 (a) (e) (3).

The information required to be given to me under the Privacy Act of 1974 is as follows:

- (1) Authority for collecting information is the Occupational Safety and Health Act 1970, Section 20 (29 USC 669).
- (2) The principal purpose or purposes for which the requested information is intended to be used is for accurate assessment of the participants' general and occupational health status and is being solicited for specific epidemiological analysis and/or as stated in Section I, Item 3.
- (3) The anticipated routine use which may be made of the solicited information is in developing criteria and programs for a safe and healthful place of employment or as published in the Federal Register, Vol. 41, No. 240, #0146.00, pp. 54223-54225, Monday, December 13, 1976.
- (4) I do not have to furnish any information I do not wish to. Nothing happens to me as a result of my not providing information, whether all or in part of that requested, except that I may be terminated for the project.

APPENDIX III

Coding Date: Hazard/Site/Occupation

**Field Operations Manual
NIOSH Contract No. 210-76-0175**

[Deleted by NIOSH]

APPENDIX IV

Questionnaire: Grain Handlers

**Field Operations Manual
NIOSH Contract No. 210-76-0175**

EXPLANATION:

Questions 46 and 47 in the grain handlers' questionnaire were independently verified by clinically experienced physicians. This verification was facilitated through the use of a work sheet (see Appendix V), citing two headings (questions 46 and 47) which differ only in form and not substance from questions 46 and 47 as originally presented. It is important to note that the form adopted on the physician's work sheet is the form reported in the questionnaire analysis appendix.

ID # _____

ALL THE INFORMATION OBTAINED FROM THIS STUDY WILL BE KEPT CONFIDENTIAL.

Please answer the questions by circling the number of the best answer or by filling in a blank with a number or word. If uncertain or in doubt, circle No.

EXAMPLE: Do you live or work on a farm? 1. Yes 2. No

If you desire help in answering a question, please put a () in front of the question number. You will be helped with these questions by a member of our personnel.

1. Name (Last) (First) (MI)	3. Phone Number AREA CODE (____)	4. Social Security # *(optional, see below)
	_____ - _____	/ / / - / / / - / / / / /
2. Current Address (Number, street or rural route, city or town, county, state, zip code)	5a. Birthdate (mo, day, year)	5b. Age (last birthday)
	6. Sex 1. / / Male 2. / / Female	
	7. Ethnic Group or Ancestry 1. / / White, not of Hispanic Origin 2. / / Black, not of Hispanic Origin 3. / / Hispanic 4. / / American Indian or Alaskan Native 5. / / Asian or Pacific Islander 6. / / Other: _____	
8. Marital Status 1. / / Married 3. / / Divorced 2. / / Widowed 4. / / Never Married	9a. Height _____ (cm) / / with shoes /	9b. Weight _____ (kg) / / with clothing/ street shoes
10. What was the highest grade of regular school you completed? ____/	/ / with boots / / / bare feet /	/ / with clothing/ safety shoes / / in underwear
(For example: completion of high school is 12.)	11. Do you live or work on a farm? 1. Yes 2. No	

*(Furnishing your Social Security number is voluntary. Your refusal to provide this number will not affect any right, benefit, or privilege to which you would be entitled if you did provide your Social Security number. Your Social Security number is being requested since it will permit use in future determinations in statistical research studies.)

ID # _____

12. List all jobs, occupations or type of work you have held or done through life and state approximate dates and lengths of time.

Company or Industry	Job Classification	Code	Type of Work of Task	Length of Time in Years	Years From To	Average no. of Months Per Year	Location Name of City or Rural
1.					19__ 19__		
2.					19__ 19__		
3.					19__ 19__		
4.					19__ 19__		
5.					19__ 19__		
6.					19__ 19__		
7.					19__ 19__		
8.					19__ 19__		

ID # _____

(CHECK APPROPRIATE ANSWER AFTER EACH QUESTION. WHEN IN DOUBT, ANSWER NO.)

COUGH AND PHLEGM:

- 13a. Do you usually cough first thing in the morning? (Exclude clearing throat) 1. Yes 2. No
- b. Do you usually cough at other times during the day or night? 1. Yes 2. No
- c. Do you cough as much as 4-6 times a day for 4 or more days out of the week? 1. Yes 2. No
- IF YES TO EITHER 13a, b OR c, ANSWER d AND e:
- d. Do you cough on most days for as much as 3 months of the year? 1. Yes 2. No (x)
- e. For how many years have you had this cough? _____ Years (x)
-

- 14a. Do you usually bring up phlegm from the chest first thing in the morning? (Not from the back of your nose. Count swallowed phlegm from the chest.) 1. Yes 2. No
- b. Do you usually bring up phlegm from the chest at other times during the day or night? 1. Yes 2. No
- c. Do you bring up phlegm like this as much as twice a day, 4 or more days out of the week? 1. Yes 2. No
- IF YES TO EITHER 14a, b OR c, ANSWER d AND e:
- d. Do you bring up phlegm from the chest on most days for as much as 3 months of the year? 1. Yes 2. No (x)
- e. For how many years have you raised phlegm from the chest? _____ Years (x)

IF YOU NEVER HAD COUGH OR PHLEGM, GO TO Q 21.

15. When is your cough worse? a. On workdays (x)
b. On weekends when not working
c. I notice no difference
16. Is your cough and/or phlegm better, the same or worse when on vacation or not working? a. Better (x)
b. The same
c. Worse

ID # _____

17a. Is your cough and/or phlegm worse
at different times of the year?

1. Yes 2. No (x)
Go to Q 18

____ IF YES TO 17a, CIRCLE THE MONTHS IN WHICH YOU HAVE BEEN MOST TROUBLED. _____

b.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	(x)
	1	2	3	4	4	6	7	8	9	10	11	12	

18. Is your cough and/or phlegm brought on
by or made worse by exposure to:

(xy)

a. Grain dust at work?

1. Yes 2. No (x)

b. Other dusts at work?

1. Yes 2. No

c. Gases or fumes at work?

1. Yes 2. No

d. House dust or fumes in the home?

1. Yes 2. No

e. Barn dusts, silage or hay?

1. Yes 2. No

f. Weather changes?

1. Yes 2. No

g. Other

1. Yes 2. No

(Specify)

____ IF YES TO GRAIN DUST AT WORK, ANSWER Q 19: _____
(Otherwise, Go to Q21a.)

19. In your opinion, which grain dusts are most likely
to bring on cough and/or phlegm, or make it worse?
(May circle more than one.)

(x)

a. Durum wheat

g. Soybean

b. Spring wheat

h. Linseed

c. Rye

i. Sunflower seed

d. Oats

j. Beets

e. Barley

k. Malt

f. Corn

l. Other

(Specify)

20. When you are working regularly, how frequently
(on the average) have you experienced cough and/
or phlegm during work?

(x)

a. Usually at least once a day.

b. Only a few times each week.

c. Only a few times each month.

d. Only a few times each year.

e. Only a few times ever.

f. Only once.

ID # _____

WHEEZING AND/OR CHEST TIGHTNESS:

21a. Have you ever noticed any wheezing and/or tightness in your chest? 1. Yes 2. No (x)

Go to Q 37

____ IF YES TO 21a, ANSWER b AND c: _____

b. Do you get this only with colds? 1. Yes 2. No (x)

c. Do you get this even when you don't have a cold? 1. Yes 2. No (x)

IF YOU HAVE NEVER NOTICED WHEEZING AND/OR TIGHTNESS IN YOUR CHEST, SKIP Q 22 THROUGH 36 AND GO TO Q 37.

22. Which of these symptoms have you experienced: wheezing, chest tightness or both? (x)

- a. Only wheezing (x)
- b. Only chest tightness
- c. Mainly wheezing
- d. Mainly chest tightness
- e. Both wheezing and chest tightness

23. At what age did your wheezing and/or chest tightness first occur? _____ Years (x)

24. At what age did wheezing and/or chest tightness last occur? _____ Years (x)
(If you are still having these, put your present age.)

25. Do you have wheezing and/or chest tightness at work while you are performing your job? 1. Yes 2. No

Go to Q 28

26. When you are working regularly, how frequently (on the average) have you experienced wheezing and/or chest tightness during work? (x)

- a. Usually at least once a day. (x)
- b. Only a few times each week.
- c. Only a few times each month.
- d. Only a few times each year.
- e. Only a few times ever.
- f. Only once.

27. Is your wheezing and/or chest tightness usually worse on: (x)

- a. First day back at work. (x)
- b. Any day(s) at work.
- c. Weekends, when not working.
- d. Makes no difference

ID # _____

28. Is your wheezing and/or chest tightness brought on by or made worse by exposure to: (xy)
- | | | |
|--|--------------|-----|
| a. Grain dust at work? | 1. Yes 2. No | (x) |
| b. Other dusts at work? | 1. Yes 2. No | |
| c. Gases or fumes at work? | 1. Yes 2. No | |
| d. House dust or fumes in the home? | 1. Yes 2. No | |
| e. Barn dusts, silage or hay? | 1. Yes 2. No | (x) |
| f. Moldy or musty barn dusts, silage or hay? | 1. Yes 2. No | |
| g. Contacts with animals? | 1. Yes 2. No | |
| h. Plants, pollens or weeds? | 1. Yes 2. No | |
| i. Weather changes? | 1. Yes 2. No | |
| j. Other exposures | 1. Yes 2. No | |

 (Specify)

____ IF YES TO GRAIN DUST AT WORK, ANSWER Q 29 THROUGH 32: _____
 (Otherwise, Go to Q 33a.)

29. In your opinion, which grain dusts are most likely to bring on wheezing and/or chest tightness or make it worse? (May circle more than one.) (x)
- | | |
|-----------------|-------------------|
| a. Durum wheat | g. Soybean |
| b. Spring wheat | h. Linseed |
| c. Rye | i. Sunflower seed |
| d. Oats | j. Beets |
| e. Barley | k. Malt |
| f. Corn | l. Other _____ |
- (Specify)
30. When is your wheezing and/or chest tightness most likely to start or get worse? (Circle only one) (x)
- | | |
|--|--------------------------------|
| | a. Before work |
| | b. During work |
| | c. After work |
| | d. Either during or after work |
31. If it starts or gets worse during work, how soon after the beginning of the work shift does not happen? (x)
- | | |
|--|----------------------|
| | a. Right away |
| | OR |
| | b. _____ hours after |
32. If it starts or gets worse after work, how many hours after work does this happen? _____ hours after
-

ID # _____

- 33a. Does wheezing and/or chest tightness ever wake you up from your sleep? (x)
 1. Yes 2. No

IF YES TO 33a, ANSWER b: _____

- b. How often does this happen? (x)
- A. Almost every night.
 - B. A few times each month.
 - C. A few times each year.
 - D. A few times ever.
 - E. Only once.
 - F. Never.

- 34a. Is your wheezing and/or chest tightness worse at different times of the year? (x)
 1. Yes 2. No

Go to Q 35

IF YES TO 34a, CIRCLE THE MONTHS IN WHICH YOU ARE MOST TROUBLED BY
 WHEEZING AND/OR CHEST TIGHTNESS

- | b. Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | (x) |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |

35. Is your wheezing and/or chest tightness better, the same or worse when on vacation or not working? (x)
- a. Better
 - b. The same
 - c. Worse

36. Have you ever had 2 or more attacks of wheezing that has made you feel short of breath? (x)
 1. Yes 2. No

SHORTNESS OF BREATH:

37. Have you ever been troubled by shortness of breath? (x)
 1. Yes 2. No

38. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? (x)
 1. Yes 2. No

39. Do you get short of breath walking with other people of your own age on level ground? (x)
 1. Yes 2. No

40. Do you have to stop for breath while walking at your own pace on level ground? (x)
 1. Yes 2. No

41. Do you get short of breath dressing or walking about the house? (x)
 1. Yes 2. No

ID # _____

_____ IF YES TO Q 38, 39, 40 OR 41, ANSWER Q 42: _____
 42. For how long have you had this shortness of breath? _____ Years (x)

43. Do you get short of breath while at work, performing your job? 1. Yes 2. No

44a. Do you get short of breath during or after exposure to grain dust? 1. Yes 2. No (x)

Go to Q 45a

_____ IF YES TO Q 44a, ANSWER b, c, d AND e: _____

b. In your opinion, which grain dusts are most likely to bring on shortness of breath or make it worse? (May circle more than one.) (x)

A. Durum wheat
 B. Spring wheat
 C. Rye
 D. Oats
 E. Barley
 F. Corn

G. Soybean
 H. Linseed
 I. Sunflower seed
 J. Beets
 K. Malt
 L. Other _____
 (Specify)

c. When is your shortness of breath most likely to get worse? (Circle only one) (x)

A. During work
 B. After work
 C. Either during or after work

d. If it starts during work, how soon after the beginning of the work shift does this happen? (x)

A. Right away
 OR
 B. _____ hours after

e. If it starts after work, how many hours after work does this happen? _____ hours after (x)

IF IN YOUR WORK YOU ARE EXPOSED TO GRAIN DUST, PLEASE ANSWER THE NEXT WORK QUESTIONS, IF NOT, GO TO Q 50.

FEVER AND/OR CHILLS (SHIVERING):

45a. Have you ever had fever and/or chills during exposure, or after being exposed to grain dust? 1. Yes 2. No (x)

Go to Q 48

b. If yes to 45a, did you have:

A. Only fever?
 B. Only chills?
 C. Mostly fever?
 D. Mostly chills?
 E. Both fever and chills?

ID # _____

46. When have you noticed the fever and/or chills? (Circle only one.)
- A. During work. (x)
 B. After work.
 C. Either during or after work.

IF IT STARTS AFTER WORK: _____

- 47a. About how many hours after work did this (these) happen? _____ hours after work (x)
- b. About how many hours did this (these) last? _____ hours
- c. How many times in your work life as a grain handler have you had fever and/or chills after work? _____ times
- d. When have you experienced this fever and/or chills?
- A. On first day back to work.
 B. Any other day at work.
 C. On either the first day back on any other day.
- e. If on the first day back to work, how long had you been off work? _____ number of days

48. During exposure to grain dust have you ever had: (x)
- a. Eyes burning, watering or itching? 1. Yes 2. No
- b. Stuffy nose? 1. Yes 2. No
- c. Throat sore or burning? 1. Yes 2. No

IF YES TO Q 48a, b OR c, ANSWER d: _____

- d. In your opinion, which grain dusts are most likely to bring on these symptoms or make them worse? (May circle more than one.) (x)
- | | |
|-----------------|-------------------|
| A. Durum wheat | G. Soybean |
| B. Spring wheat | H. Linseed |
| C. Rye | I. Sunflower seed |
| D. Oats | J. Beets |
| E. Barley | K. Malt |
| F. Corn | L. Other _____ |
- (Specify)

- 49a. During or immediately after exposure to grain dust, have you ever had itching on your skin? 1. Yes 2. No (x)

Go to Q 50

ID # _____

_____ IF YES TO 49a, ANSWER b AND c: _____

b. How many times in a year is this likely to happen? _____ times (x)

c. In your opinion, which grain dusts are most likely to bring on the skin itching? (May circle more than one.) (x)

A. Durum wheat
B. Spring wheat
C. Rye
D. Oats
E. Barley
F. Corn

G. Soybean
H. Linseed
I. Sunflower seed
J. Beets
K. Malt
L. Other _____
(Specify)

TOBACCO SMOKING

50. Have you ever smoked cigarettes?
(If you have smoked less than 20 packs of cigarettes in your lifetime, check No.) 1. Yes 2. No
Go to Q53a

51a. Do you now smoke cigarettes?
(Answer "yes" if you currently smoke or if you stopped smoking within the last month.) 1. Yes 2. No
Go to Q 52a

_____ IF YOU SMOKE REGULARLY NOW: _____

b. Do you inhale the cigarette smoke? 1. Yes 2. No (x)

c. How old were you when you began to smoke cigarettes? _____ Age (x)

d. How many cigarettes do you usually smoke each day at the present time?
(Please give best estimate: one pack contains 20 cigarettes.) _____ cigarettes per day (x)

e. What is the usual number of cigarettes you have smoked per day since you began to smoke? (Please give best estimate: one pack contains 20 cigarettes.) _____ cigarettes per day (x)

f. If there have been periods when you abstained from smoking, please enter total years of abstinence from smoking.
(If less than one year, do not fill in.) _____ years (x)

IF YOU HAVE COMPLETED THIS SECTION, GO TO Q 53a.

ID # _____

52a. Did you used to smoke cigarettes? 1. Yes 2. No (x)

_____ IF YOU DO NOT SMOKE CIGARETTES REGULARLY NOW, BUT USED TO _____
SMOKE THEM: (If you have not smoked at least 20
packs of cigarettes in your lifetime, check here: /____/

b. how old were you when you began
to smoke cigarettes? _____ Years (x)

c. How old were you when you stopped
smoking cigarettes regularly? _____ Age (x)

d. What was the usual number of cigarettes
you smoked per day? (Please give best
estimate: one pack contains 20
cigarettes.) _____ cigarettes
per day (x)

e. If there have been periods when you
abstained from smoking, please enter
total number of years of abstinence
from smoking. (If less than one
year, do not fill in.) _____ Years (x)

53a. Do you now smoke pipes or cigars? 1. Yes 2. No

Go to Q 54

b. Do you usually inhale when you smoke
either pipes or cigars? 1. Yes 2. No (x)

PESTICIDES:

54. Have you ever been exposed to
pesticides? 1. Yes 2. No

Go to Q 63a

55. During or immediately after exposure
to pesticides, have you ever had any
health problems or symptoms? 1. Yes 2. No (x)

Go to Q 63a

ID # _____

IF YES TO Q 55, ANSWER THE NEXT QUESTIONS

56. Where did this (these) exposures happen?
- a. At work
 - b. At home
 - c. On a farm
 - d. Other _____
- (Specify)

57. What kind of health problems did you have?
- a. Weakness
 - b. Fainted
 - c. Dizziness
 - d. Headache
 - e. Convulsions
 - f. Trouble breathing
 - g. Nausea and/or vomiting
 - h. Stomach pain
 - i. Diarrhea
 - j. Muscle twitching, cramps
 - k. Blurred vision
 - l. Jaundice
 - m. Other _____
- (Specify)

58. How many days did these problems last? _____ Days

59. How many times have you had these problems? _____ Times

60. Have you ever been ill following the exposure to pesticides that you couldn't do your regular job? 1. Yes 2. No

61. Have you ever had to go or be taken to a doctor or hospital because of these problems? 1. Yes 2. No

62. What pesticides caused you to have symptoms?
- a. Do not know
 - b. Carbon tet (weevilcide)
 - c. Malathion
 - d. Methyl bromide
 - e. Phostoxin
 - f. Other _____
- (Specify)



ID # _____

THE NEXT SET OF QUESTIONS IS ABOUT ILLNESSES YOU HAVE HAD OR HAVE CURRENTLY. WHEN RECORDING AGE, WRITE IN THE YOUNGEST AGE AT WHICH THE ILLNESS OCCURRED.

63a. During the past 3 years, how much trouble have you had with illnesses such as chest colds, bronchitis or pneumonia?

A. None (x)
 B. Little
 C. Moderately
 D. Much
 E. A great deal

b. During the past 3 years, how often were you unable to do your usual activities because of illnesses such as chest colds, bronchitis or pneumonia?

A. None
 B. One time
 C. 2-5 times
 D. More than 5 times

64. Has a doctor ever told you that you had any of the following: AGE

a. Bronchitis (or bronchial trouble) 1. Yes 2. No _____

b. Emphysema 1. Yes 2. No _____

c. Pleurisy 1. Yes 2. No _____

d. Tuberculosis of the lung 1. Yes 2. No _____

e. Cancer of the lung 1. Yes 2. No _____

f. Chest surgery (including heart surgery) 1. Yes 2. No _____

g. Chest injury 1. Yes 2. No _____

h. Sinus trouble 1. Yes 2. No _____

i. Farmer's Lung Disease 1. Yes 2. No _____

65a. Has a doctor ever said you had: Pneumonia or broncho-pneumonia? 1. Yes 2. No

Go to Q 66a

IF YES TO Q 65a, ANSWER b AND c: _____

b. How many times have you had pneumonia? _____ Times (x)

c. Your age (or ages) when this (these) happened? _____, _____, _____, _____ Years (x)

66a. Has a doctor ever said you had bronchial asthma? 1. Yes 2. No

Go to Q 67

ID # _____

_____ IF YES TO 66a, ANSWER b, c AND d: _____

- b. How old were you when your asthma started? _____ Age started (x)
- c. Do you still have asthma? 1. Yes 2. No (x)
- d. If no, how old were you when your asthma stopped? _____ Age stopped (x)

67. Has a doctor ever told you that you had any of the following?

- a. Heart trouble 1. Yes 2. No
- b. High blood pressure 1. Yes 2. No
- c. Allergic reaction in your nose, such as hay fever 1. Yes 2. No
- d. Kidney trouble 1. Yes 2. No
- e. Liver trouble or jaundice 1. Yes 2. No
- f. Diabetes 1. Yes 2. No
68. Have you ever had a serious skin rash in infancy (eczema)? 1. Yes 2. No
69. Have you ever suffered from skin rashes? 1. Yes 2. No

Go to Q 71

70a. If yes, have you ever suffered from skin rashes lasting longer than 2 weeks?

1. Yes 2. No

Go to Q 71a

_____ IF YES TO Q 70a, ANSWER b: _____

- b. What area was involved? (x)
- | | |
|----------|------------|
| A. Face | F. Chest |
| B. Ears | G. Back |
| C. Scalp | H. Abdomen |
| D. Hands | I. Legs |
| E. Arms | J. Feet |

71a. Have you ever suffered with painful or swollen joints?

1. Yes 2. No

Go to Q 72

ID # _____

IF YES TO Q 71a, ANSWER b AND c: _____

b. Which joints were involved? (x)

- A. Fingers
- B. Wrists
- C. Elbows
- D. Shoulders
- E. Spine
- F. Hips
- G. Knees
- H. Ankles

c. Were the joints swollen? 1. Yes 2. No (x)

72. Do you have frequent "chills" with fever, sweating and perhaps shaking? 1. Yes 2. No

73. Do you have swelling of both ankles? 1. Yes 2. No

74. Has any member of your immediate family (blood relative) had any of the following diseases?

RELATIVE

- a. Chronic bronchitis 1. Yes 2. No _____
- b. Emphysema 1. Yes 2. No _____
- c. Asthma 1. Yes 2. No _____
- d. Hay fever 1. Yes 2. No _____
- e. Cystic fibrosis 1. Yes 2. No _____
- f. Cancer of the lung 1. Yes 2. No _____
- g. Farmer's Lung Disease 1. Yes 2. No _____
- h. Other lung disease 1. Yes 2. No _____
(Specify)

75a. Have you ever had a chest x-ray in the past? 1. Yes 2. No

IF YES TO Q 75a, ANSWER b and c: _____

b. Where was the last chest x-ray taken?

_____ in _____ in 19 _____
(Hospital) (City)

OR

_____ in _____ in 19 _____
(Doctor's office) (City)

c. Have you ever been told you had an abnormal chest x-ray? 1. Yes 2. No

ID # _____

76. Are you taking any drugs or medications? (Prescribed or not)

1. Yes 2. No

If yes, please list the medications here:

77. When was the last time you were exposed to your working environment?

- a. Today
- b. Yesterday
- c. 2 days ago
- d. _____ days ago

(Date)

(Signature)

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

Public Health Service

Center for Disease Control

National Institute for Occupational Safety and Health

Appalachian Laboratory for Occupational Safety and Health

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HEALTH STATUS OF GRAIN HANDLERS

Identification No.

Interviewer Code

Location

Date of Interview
