CARDIOVASCULAR DISEASE - CDQ

CDQ.001 {Have you/Has SP} ever had any pain or discomfort in {your/her/his} chest?

YES ............................................................... 1
NO ................................................................. 2 (CDQ.010)
REFUSED ..................................................... 7 (CDQ.010)
DON'T KNOW ............................................... 9 (CDQ.010)

CDQ.002 {Do you/Does she/Does he} get it when {you/she/he} walk uphill or hurry?

YES ............................................................... 1
NO ................................................................. 2 (CDQ.008)
NEVER WALKS UPHILL OR HURRIES........ 3
REFUSED ..................................................... 7 (CDQ.008)
DON'T KNOW ............................................... 9 (CDQ.008)

CDQ.003 {Do you/Does she/Does he} get it when {you/she/he} walk at an ordinary pace on level ground?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

BOX 1

CHECK ITEM CDQ.003A:
IF 'YES' (CODE '1') IN CDQ.002 OR CDQ.003, CONTINUE.
OTHERWISE, GO TO CDQ.008.

CDQ.004 What {do you/does she/does he} do if {you/she/he} get it while {you/she/he} are walking? {Do you/Does she/Does he} stop or slow down, or continue at the same pace?

CHECK "STOP OR SLOW DOWN" IF SP CARRIES ON AFTER TAKING NITROGLYCERINE.

STOP OR SLOW DOWN .............................. 1
CONTINUE AT THE SAME PACE ................  2 (CDQ.008)
REFUSED ..................................................... 7 (CDQ.008)
DON'T KNOW ............................................... 9 (CDQ.008)

CDQ.005 If {you/she/he} stand still, what happens to it? Is the pain or discomfort relieved or not relieved?

RELIEVED..................................................... 1
NOT RELIEVED ............................................  2 (CDQ.008)
REFUSED ..................................................... 7 (CDQ.008)
DON'T KNOW ............................................... 9 (CDQ.008)

CDQ.006 How soon is the pain relieved? Would you say . . .

10 minutes or less ................................. 1
More than 10 minutes ............................. 2 (CDQ.008)
REFUSED ..................................................... 7 (CDQ.008)
DON'T KNOW ............................................... 9 (CDQ.008)
CDQ.009  Please look at this card and show me where the pain or discomfort is located.

CODE ALL THAT APPLY.
PROBE FOR ADDITIONAL AREAS.

HAND CARD CDQ1

1 ............................................................... 1
2 ............................................................... 2
3 ............................................................... 3
4 ............................................................... 4
5 ............................................................... 5
6 ............................................................... 6
7 ............................................................... 7
8 ............................................................... 8
REFUSED ..................................................... 77
DON'T KNOW .............................................. 99

CDQ.008  Have {you/she/he} ever had a severe pain across the front of {your/her/his} chest lasting for half an hour or more?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW .............................................. 9

CDQ.010  {Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW .............................................. 9

BOX 2

CHECK ITEM CDQ.025:
IF SP AGE <= 49 YEARS, CONTINUE.
OTHERWISE, GO TO END OF THE SECTION.

CDQ.030  {Do you/Does SP} have to stop for breath when walking at {your/his/her} own pace on the level?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW .............................................. 9

CDQ.040  {Do you/Does SP} have to stop for breath after walking about 100 yards or after a few minutes on the level?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW .............................................. 9
CDQ.050  {Have you/Has SP} _ever_ been awakened by trouble breathing or shortness of breath, other than when {you/s/he} had a cold?

- YES ............................................................... 1
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

CDQ.070  {Have you/Has SP} _ever_ had to sleep on 2 or more pillows to help {you/him/her} breathe?

- YES ............................................................... 1
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9