CARdiovascular Disease – CDQ
Target Group: Sps 40+

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/walks} uphill or {hurry/hurries}?

- 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/walks} 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?

CODE "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/stands} 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)
How soon is the pain relieved? Would you say . . .

10 minutes or less or ........................................ 1
more than 10 minutes? ..................................... 2 (CDQ.008)
REFUSED ...................................................... 7 (CDQ.008)
DON'T KNOW ............................................... 9 (CDQ.008)

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

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

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

OMITTED