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)
CDQ.006 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)

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

OMITTED