

**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 |

|                                    |
|------------------------------------|
| <p><b>BOX 2</b></p> <p>OMITTED</p> |
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