2005-06 Questionnaire

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			
CDQ.002	{Do you/Does she/Does he} get it when {you/she/he} {walk/walks} uphill or {hurry/hurries}?			
	YES			
CDQ.003	3 {Do you/Does she/Does he} get it when {you/she/he} {walk/walks} at an ordinary pace on level ground?			
	YES			
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			
CDQ.005	If {you/she/he} {stand/stands} still, what happens to it? Is the pain or discomfort relieved or not relieved?			
	RELIEVED			

SP_CDQ 1

CDQ.006	How soon is the pain relieved? Would you say			
		10 minutes or less or more than 10 minutes? REFUSED DON'T KNOW	2 (CDQ.008) 7 (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 ADDITIONA			
	HAND CARD CDQ1			
		1	2 3 4 5 6 7 8 77	
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	2 7	
CDQ.010	{Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?			
		YES NO REFUSED DON'T KNOW	2 7	
		BOX 2		
		OMITTED		

SP_CDQ 2