Questionnaire: SP (2001-02) Target Group: SPs 40+

CARDIOVASCULAR DISEASE - CDQ

CDQ.001	(Have you/Has SP) ever had any pain or discomfort in {your/ner/nis} chest?				
		YES	. 1		
		NO	. 2 (CDQ.010)		
		REFUSED	,		
		DON'T KNOW			
		DON'T KNOW	. 9 (ODQ.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			
		REFUSED			
		DON'T KNOW			
		BON 1 1440W	. 5 (ODQ.500)		
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 CDO	024.			
	CHECK ITEM CDQ.0				
		N CDQ.002 OR CDQ.003, CONTINUE.			
	OTHERWISE, GO TO	O 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/Doe				
	she/Does he} stop or slo	w down, or continue at the same pace?			
	CHECK "STOP OR SLO	W DOWN" IF SP CARRIES ON AFTER TAKING N	IITROGLYCERINE.		
		STOP OR SLOW DOWN	. 1		
		CONTINUE AT THE SAME PACE			
		REFUSED			
		DON'T KNOW			
		BON I KNOW	. 3 (ODQ:000)		
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			
		DON'T KNOW	,		
CDQ.006	How soon is the pain relieved? Would you say				
		10 minutes or less	. 1		
		More than 10 minutes	•		
		REFUSED	(/		
		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			
		3			
		4	-		
		5			
		6			
		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			
		REFUSED			
		DON'T KNOW			
			v		
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 EN	ID 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			
		REFUSED	7		
		DON'T KNOW	9		

CDQ.050	{Have you/Has SP} ever bee {you/s/he} had a cold?	en awakened by trouble breathing or shortne	ss of breath, other than when		
		YES	2 7		
CDQ.070	{Have you/Has SP} ever had to sleep on 2 or more pillows to help {you/him/her} breathe?				
		YES NO REFUSED DON'T KNOW	2 7		