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