

5. Has the physician prescribed medical treatment for you later for coronary heart disease?

no

 0

yes

 1

B. MYOCARDIAL INFARCTION

6. Have you been in hospital for treatment of or because of suspected coronary thrombosis (heart infarct)?

no (to section C)

 0

yes

 1

7. In which hospital, what year and for how many weeks at a time have you been examined and treated for heart infarct or suspected infarct? Was this a definite or suspected infarct?

Where? (name of hospital)

When?

Duration weeks
(00 = less than a week)

1 = definite
2 = suspected
3 = don't know

1. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6. _____	19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

8. Briefly describe the symptoms you had (the first time).

C. CONGESTIVE HEART FAILURE

9. Have you ever had heart failure or hypertrophy or dilatation (enlarged heart) according to a physician's diagnosis?

no (to section D)

 0

yes

 1

10. What year was this?

19

11. Briefly describe the symptoms you had then and how the physician identified heart failure (difficulty in breathing after effort, swollen feet, chest X-ray) _____

12. Did the physician prescribe medicine to you upon identifying heart failure or enlarged heart?
 no (to question 13) 0
 yes 1

12a) What medicine? _____
 can't remember (to section D) 0

13. Has the physician later prescribed medicine to you for heart failure or enlarged heart?
 no (to section D) 0
 yes 1

13a) What medicine? _____
 can't remember 0

14. What year? 19

D. CEREBROVASCULAR DISORDERS

15. Have you ever been in hospital for an identified or suspected disorder of the blood circulation of the brain? (cerebral thrombosis, cerebral haemorrhage, apoplexy, "stroke")
 no (to section E) 0
 yes 1

16. Where? (name of hospital)	When?	Duration (00 = less than a week)
1. _____	19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> weeks
2. _____	19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> weeks
3. _____	19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> weeks
4. _____	19 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> weeks

17. Briefly describe your symptoms then (the first time; disturbances of consciousness, motor or sensory impairment, difficulty in speaking)

18. Do you have permanent apoplectic symptoms?
 no 0
 yes 1

E. ARTERIAL DISEASE OF THE LOWER LIMBS

19. Have you had occlusion or stenosis of a lower limb artery according to a physician's diagnosis?

no (to section F)

0

yes

1

20. What year was this?

19

21. Briefly describe your symptoms then

22. Briefly describe the treatment suggested by the physician

23. Have you had surgery to correct a disorder of the arterial circulation of a leg (or a both legs) (corrective surgery, sympathectomy, amputation of a limb or part of a limb?)

no

0

yes

1

What kind? _____

Where? _____ When? 19

(name of hospital)

F. ARTERIAL HYPERTENSION

24. Have you had hypertension or high blood pressure, according to a physician's diagnosis, other than during pregnancy?

no (to section G)

0

yes

1

25. What year was this?

19

26. Did the physician prescribe medical treatment for hypertension then?

no

0

yes (to question 29)

1

27. Has the physician later prescribed medical treatment for your blood pressure?

no (to question 32)

0

yes

1

28. What year was this?

19

29. Are you on medication for high blood pressure at present?

no

yes

30. Have you at any time during the past 12 months discontinued your medical treatment for high blood pressure for a minimum of 2 weeks?

no (to question 32)

yes

not on medication during the past 12 months (to question 32)

31. Why?

physician's orders

some other reason

32. How many times has your blood pressure been measured during the past 12 months?

33. How many times have you seen a public health nurse about your blood pressure during the past 12 months?

G. VISITS TO A PHYSICIAN BECAUSE OF CARDIOVASCULAR DISEASE

34. How many times have you seen a physician during the past 12 months because of heart or blood vessel disorders (if necessary, list the disorders the interviewee seems to have)?

35. Who is the physician treating you for them at present?

Name _____

Address _____

(place of work)

nobody

health centre physician

private general practitioner

private specialist in internal medicine

hospital out-patient clinic physician

other physician _____

(if so, who?)

36. When is your next appointment to see a physician about your heart or blood vessel disorders?

no appointment

0

only when necessary

1

appointed time

2

In how many months' time is your appointment? 00 = less than 1 month

1 1

37. Interviewer's estimate of continuity of treatment

no visits

0

generally different physician

1

generally the same physician, or others recommended by the patient's own physician

2

H. PRESENT TREATMENT FOR CARDIOVASCULAR DISEASE

38. How was your prescriptions last renewed?

Read alternatives 1, 2 and 3.

during a personal visit

1

some other way

2

had a prescription, never renewed

3

39. Has a physician ever advised you to go on diet because of increased fat content in your blood?

no

0

yes

1

no increased fat content discovered

2

40. Has a physician ever advised you to quit smoking?

no

0

yes

1

has never smoked

2

I. DISABILITY CAUSED BY CARDIOVASCULAR DISEASE

41. How much disability would you say your heart and blood vessel diseases cause you?

No inconvenience

0

Slight disability (e.g. inconvenience caused by constant visits to physician and following instructions for treatment; symptoms only brought on by hard effort - not from walking uphill, climbing stairs, agitation, etc.; post-apoplectic symptoms involving no actual disability)

1

Average disability (symptoms brought on by average effort, such as hurry, prolonged effort and climbing stairs, but not when doing ordinary chores; post-apoplectic states which hamper the more strenuous daily activities)

2

Serious disability (symptoms brought on by light effort, as in walking at a normal speed on even ground, going up one flight of stairs and ordinary household chores: post-apoplectic states which hamper ordinary daily activities)

3

Extremely serious disability (symptoms brought on even by slight movement or efforts such as washing, dressing, etc.; complete or nearly complete inability to move due to apoplexy)

4

42. What disease or symptom causes you most disability?
