

LONDON SCHOOL OF HYGIENE CARDIOVASCULAR QUESTIONNAIRE AND DIAGNOSTIC CRITERIA

LONDON SCHOOL OF HYGIENE CARDIOVASCULAR QUESTIONNAIRE

Section A: Chest Pain on Effort

1. Have you ever had any pain or discomfort in your chest?

Yes

No

1a. If "No", Have you ever had any pressure or heaviness in your chest?

Yes

No

If "No", proceed to Section C.

If "Yes", ask next question. (If during the remainder of Section A an answer is recorded in a box marked *, proceed to Section B.)

2. Do you get it when you walk uphill or hurry?

Yes

No

Never hurries or walks uphill

*

3. Do you get it when you walk at an ordinary pace on the level?

Yes

No

4. What do you do if you get it while you are walking?

Stop or slow down

Carry on

(Record "Stop or slow down" if subject carries on after taking nitroglycerine.)

*

5. If you stand still, what happens to it?

Relieved

Not relieved

*

6. How soon?	10 minutes or less	<input type="checkbox"/>
	More than 10 minutes	<input type="checkbox"/> *
7. Will you show me where it was? (Record all areas mentioned.)	Sternum (upper or middle)	<input type="checkbox"/>
	Sternum (lower)	<input type="checkbox"/>
	Left anterior chest	<input type="checkbox"/>
	Left arm	<input type="checkbox"/>
	Other	<input type="checkbox"/>
8. Do you feel it anywhere else?	Yes	<input type="checkbox"/>
(If "Yes", record additional information above)	No	<input type="checkbox"/>
9. Did you see a doctor because of this pain (or discomfort)?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If "Yes", what did he say it was? _____		

Section B: Possible Infarction

10. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?	Yes	<input type="checkbox"/>
If "Yes", ask question 11.	No	<input type="checkbox"/>
11. Did you see a doctor because of this pain?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If "Yes", what did he say it was? _____ (code later)		
How many of these attacks have you had?		<input type="checkbox"/>
1st attack: date _____ duration of pain _____		
2nd attack: date _____ duration of pain _____ (code later)		

Section C: Intermittent Claudication

If an answer is recorded in a box marked *, no further questions need be asked.

12. Do you get pain in either leg on walking?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/> *

13. Does this pain ever begin when you are standing still or sitting?	Yes	<input type="checkbox"/>	*
	No	<input type="checkbox"/>	
14. In what part of your leg do you feel it?			
	Pain includes calf/calves	<input type="checkbox"/>	
	Pain does not include calf/calves	<input type="checkbox"/>	*
If calves not mentioned, ask: Anywhere else?			
15. Do you get it if you walk uphill or hurry?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	*
	Never hurries or walks uphill	<input type="checkbox"/>	
16. Do you get it if you walk at an ordinary pace on the level?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
17. Does the pain ever disappear while you are walking?	Yes	<input type="checkbox"/>	*
	No	<input type="checkbox"/>	
18. What do you do if you get it when you are walking?			
	Stop or slow down	<input type="checkbox"/>	
	Carry on	<input type="checkbox"/>	*
19. What happens to it if you stand still?	Relieved	<input type="checkbox"/>	
	Not relieved	<input type="checkbox"/>	
20. How soon?	10 minutes or less	<input type="checkbox"/>	
	More than 10 minutes	<input type="checkbox"/>	

* * *

**Diagnostic Criteria for Angina Pectoris,
Possible Infarction and Intermittent Claudication**

"Angina" is defined as being present in subjects who answer as follows :

- Q. 1 : "Yes"
 Q. 2 or 3 : "Yes"
 Q. 4 : "Stop or slow down"
 Q. 5 : "Relieved"
 Q. 6 : "10 minutes or less"
 Q. 7 : (a) Sternum (upper or middle, or lower), or (b) left anterior chest and left arm.

(If interviewing instructions are correctly observed throughout, it is sufficient to check the answer to Q. 7.)