

DIETARY QUESTIONNAIRE 1977

Ref.No.
Name
and
Address

YELLOW QUESTIONNAIRE

1. Are you on some sort of special diet?
SPDIET Yes.....1
No.....0

(if 'yes')

Specify.....

(Give HDPP Dietary Questionnaire)

2. How long since your last meal?
HSMEAL

3. When you sit down to a meal do you usually add salt to your food?
ADDSALT Yes.....1
No.....0

(if 'yes')

Before tasting.....1

After tasting.....2

4. Would you say you have a sweet tooth?
SWTOOTH Yes.....1
No.....0

5. How tall are you? **HTGSSFT**ft **HTGSSIN**ins

6. How much do you weigh **WTGSSST**sts **WTGSSPD**lbs

For females only

7. Are you pregnant now? Yes.....1
No.....0
PREGNOW N/A.....8
DK.....9

8. Are you taking any medicines, tablets, or pills for:-
Yes No
High blood pressure 1 **HTTAB** 0
Diabetes 1 **DMTAB** 0

The contraceptive pill 1 **PILL** 0

For any other reason 1 0

(if 'yes')

Specify..... **OTTAB**

product and reason

9a. Have you ever had any pain or discomfort in your chest?
ANGINA Yes.....1
No.....0

if 'no' go to 11

9b. Do you get this pain or discomfort when you walk uphill or hurry?
Yes.....1
No.....0
if 'no' go to 10

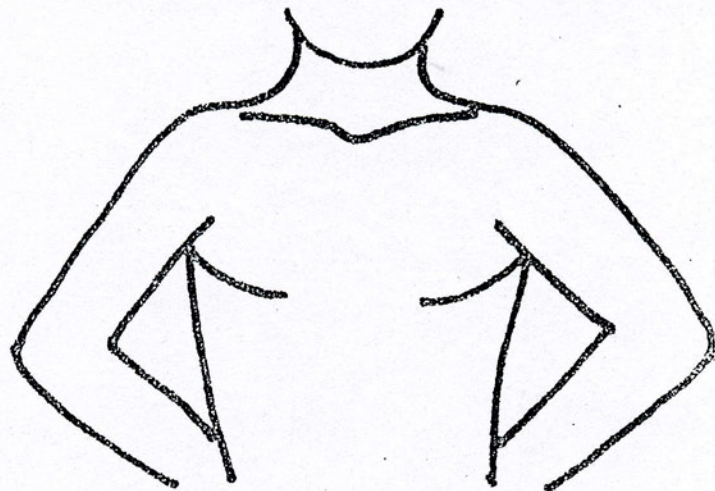
9c. Do you get it when you walk at an ordinary pace on the level?
Yes.....1
No.....0

9d. When you get any pain or discomfort in your chest what do you do?
Stop.....1
Slow down.....2
Continue at the same pace.....3

9e. Does it go away when you stand still?
Yes.....1
No.....0

9f. How soon? 10 minutes or less.....1
More than 10 minutes.....2

9g. Where do you get this pain or discomfort



10. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? Yes.....1
MIPAIN No.....0

EXAMINATION

11.	Pulse beats in 30 secs..... x 2 =	PULSE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Reading	Systolic.....	SBPI	<input type="text"/>	<input type="text"/>
		Diastolic (phase V).....	DBPI	<input type="text"/>	<input type="text"/>
		Zero reading.....	ZEI	<input type="text"/>	<input type="text"/>
	2nd Reading	Systolic.....	SPBII	<input type="text"/>	<input type="text"/>
		Diastolic (phase V).....	DBPII	<input type="text"/>	<input type="text"/>
		Zero reading.....	ZEII	<input type="text"/>	<input type="text"/>
		Weight (Kg).....	WEIGHT	<input type="text"/>	<input type="text"/>
		Height (cms).....	HEIGHT	<input type="text"/>	<input type="text"/>
	Triceps skinfold	1. TRIPI	<input type="text"/>	<input type="text"/>	<input type="text"/>
		2. TRIPII	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Peak flow	1. PKFLOW3	<input type="text"/>	<input type="text"/>	<input type="text"/>
		2. PKFLOW4	<input type="text"/>	<input type="text"/>	<input type="text"/>
		3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		5. PKFLOW5	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Serum cholesterol.....	SCHOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Serum triglyceride.....	STRIG	<input type="text"/>	<input type="text"/>	<input type="text"/>
	HDL cholesterol.....		<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Do you know if you were breast fed or bottle fed? Yes.....1
 No (doesn't know).....0

KNOWFED

If 'yes' were you: Mainly breast fed.....1
 Mainly bottle fed.....2

13. Would you like us to send the results of this examination to your doctor? Yes.....1
 No.....0

G.P.'s name and address:-

Interviewer VIEWER

Date MONTH