

3. How far did you study?

No educational qualifications	01		
Sub A to Std 2	02		
Std 3 to Std 5	03		
Std 6	04		
Std 7	05		
Std 8 Or 9 or equivalent (e.g. NTC I or NTC II)	06		
Std 10, matriculation or equivalent (e.g. NTC III)	07		
Std 10 and 1 or 2 years further training (e.g. NTC IV/V or NTD)	08		
Std 10 and 3 years further training (e.g. BA or Nat. Diploma for Technicians)	09		
Std 10 and 4 or more years further training (e.g. M.Sc., B.A. and H.E.D., B.Arch)	10		13-14

4. What kind of work do you do?

.....(Work)
(Employer)
 (e.g. shopkeeper, own business, housewife, none)

Indicate type of job below:

Professional	Educational, e.g. teacher, lecturer	01
	Medical and related e.g. doctor, nurse	02
	Technical, e.g. in laboratory, electronics, plastics	03
	Other, e.g. attorney, engineer, scientist	04
Managerial and clerical worker, e.g. clerk company director, bookkeeper		05
Sales worker, e.g. shop assistant, petrol-pump attendant, insurance salesman, shop-owner		06
Transport and communication worker, e.g. lorry-driver, stoker, taxi-driver, telephone operator, bus-driver, postman		07
Service, sport and recreational work, e.g. chef, waiter, hairdresser, policeman, etc.		08
Mining and quarry workers		09
Artisans and semi-skilled workers	Skilled artisans and apprentices, e.g. painters, plumbers, brick layers	10
	Semi-skilled, e.g. operators	11
	Semi-skilled, e.g. supervisors and foremen	12
Labourers (except farm labourers) "Char" "Council worker"		13
Farmers and farm labourers		14
Housewife		15
Unemployed: seeking employment, unfit for work, student, retired		15

15-16

B. Family history

1 (a) Is your mother still alive?

Yes	No	Do not know	
1	2	3	17

(b) If she is dead, did she die from a heart attack?

Yes	No	Do not know	N.a.	
1	2	3	0	18

© How old is your mother or what was her age at death?

Do not know = 999

19-21

(d) Does your mother have, or did she have any of the following?

	Yes	No	Do not know	
Diabetes	1	2	3	22
High blood pressure	1	2	3	23
Heart attack/Angina	1	2	3	24
High cholesterol	1	2	3	25
Stroke	1	2	3	26

2. (a) Is your own father alive?

Yes	No	Do not know	
1	2	3	27

2. (b) If he is dead, did he die from a heart attack?

Yes	No	Do not know	N.a.	
1	2	3	0	28

2. © How old is your father or what was his age at death (years)?

Do not know = 999

29-31

2. (d) Does your father have, or did he have any of the following conditions?

	Yes	No	Do not know	
Diabetes	1	2	3	32
High blood pressure	1	2	3	33
Heart attack/Angina	1	2	3	34
High cholesterol	1	2	3	35
Stroke	1	2	3	36

3. (a) How many brothers do you have by births (alive or dead)?

None = 00

37-38

3. (b) How many of them suffer from angina or had a heart attack?

Do not know	9	No brothers/non suffer from it	0	<input type="text"/>	39
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3. © How many of them died of a heart attack?

Do not know	9	No brothers/no dead brothers	0	<input type="text"/>	40
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4. (a) How many sisters do you have by birth (alive or dead)?

None = 00

41-42

4. (b) How many of them suffer from angina or had a heart attack?

Do not know	9	No sisters/none suffer from it	0	<input type="text"/>	43
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4. © How many of them died of a heart attack?

Do not know	9	No sisters/no dead sisters	0	<input type="text"/>	44
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C. Smoking

1. Do you smoke? (If not, did you smoke before?)

Smoke at present (PROCEED TO QUESTION 2)	1		
Do not smoke but did before (PROCEED TO QUESTION D1)	2		
Have never smoked (PROCEED TO QUESTION D1)	3	<input type="text"/>	45

2. Still smoking

(a) How many years have you been smoking continuously up to now?

46-47

(b) What do you smoke?

	Yes	No	
Filter cigarettes	1	2	<input type="text"/> 48
Cigarettes without filter	1	2	<input type="text"/> 49
Roll own cigarettes with pipe tobacco	1	2	<input type="text"/> 50
Pipe	1	2	<input type="text"/> 51
Other	1	2	<input type="text"/> 52

2. © If you smoke cigarettes, how many do you usually smoke?

During weekends per day	<input type="text"/>	<input type="text"/>	53-54
During the week per day	<input type="text"/>	<input type="text"/>	55-56
Pipe, cigars and other = 000	<input type="text"/>	<input type="text"/>	

2. (d) Did you try to stop smoking or to smoke less during the past 12 months?

Yes	No	<input type="text"/>
1	2	<input type="text"/> 57

2. (e) If you tried to stop smoking/smoke less, why did you try?

Health reasons	1	Other	2	N.a.	0		58
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D. Physical activities

1. (a) How many hours a day do you work?.....

(b) How many days a week?.....

2. How much of your working day is:

(a) Walking a lot.....(hours) Class 2 (e.g. housework, nursing, gardening, carpentry, fishing) PER WEEK

		59-61
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(b) Hard physical labour (sweat work).....(hours) Class 3 (e.g. strenuous gardening, building labourer, road worker)?

		62-64
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3. Do you get any exercise outside working hours (e.g. walking, including walking to and from work, wash of laundry, sport)?

YES – PROCEED TO QUESTION 4	1		65
NO – PROCEED TO PART II	2		

CARD NUMBER	1		68
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*4.

Outside working hours activities

ACTIVITY	SUMMER			WINTER			Average hours per week
	Freq. Per week	Hours per session	Total hours per week	Freq. per week	Hours per session	Total hours per week	
<u>CLASS 2 (X2)</u>							
Cycling (non-compet.)							
Housework							
Cricket							
Roller skating							
Walking							
Tennis (non-compet.)							1-4
Other.....							
<u>CLASS 3 (x4)</u>							
Boxing							
Dancing							
Karate							
Exercises							
Wrestling							
Table tennis							
Tennis (competitive)							5-8
Skipping							
Other.....							
<u>CLASS 4 (x6)</u>							
Jogging							
Cycling (compet)							
Hockey							
Squash							
Netball							
Badminton							
Rugby							
Soccer							
Swimming							
Other.....							9-12

PART II

1. Which person do you think would sooner get a heart attack?

1. A person who eats food prepared with oil or who eats food prepared with cooking fat?	Oil 1	Cooking fat 2	Do not know 3	Do not understand 4	13
2. A person with high blood pressure or with low blood pressure?	High 1	Low 2	3	4	14
3. A person who eats a lot of fat or who eats a lot of starch (e.g. bread, rice, potatoes, porridge)?	Fat 1	Starch 2	3	4	15
4. A person who uses full-cream milk or who uses skim milk?	Full cream milk 1	Skim milk 2	3	4	16
5. A person who eats beef and mutton or who eats chicken and fish	Beef and mutton 1	Chicken and fish 2	3	4	17

	Yes	No	Do not know	Do not understand	
2. Do all people have cholesterol in their blood?	1	2	3	4	18
3. Can the cholesterol in the blood change when one changes one's eating habits?	1	2	3	4	19
4. Can salt cause high blood pressure?	1	2	3	4	20
5. Are people usually fat because they eat too much?	1	2	3	4	21
6. Are people usually fat because they eat too much?	1	2	3	4	22
7. Does lean meat also contain cholesterol?	1	2	3	4	23

PART III

Did you try to lose weight during the past 12 months?

Not overweight (PROCEED TO QUESTION 3)	0	
Yes (PROCEED TO QUESTION 2)	1	
No (PROCEED TO QUESTION 3)	2	24

2. If yes, what did you do?
(FIELDWORKER DO NOT READ POSSIBLE ANSWERS)

	N.a.	Mentioned	Not mentioned	
Followed a specific diet or ate less	0	1	2	25
More active, exercise	0	1	2	26
Used tablets (appetite suppressants)	0	1	2	27
Used slimming preparations	0	1	2	28
Used slimming	0	1	2	29
Other (specify).....				

3. Did you change your eating habits during the past 12 months to prevent heart disease (e.g. to lower cholesterol?)

Yes (PROCEED TO QUESTION 4)	1	
NO (PROCEED TO QUESTION 5)	2	
Do not know/Do not understand (PROCEED TO QUESTION 5)	3	31

4. If yes, what did you do?
(FIELDWORKER DO NOT READ POSSIBLE ANSWERS)

	N.a.	Mentioned	Not mentioned	
Ate less fats	0	1	2	32
Use tubs (soft) margarine/oil in instead of wrapped (hard) margarine/butter/fat	0	1	2	33
Eat less eggs, liver, tripe	0	1	2	34
Lost weight	0	1	2	35
Used medication	0	1	2	36
Other (specify).....				

5. Do you try for your health's sake to:

	Yes	No	
Use little salt?	1	2	38
Eat little sugar and sweetened foods?	1	2	39
Eat fibre foods such as whole wheat bread, bran, lots of vegetables and fruit, dry beans	1	2	40

6. Did you try to reduce your tension during the past 12 months (or don't you have tension problems?)

Yes (PROCEED TO QUESTION 7)	1		
NO (PROCEED TO QUESTION 8)	2		
Do not know/Do not understand (PROCEED TO QUESTION 8)	3		41

7. If yes, what did you do?

	N.a.	Mentioned	Not mentioned	
Accepted fewer responsibilities/took on less work	0	1	2	42
Worried less, although problems remained the same	0	1	2	43
Solved the problems	0	1	2	44
Took tranquillisers	0	1	2	45
Did more physical exercise	0	1	2	46
Psychiatric help/social worker	0	1	2	47
Other (e.g. hobby, drinking (specify).....)	0	1	2	48

8. Has your blood pressure been measured in the last 12 months?

Yes	No	Do not know	
1	2	3	49

9. Have you attended any of the following during the past 12 months?

	Yes	No	
Day hospital			50
Clinic			51
Private doctor			52
Provincial hospital			53
Private hospital			54

10. Have you learnt how to keep your heart healthy from:
(Mark each one)

	Yes	No	Do not know	
Friends or family?	1	2	3	55
Teachers at school?	1	2	3	56
Reading matter (e.g. magazines, pamphlets, books, newspapers)?	1	2	3	57
Radio?	1	2	3	58
TV?	1	2	3	59
Day hospital or clinic?	1	2	3	60
Doctors or nurses?	1	2	3	61
At work?	1	2	3	62
From a school child?	1	2	3	63
Posters?	1	2	3	64
Other (specify).....	1	2	3	65

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11. Should we want to teach people in this community to live in a way that will keep their hearts healthy, how do you think we could best achieve this? Choose the most important three from the following list:

Posters	01			
Lectures	02			
At work	03			
Educating school children	04			
Through day-hospital and clinic	05			1-2
Tv	06			3-4
Radio	07			5-6
Newspapers	08			
Pamphlets	09			
Magazines	10			

PART IV

BORTNER SCALE

Now we would like to ask a few questions about your personality. We mention two extreme characteristics. Will you tell us where you fit in on a scale between 1 and 7. There is no correct or incorrect answer. Please answer as you see yourself.

Example

Do you get angry quickly or does it take a lot to make you loose your temper?

If “get angry quickly” = 1 to 3 and “seldom gets angry” or “take a lot to get angry” = 5 to 7, where do you fit in?

1 2 3 4 5 6 7

1. Are you never late – always on time	1 2 3 4 5 6 7	Or are you casual about appointments. Do not watch the clock?		7
2. Do you play a game just for fun; to win is not important. Satisfied to just participate. Non-competitive.	1 2 3 4 5 6 7	Do you play a game to win and do you feel unhappy if you loose. Always want to be the best. Very competitive.		8
3. Are you content not always being the best at everything in life/not always coming out on top?	1 2 3 4 5 6 7	Or do you want to be the best at everything in life/always want to come out on top?		9
4. Do you interrupt people when they tell a story?	1 2 3 4 5 6 7	Or do you hear others out when they tell a story?		10
5. Do you always feel rushed?	1 2 3 4 5 6 7	Or do you never feel rushed even under pressure?		11
6. Can you wait patiently?	1 2 3 4 5 6 7	Or do you feel impatient when waiting?		12
7. Do you go all out to be successful in your work and relaxation?	1 2 3 4 5 6 7	Or are you casual about tasks. Not bothered?		13
8. If you have a number of tasks, do you do one at a time?	1 2 3 4 5 6 7	Or do you try to do many things at the same time?		14
9. When you tell a story, do you speak excitedly, emphatically with gestures?	1 2 3 4 5 6 7	Or don't you mind what others think, as long as you yourself are satisfied?		15
10. When you finish a task, do you want somebody to approve your work before you feel satisfied?	1 2 3 4 5 6 7	Or don't you mind what others think, as long as you yourself are satisfied?		16
11. Are you a hurried person when you walk or eat. Tasks must be completed fast.	1 2 3 4 5 6 7	Or are you not a hurried person. Do tasks peacefully. Can allow a task to take its own time.		17
12. Are you easy-going?	1 2 3 4 5 6 7	Or are you hard-driving? Do you work without resting?		18

13. When you are angry or upset, do you conceal your feelings. Do not discuss them. Suppress feelings?	1 2 3 4 5 6 7	Or do you show your feelings or speak about it?		19
14. Do you have many interests outside your work?	1 2 3 4 5 6 7	Or do you have few interests outside your work?		20
15. Are you satisfied with your job/situation?	1 2 3 4 5 6 7	Or would you like to better yourself. Ambitious?		21

PART V

1. Coping with stress

(FIELDWORKER EXPLAINS: STRESS MEANS TENSION, WORRIES, NERVOUSNESS)

	Yes	No	Uncertain Do not know	
1.1 Is life so rushed nowadays that one can no longer cope without tranquilizers?	1	2	3	22
1.2 Is strenuous physical work a good way of relieving nervousness?	1	2	3	23
1.3 Is it always bad for one's health to be tense for a long time?	1	2	3	24
1.4 Is enough being done to help tense people relax?	1	2	3	25
1.5 Will it help to try to relieve one's nervousness if one does not know what causes it?	1	2	3	26
1.6...Should one be able to buy tranquilizers without a doctor's prescription?	1	2	3	27
1.7...Is it worth the trouble to start a hobby with the intention of relieving tension?	1	2	3	28
1.8 Is relaxing regularly with one's family a good way to control everyday tension?	1	2	3	29
1.9 Do people whose work makes them tense have only themselves to blame?	1	2	3	30
1.10...Does regular physical exercise help to relieve nervousness?	1	2	3	31

*2. Physical exercise

(FIELDWORKER EXPLAINS: PHYSICAL EXERCISE MEANS ANY EXERCISE ONE GETS FROM E.G. STRENUOUS PHYSICAL WORK SUCH AS GARDENING, SPORT SUCH AS RUGBY, JOGGING, ETC. AND PHYSICAL TRAINING)

	Yes	No	Uncertain Do not know	
2.1 Can regular exercising prevent heart disease?	1	2	3	32
2.2 Are people who get regular exercise healthier than those who do not?	1	2	3	33
2.3 Must a child decide for himself whether he wants to take part in any sport?	1	2	3	34
2.4 Should people who do not do strenuous physical work every day get other exercise?	1	2	3	35
2.5 Is it enough exercise to take regular long brisk walks?	1	2	3	36
2.6 Is it more pleasant watching sport than taking part?	1	2	3	37
2.7 Is too much fuss being made about physical exercise?	1	2	3	38
2.8 Does regular physical exercise help overweight?	1	2	3	39
2.9 Is it necessary for people older than 50 years to get regular exercise?	1	2	3	40
2.10 Is enough being done to make people aware of the advantages of regular physical exercise?	1	2	3	41

* Smoking

	Yes	No	Uncertain Do not know	
3.1 Is it smart for ladies to smoke?	1	2	3	42
3.2 Are men who smoke more masculine than those who do not smoke?	1	2	3	43
3.3 Would most smokers like to stop smoking?	1	2	3	44
3.4 Should one be allowed to smoke anywhere one likes?	1	2	3	45
3.5 Do people who stop smoking become fat?	1	2	3	46
3.6 Does smoking calm one's nerves?	1	2	3	47
3.7 Should each packet of cigarettes carry a warning that smoking is unhealthy?	1	2	3	48
3.8 Should people who take part in sport smoke?	1	2	3	49
3.9 Should smoking be prohibited in public areas such as bioscopes?	1	2	3	50
3.10. Do people who do not smoke usually live longer than those who do?	1	2	3	51

Nutrition

	Yes	No	Uncertain Do not know	
4.1 Should only people who are overweight or who suffer from heart disease eat in a healthy way?	1	2	3	52
4.2 Can one eat whatever one wants as long as one eats enough?	1	2	3	53
4.3 Is too much fuss being made about the dangers of fatty foods for heart diseases?	1	2	3	54
4.4 Is expensive food healthier than cheaper food?	1	2	3	55
4.5 Are most fat people fat by nature?	1	2	3	56
4.6 Is it as good to take slimming tablets as it is to change one's diet when one is overweight?	1	2	3	57
4.7 Is too much fuss made nowadays about what one should eat?	1	2	3	58
4.8 Is it necessary for children who do not like vegetables to eat them?	1	2	3	59
4.9 Do fat people have the same chance as other people of living a long life?	1	2	3	60
4.10 Are people taught enough about how to eat in a healthy way?	1	2	3	61

PART VI

1. Housing

1.1 How many rooms (bedrooms and living rooms, excluding bathrooms and kitchen) are available to the household to which you belong? 62

1.2 How many people form part of the household to which you belong? 63-64

2. What is your home language?

Afrikaans	1	_____
English	2	_____
English and Afrikaans	3	_____
Other (specify)	4	_____
.....		
.....		65

CARD NUMBER	3			68
RECORD NUMBER				69-72
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3. Alcohol intake

(a) Do you take any alcohol?

Yes	No		
1	2		1

(b) When do you drink – during the week or over weekends?

	Yes	No		
During the week	1	2		2
Over weekends	1	2		3
Occasionally only	1	2		4

(c) What do you usually buy?

	Yes	No		
Beer	1	2		5
Wine	1	2		6
<u>Hot stuff</u> (brandy, whisky, gin, cane, vodka)	1	2		7

(d) How much do you usually buy per week? (Number of bottles, cans, flagon, 6-shooter, litres, etc.)

Beer.....					8-11
Wine.....					12-15
Hot stuff.....					16-19

PART VII

Section A: Effort pain

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

Yes (PROCEED TO QUESTION 3)	1			
No	2			20

IF NO, have you ever had any pressure or heaviness in your chest?

N.a.	0			
Yes	1			
No	2			21

If no, proceed to SECTION B

If during the remainder of section A an answer is recorded in a box marked * proceed immediately to section B.

3. Do you get it when you walk uphill or when you walk fast?

Yes	1		
No	2		
Never walks fast nor walks uphill	3*		22

4. Do you get it when you walk at an ordinary place or on the level?

Yes	1		
No	2		23

5. What do you do if you get it while you are walking? (Record stop or slow down if subject carries on after taking TNT)

Stop or slow down	1		
Carry on	2*		24

6. If you stand still what happens to it (without taking TNT)?

Relieved	1		
Not relieved	2*		25

7. How soon?

Ten minutes or less	1		
More than ten minutes	2*		26

8. Show me where you felt the pain?

Sternum (upper or middle)	(a)	1		
Sternum (lower)	(b)	2		
Left anterior chest	(c)	4		
Left arm	(d)	8		
Other (mark on diagram)	(e)	16		27-28

Did you feel it anywhere else? (e.g. back or elsewhere). Record details

.....

.....

4

Yes	1		29
No	2		

10. Did you see a doctor about this pain?

Yes	1		30
No	2		

11. IF YES, what did he say is the cause of this pain?

.....
.....

Code in office

--

 31

12. Is the pain relieved within 5 minutes after putting the small white pill for your heart (TNT) under your tongue?

N.a. (no pill)	0		32
Yes	1		
No	2		

SECTION B

13. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Yes	1		33
No (PROCEED TO QUESTION 18)	2		

14. How many of these attacks have you had?

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 34-35

	Date	Duration (mins.)	Other information (sensation(perspiration, nausea, etc.
Last attack
First attack

15. Did you see a doctor about this pain?

Yes	1		36
No	2		

16. IF YES, what did he say is the cause of this pain?

.....

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 37
 (Code in the office)

17. Were you admitted to the hospital for the pain?

Yes	1		38
No	2		

18. SUMMARY

YES, if yes at Question 8 (a, b, c or d)

Yes	1		39
No	2		

Has the patient had a myocardial infarct?

Yes	1		40
No	2		

CARD NUMBER	4		68
RECORD NUMBER			69-72
PROJECT NUMBER	KOMM 17 - 3		73-80

I, the undersigned, hereby certify that the respondent was asked all the questions in the questionnaire during the interview.

SIGNATURE: CO-WORKER.....