

C. CHEST PAIN

If NO pain, ✓ here and skip to C.3 (1)

- 1. a) Has the patient complained of pain in the (✓ all that apply)
 - i) left anterior chest (1)
 - ii) left arm (1)
 - iii) jaw (1)
 - iv) sternum upper or middle (1)
 - v) sternum lower (1)
- b) Did the pain also involve (✓ all that apply)
 - i) the back (1)
 - ii) the shoulder (1)
 - iii) the right arm (1)
 - iv) the abdomen on one or both sides (1)
- 2. a) If YES to any of the above, did the pain last for a duration of more than 20 minutes?

	No	Yes
	(1)	(2)
- b) Was there a definite non-cardiac cause for the pain (i.e. induced by an accident)?

	(1)	(2)
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- c) Were additional doses of nitrates or calcium channel blockers self-administered without obtaining relief of the pain? (before medical care was sought)

	(1)	(2)
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3. Has the patient ever had any feeling of pressure or heaviness in the chest?

	No	Yes
	(1)	(2)

If NO, skip to C.5

- 4. If the patient has pain or discomfort (pressure, heaviness) in the chest:
 - a) Does the patient get this when walking up hill or hurrying?

	(1)	(2)
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 - b) Does the patient get this pain when walking at an ordinary pace on a level surface?

	(1)	(2)
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 - c) When the patient gets this pain, what does he/she do?

	Stop	(1)
	Slow down	(2)
	Continue at the same pace	(3)
 - d) What happens to the pain when standing still?

	Relieved	(1)
	Not relieved	(2)
 - e) If relieved when standing still, how soon does the pain go away?

	10 minutes or less	(1)
	More than 10 minutes	(2)

5. Were any diagnostic tests performed on this patient?

	No	Yes
If YES, what tests were performed and what were the results?	(1)	(2)

	Result: Positive	Negative	Equivocal
Test 1 _____	(1)	(2)	(3)
Test 2 _____	(1)	(2)	(3)
Test 3 _____	(1)	(2)	(3)
Test 4 _____	(1)	(2)	(3)
Test 5 _____	(1)	(2)	(3)

