## CURRENT HEALTH STATUS – HSQ Target Group: SPs 12+

HUQ.010 {First/Next} I have some general questions about {your/SP's} health.

Would you say {your/SP's} health in general is . . .

CAPI INSTRUCTION: DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

1
2
3
4
5
7
9

HSQ.470 The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Thinking about {your/SP's} physical health, which includes physical illness and injury, for how many days during the past 30 days was {your/his/her} physical health not good?

HAND CARD HSQ1

ENTER # OF DAYS

REFUSED	77
DON'T KNOW	99

HSQ.480 Now thinking about {your/SP's} mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was {your/his/her} mental health not good?

ENTER # OF DAYS	

REFUSED	77
DON'T KNOW	99

HSQ.490 During the past 30 days, for about how many days did poor physical or mental health keep {you/SP} from doing {your/his/her} usual activities, such as self-care, work, school or recreation?

ENTER # OF	DAYS

REFUSED	77
DON'T KNOW	99

HSQ.500 Did {you/SP} have a head cold or chest cold that started during those 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HSQ.510 Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

HSQ.520 Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

## BOX 1

**CHECK ITEM HSQ.560:** IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.570. OTHERWISE, GO TO END OF SECTION.

HSQ.571 During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, {have you/has SP} donated blood?

YES	1	
NO	2	(HSQ.590)
REFUSED	7	(HSQ.590)
DON'T KNOW	9	(HSQ.590)

HSQ.580 How long ago was {your/SP's} last blood donation?

IF LESS THAN ONE MONTH, ENTER '1'.

I\_\_\_\_I ENTER # OF MONTHS

REFUSED	77
DON'T KNOW	99

HSQ.590 Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever had {your/his/her} blood tested for the AIDS virus infection?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9