7/2/08 Questionnaire: MEC

CURRENT HEALTH STATUS – HSQ Target Group: SPs 12+

| HUQ.010 | Next, I have some general q | uestions about {your/SP's} health. | |
|---------|--|---|-------------------------------|
| | Would you say {your/SP's} h | ealth in general is | |
| | | excellent, very good, good, fair, or poor? REFUSED DON'T KNOW | 2 3 4 5 7 |
| HSQ.470 | The next questions are abou | it {your/SP's} recent health during the 30 days o | utlined on the calendar. |
| | | physical health, which includes physical illness (your/his/her) physical health not good? | and injury, for how many days |
| | HAND CARD HSQ1 | | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 0-30. | | |
| | | ENTER # OF DAYS | |
| | | REFUSEDDON'T KNOW | |
| HSQ.480 | ~ | SP's} mental health, which includes stress, of stress and stress and stress are stress. | |
| | HAND CARD HSQ1 | | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 0-30. | | |
| | | ENTER # OF DAYS | |
| | | REFUSED | 77 |

| HSQ.490 | | about how many days did poor physical or mivities, such as self-care, work, school or recreativities. | |
|---------|--|---|-----------------------------------|
| | HAND CARD HSQ1 | | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 0-30. | | |
| | | ENTER # OF DAYS | |
| | | REFUSED DON'T KNOW | |
| HSQ.493 | During the past 30 days, for usual activities, such as self- | about how many days did pain make it hard care, work, or recreation? | for {you/SP} to do {your/his/her} |
| | HAND CARD HSQ1 | | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 0-30. | | |
| | | ENTER # OF DAYS | |
| | | REFUSEDDON'T KNOW | |
| HSQ.496 | During the past 30 days, for a | about how many days {have you/has SP} felt w | orried, tense, or anxious? |
| | HAND CARD HSQ1 | | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 0-30. | | |
| | | ENTER # OF DAYS | |
| | | REFUSEDDON'T KNOW | |
| HSQ.500 | Did {you/SP} have a head col | ld or chest cold that started during those 30 day | ys? |
| | HAND CARD HSQ1 | | |
| | | YES | 1 |
| | | NO | - |
| | | REFUSED | 7 |
| | | DON'T KNOW | 9 |

| HSQ.510 | Did {you/SP} have a stomac days? | h or intestinal illness with vomiting or diarrho | ea that started during those 30 |
|---------|--|---|---------------------------------|
| | HAND CARD HSQ1 | | |
| | | YES NO REFUSED DON'T KNOW | 2 7 |
| HSQ.520 | Did {you/SP} have flu, pneum | onia, or ear infections that started during those | 30 days? |
| | HAND CARD HSQ1 | | |
| | | YES | 2 7 |
| | CHECK ITEM HSQ.560: IF SP 16 YEARS OR OLD OTHERWISE, GO TO ENI | BOX 1 ER, CONTINUE WITH HSQ.571. D OF SECTION. | |
| HSQ.571 | During the past 12 months , you/has SP} donated blood? | that is, since {DISPLAY CURRENT MONTH | , DISPLAY LAST YEAR}, {have |
| | | YES | 2 (HSQ.590) 7 (HSQ.590) |
| HSQ.580 | How long ago was {your/SP's | } last blood donation? | |
| | IF LESS THAN ONE MONTH | , ENTER '1'. | |
| | CAPI INSTRUCTION: HARD EDIT VALUES: 1-12. | | |
| | | ENTER # OF MONTHS | |
| | | REFUSED DON'T KNOW | |

| 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 |