CURRENT HEALTH STATUS - HSQ

HSQ.500  The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.
Did {you/SP} have a head cold or chest cold that started during those 30 days?

HAND CARD HSQ1

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.570  During the past 12 months, that is, since (DISPLAY CURRENT MONTH, DISPLAY LAST YEAR), a year ago, {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'.

|___|___|
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