2003-04 Questionnaire:

Current Health Status - HSQ_C

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.

- excellent, ....................................................... 1
- very good, ...................................................... 2
- good, .............................................................. 3
- fair, or ............................................................ 4
- poor? ............................................................ 5
- REFUSED ..................................................... 7
- DON’T KNOW .............................................. 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.571.
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’.

|___|___|
ENTER # OF MONTHS

REFUSED .....................................................  77
DON'T KNOW................................................  99
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