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.

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

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

[underline](underline) (underline)
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?

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

[underline](underline) (underline)
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?

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

<table>
<thead>
<tr>
<th></th>
<th>ENTER # OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ..........</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .......</td>
</tr>
</tbody>
</table>

HSQ.493 During the past 30 days, for about how many days did pain make it hard for {you/SP} to do {your/his/her} usual activities, such as self-care, work, or recreation?

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

<table>
<thead>
<tr>
<th></th>
<th>ENTER # OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ..........</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .......</td>
</tr>
</tbody>
</table>

HSQ.496 During the past 30 days, for about how many days {have you/has SP} felt worried, tense, or anxious?

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

<table>
<thead>
<tr>
<th></th>
<th>ENTER # OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ..........</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .......</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
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'.

CAPI INSTRUCTION:
HARD EDIT VALUES: 1-12.

|___|___|
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/she} ever had {your/his/her} blood tested for the AIDS virus infection?

YES ............................................................... 1
NO ............................................................... 2
REFUSED .................................................. 7
DON'T KNOW .............................................. 9