CURRENT HEALTH STATUS – HSQ
Target Group: SPs 12+

HUQ.010 Next, I have some general questions about (your/SP's) health.

Would you say (your/SP's) health in general is . . .

- 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.

________
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?

HAND CARD HSQ1

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

________
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?

HAND CARD HSQ1

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

|___|___|
ENTER # OF DAYS

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

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?

HAND CARD HSQ1

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

|___|___|
ENTER # OF DAYS

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

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

HAND CARD HSQ1

CAPI INSTRUCTION:
HARD EDIT VALUES: 0-30.

|___|___|
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?

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?

HAND CARD HSQ1

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?

HAND CARD HSQ1

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
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