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,very good,good,fair, orpoor? | 1 2 3 4 5 7 9 | | |
| 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 NO REFUSED DON'T KNOW | 1 2 7 9 | | |
| HSQ.510 | Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during | | | | |
| | HAND CARD HSQ1 | | | | |
| | | YES NO REFUSED DON'T KNOW | 1 2 7 9 | | |
| HSQ.520 | Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days? | | | | |
| | HAND CARD HSQ1 | | | | |
| | | YES NO REFUSED DON'T KNOW | 1 2 7 9 | | |
| BOX 1 CHECK ITEM HSQ.560: JE SP 16 YEARS OR OLDER, CONTINUE WITH HSQ 571 | | | | | |

OTHERWISE, GO TO END OF SECTION.

| HSQ.571 | During the past 12 months , to SP} donated blood? | s, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, {have you/ha | | | |
|---------|---|--|----------------------------|--|--|
| | | YESNOREFUSEDDON'T KNOW | 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 | The next question is about the test for HIV, the virus that causes AIDS. Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever been tested for HIV? | | | | |
| | | YES | • | | |
| | | NO | | | |
| | | REFUSED | | | |
| | | DON'T KNOW | 9 | | |
| | | | | | |