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  
DONT 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  
DONT 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  
DONT 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  
DONT 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.570.
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
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