

**CURRENT HEALTH STATUS - HSQ**

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 ..... 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

<p><b>BOX 1</b></p> <p><b>CHECK ITEM HSQ.560:</b>  IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.570.  OTHERWISE, GO TO END OF SECTION.</p>
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HSQ.570 During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, a year ago, {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'.

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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