| SECTION 10 | - CURRENT | PHYSICAL. | HEALTH | (CONTINUED) |
|------------|-----------|-----------|--------|-------------|

The next questions ask about your health and medical care.

96. Do you have any of the following medical conditions? (Read categories and mark "X" all that apply.)

|  | Yes | No | DK | Ref |
|--|-----|----|----|-----|
| Sugar in your blood (diabetes)                                   |     |    |    |     |
| Anemia (poor blood)  |     |    |    |     |
| High blood pressure  |     |    |    |     |
| Heart disease/stroke   |     |    |    |     |
| Problems with your liver   |     |    |    |     |
| Arthritis, rheumatism, joint problems                            |     |    |    |     |
| Chest infections, cold, cough, bronchitis                        |     |    |    |     |
| Pneumonia  |     |    |    |     |
| Tuberculosis   |     |    |    |     |
| Skin disease, skin infection, skin sores, skin ulcers            |     | -  |    |     |
| Lice, scabies, other similar infestations                        |     |    |    |     |
| Cancer   |     |    |    |     |
| Problem walking, lost limb, other handicap                       |     |    |    |     |
| Gonorrhea, syphilis, herpes, chlamydia,<br>other STDs (NOT AIDS) |     |    |    | -   |
| est positive for HIV   |     |    |    |     |
| Have AIDS  |     |    |    |     |
| Use drugs intravenously (shoot up)                               |     |    | -  |     |
| Other - Specify  |     |    |    |     |
| None   |     |    |    |     |
| Don't know   |     |    |    |     |
| Refused  |     |    |    |     |