

SECTION 10: CURRENT PHYSICAL HEALTH

The next questions ask about your health and medical care.

<p>96. Do you have any of the following medical conditions...? (READ CATEGORIES AND MARK (X) ALL THAT APPLY.)</p>	<p>1__ Sugar in your blood (diabetes) 2__ Anemia (poor blood) 3__ High blood pressure 4__ Heart disease/stroke 5__ Problems with your liver 6__ Arthritis, rheumatism, joint problems 7__ Chest infection, cold, cough, bronchitis 8__ Pneumonia 9__ Tuberculosis 10__ Skin disease, skin infection, skin sores, skin ulcers 11__ Lice, scabies, other similar infestations 12__ Cancer 13__ Problem walking, lost limb, other handicap 14__ Gonorrhea, syphilis, herpes, chlamydia, other STDs (NOT AIDS) 15__ Test positive for HIV 16__ Have AIDS 17__ Use drugs intravenously (shoot up) 18__ Other (SPECIFY: _____) 19__ None 20__ Don't Know 21__ Refused</p>
<p>97. When was the last time you were examined or treated by a physician/doctor for physical health problems, including routine checkups?</p>	<p>1__ Within the past 12 months 2__ 1-2 years ago 3__ More than 2 years ago 4__ Never 5__ Don't Know (SKIP TO Q.102) 6__ Refused</p>
<p>98. Who paid for your visit?</p>	<p>1__ I paid myself 2__ Health Care for the Homeless clinic 3__ Migrant health care facility 4__ Other free clinic 5__ Veteran's Administration (VA) 6__ Medicaid/Welfare/Public Insurance 7__ Private insurance 8__ No one paid bill 9__ Other (SPECIFY: _____) 10__ Don't Know 11__ Refused</p>