

ICPSR 29321

**Sacramento Area Latino Study on
Aging (SALSA Study), 1996-2008:
Semi-Annual Phone Call Data**

First Semi-Annual Phone Call -- Public Use
Data, Questionnaire

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**Sacramento Area Latino Study on Aging (SALSA Study), 1996-2008:
Semi-Annual Phone Call Data**

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TELEPHONE INTERVIEW

1. Hello this is _____ from SALSA study (Sacramento Area Latino Study on Aging).
May I speak with PARTICIPANT.

[] 01 participant answers → **GO TO QS 2.**

[] 02 participant not in → Can you tell me when I should Call PARTICIPANT for the interview?
_____ **DATE** _____ **TIME**

[] 03 participant deceased

[] 04 other, specify _____

2. Did you receive our letter?

[] 01 Yes → Good. Do you have a few minutes to speak on the phone now?

[] 02 No →

I'm sorry you didn't receive our letter since it told about this telephone call. When we first interviewed you we mentioned that we would be calling you in six months. Six months have passed and we are calling to say hello and find out how you have been since we last saw you. Do you have a few minutes to speak on the phone now?

3. Interview

[] 01 Interview started → **TIME**

[] 02 Participant refuses interview: → **REASON** _____

[] 03 Participant wants to reschedule interview → _____ **DATE** _____ **TIME**

4. Did you move during the last six months?

[] 01 Yes → **CORRECT ADDRESS ON TRACKING FORM**

[] 02 No → **GO TO QS 5**

Now I would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is that we are interested in possible changes that might have occurred.

5. During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? Do not include days in a hospital or nursing home.

Number of days (00-14) days (**GO TO QS 7**)

**SALSA
SIX MONTH FOLLOW-UP**

PARTICIPANT LABEL

8. In the last six months has a doctor prescribed any new medications?

01 Yes →

02 No

SA1 MH8

98 DK

99 Refused

8A. What are they? ONLY DATA ENTER CODE		
NAME OF MEDICATION	CODE	
1	SA1_DRUG_CODE1 -	
2	SA1_DRUG_CODE5	
3		
4		
5		

9. In the last six months have you stopped or decreased the dose of any medications ?

01 Yes

02 No

SA1 MH9

98 DK

99 Refused

9A. Did a doctor ask you or did you stop on your own?		
<input type="checkbox"/> 01 Doctor asked	<input type="checkbox"/> 02 I stopped	SA1_MHA9
9B. What are they? (ONLY DATA ENTER CODE)		
NAME OF MEDICATION	CODE	
1	SA1_DRUG_CODE6 -	
2	SA1_DRUG_CODE10	
3		
4		
5		

10. Have you stayed overnight as a patient in a hospital since we saw you in MONTH?

01 Yes

02 No → Go to QS.12 SA1 MH10

98 DK

99 Refused

11. Please tell me the reason you were admitted, the name and location of the hospital, and the month and year you were a patient for each time you stayed overnight in a hospital.

Reason for hospitalization	Name, city and state hospital	Month/Year
11.A.		
11.B.		
11.C.		
11.D.		
11.E.		
11.F.		

SALSA

SIX MONTH FOLLOW-UP

PARTICIPANT LABEL

12. Have you stayed overnight as a patient in a nursing home or rehabilitation center since **MONTH?**

[] 01 Yes

[] 02 No → Go to QS 14 SA1 MH12

[] 98 DK

[] 99 Refused

13. Please tell me the reason you were admitted, the name and location of the nursing home or rehabilitation center, and the month and year you were a patient for each time you stayed overnight in a nursing home or rehabilitation center.

Reason for nursing home admission	Name, city and state	Month/Year
13.A.		
13.B.		
13.C.		
13.D.		
13.E.		
13.F.		

14. You previously provided us with information about friends or relatives who are likely to keep in touch with, but who do not live with you and who are not planning to move anytime soon. Please tell me if the information I have is still correct.

15. Do you plan to be out of the area 6 months from now?

[] 01 Yes → Go to QS 16

[] 02 No → Go to QS 18 SA1 MH15

[] 98 DK

[] 99 Refused

16. Do plan to leave permanently or temporarily?

[] 01 Permanent

[] 02 Temporarily → When will you return? _____ Then Go to QS 18

SA1 MH16

[] 98 DK

[] 99 Refused

SALSA
SIX MONTH FOLLOW-UP

PARTICIPANT LABEL

17. Do you know your new address and telephone?

01 Yes

02 No

98 DK

99 Refused

ADDRESS AND TELEPHONE

18. TIME INTERVIEW ENDED

Thank you very much for answering these questions. I enjoyed talking with you. Please call us if you move or if you should have to go to a hospital or nursing home, even if you have moved from this area. You are always welcome to call collect. I look forward to talking to you and seeing you during your annual visit about six months from now.

If another participant at this telephone number is scheduled to be interviewed Ask:

MAY I PLEASE SPEAK WITH PARTICIPANT

If not in try to schedule a convenient time to call back.

Quality of Life, Social Support and Social Network

I am going to read you a series of statements about yourself and I would like you to answer with one of the responses. The responses are: never, some of the time, a lot of the time, and always.

Write appropriate code in box.

	Never 01	Some of the times 02	A lot of the times 03	Always 04	96 – Unable to Answer 97 – N/A 98 – D/N 99 – Refused
1. When you feel lonely, there are several people you can talk to.	SA1_QL1				
2. You often meet or talk with family or friends.	SA1_QL2				
3. If you were sick, you could easily find someone to help you with your daily chores.	SA1_QL3				
4. When you need suggestions on how to deal with a personal problem, you know someone you can turn to.	SA1_QL4				
5. There is at least one person you know whose advice you really trust.	SA1_QL5				
6. If you had to go out of town for a few weeks, it would be difficult to find someone who would look after your house or apartment, for example the plants, pets, garden, etc...	SA1_QL6				

Now I would like to ask you some question about your family and friends.

7. Think about the relatives with whom you have the most contact. How often do you see or hear from that person?
- 01 never
 - 02 once a month
 - 03 a few times a month
 - 04 weekly
 - 05 a few times a week
 - 06 daily
 - 96 unable to answer
 - 97 N/A

 - 98 D/K
 - 99 Refused

SA1_QL7

**SALSA
SIX MONTH FOLLOW-UP**

PARTICIPANT LABEL

Now I would like to ask just a few questions about your family background.

8. Where were your parents, grandparents and great-grandparents born? (Southwest states include Colorado, California, Texas, Arizona, New Mexico, Nevada)

Write appropriate code in box	US – not southwest 01	US-Southwest 02	Mexico 03	Other LA country 04	Other country 05	96-unable 97-N/A 98-D/K 99-Refused
A. Father	SA1_QLA8					
B. Mother	SA1_QLB8					
C. Mothers side: Grandparents	SA1_QLC8					
D. Great Grandparents	SA1_QLD8					
E. Father’s side: Grandparents	SA1_QLE8					
F. Great Grandparents	SA1_QLF8					

9. Were any of them (read each) of Native American/Indian ancestry? (Southwest states include Colorado, California, Texas, Arizona, New Mexico, Nevada)

	Yes 01	No 02	96-unable 97-N/A 98-D/K 99-Refused
A. Father	SA1_QLA9		
B. Mother	SA1_QLB9		
C. Mothers side: Grandparents	SA1_QLC9		
D. Great Grandparents	SA1_QLD9		
E. Father’s side: Grandparents	SA1_QLE9		
F. Great Grandparents	SA1_QLF9		

10. How many years have you been in this Country? SA1_QL10 _____