

ICPSR 29321

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

Third 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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ID

ID: XXXXXXXXXX

Please make an [X] in the hook corresponding to the correct answer or fills the space provided.

1. Did you receive our letter?

[] Yes

[] No

2. Do you still live at ?

[] Yes → (Go to question # 4)

[] No

3. ¿Can you give us your new address?

4. Do you have phone number?

[] Yes

[] No → (Go to question #6)

5. What is your phone number? (_____) ____ - _____

6. 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.

SA3_Q5 _____ days. (If you didn't stay any day in bed go to question #8)

7. What illness caused you to stay in bed?

SA3_Q6

SA3_Q6OTH

8. Now I would like to find out if you had any major changes in your health since we saw you in **Month, Date,Year** .

SA3_Q7A

A. Since we saw you, have you been told by a physician that you had **Heart failure or congestive heart failure?** Yes No

SA3_Q7B

B. Since we saw you, have you been told by a physician that you had **Stroke or cerebrovascular accident?** Yes No

SA3_Q7C

C. Since we saw you, have you been told by a physician that you had **Transient ischemic attack or silent stroke ?** Yes No

SA3_Q7D

D. Since we saw you, have you been told by a physician that you had **Myocardial infarction or heart attack?** Yes No

SA3_Q7E

E. Since we saw you, have you been told by a physician that you had **Angina pectoris or chest pain due to heart disease?** Yes No

SA3_Q7F

F. Since we saw you, have you been told by a physician that you had **Intermittent claudication or pain in your legs from blockage of the arteries?** Yes No

SA3_Q7G

G. Since we saw you, have you been told by a physician that you had **Diabetes?** Yes No

SA3_Q7H

H. Since we saw you, have you been told by a physician that you had **Hypertension?** Yes No

SA3_Q7I

I. Since we saw you, have you been told by a physician that you had **Cancer?** Yes No

SA3_Q7J

J. Since we saw you, have you been told by a physician that you had **Heart catheterization?** Yes No

SA3_Q7K

K. Since we saw you, have you been told by a physician that you had **Gall bladder problems?** Yes No

SA3_Q7L

L. Since we saw you, have you been told by a physician that you had **Hepatitis?** Yes No

SA3_Q7M

M. Since we saw you, have you been told by a physician that you had **Tuberculosis?** Yes No

SA3_Q7N

N. Since we saw you, have you been told by a physician that you had

Pneumonía? [] Yes [] No

SA3_Q7O

O. Since we saw you, have you been told by a physician that you had **any other diagnosis?** [] Yes [] No

What diagnosis? SA3_Q7O_2 _____

9. Since we spoke (**August, 08,2000**), has a doctor prescribed any new medications?

SA3_Q8

[] Yes → A. What are they? SA3_DRUG_CODE1 - SA3_DRUG_CODE12 _____

[] No

10. Since we spoke (**August, 08,2000**), have you stopped or decreased the dose of any medications?

SA3_Q9

[] Yes → A. Did a doctor ask or did you stop on your own?

SA3_Q9A

[] Doctor asked [] You stopped

B. What are they? SA3_DRUG_CODE13 - SA3_DRUG_CODE14 _____

[] No

SA3_Q10

11. Since we spoke, have you stayed overnight as a patient in a hospital?

[] Yes

[] No

SA3_Q11

12. Since we spoke, have you stayed overnight as a patient in a nursing home or rehabilitation center?

[] Yes

[] No

13. Can you tell us if the contact information that we have is still correct?

Yes → (Go to question #14)

No → If the contact information isn't correct, can you provide us your new contact information?

SA3_Q13

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

Yes → A. ¿Do you plan to leave permanently or temporarily?

Temporarily Permanently

SA3_Q14

B. When will you return? _____ / ____ / ____ AM or PM
month day year

C. Do you know your new address and telephone?

New Telephone (____) _____ - _____

No

Thank you very much for answering these questions. Please call us if you move or if you should have to go to a hospital or nursing home, please give us a call. You can call us in our toll free number.