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ICPSR 29321

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

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

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Political and Social Research
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Sacramento Area Latino Study on Aging (SALSA Study), 1996-2008: Semi-Annual Phone Call Data

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SALSA
SACRAMENTO AREA LATINO STUDY ON AGING

ID

ID: XXXXXXXXX

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.

SA4_Q5 _____days. (If you didn't stay any day in bed go to question #8)

7. What illness caused you to stay in bed?

SA4_Q6

_____

SA4_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** .

SA4_Q7A

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

SA4_Q7B

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

SA4_Q7C

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

SA4_Q7D

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

SA4_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

SA4_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

SA4_Q7G

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

SA4_Q7H

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

SA4_Q7I

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

SA4_Q7J

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

SA4_Q7K

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

SA4_Q7L

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

SA4_Q7M

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

SA4_Q7N

N. Since we saw you, have you been told by a physician that you had **Pneumonía**? [ ] Yes [ ] No

SA4_Q7O

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

What diagnosis? SA4_Q7O_OTH _____

_____

SA4_Q8

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

[ ] Yes → A. What are they? SA4_DRUG_CODE1 – SA4_DRUG_CODE12 _____

_____

_____

[ ] No

SA4_Q9

10. Since we spoke, have you stopped or decreased the dose of any medications?

[ ] Yes→A. Did a doctor ask or did you stop on yor own? SA4_Q9A

[ ] Doctor asked [ ] You stopped

B. What are they? SA4_DRUG_CODE13 – SA4_DRUG_CODE15 _____

_____

_____

[ ] No

SA4_Q10

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

[ ] Yes

[ ] No

SA4_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?

ID: XXXXXXXXX

[ ] Yes → (Go to question #14)

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

_____
_____
_____
_____
_____

SA4_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 SA4_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.