Paul Arthur: Farmworker dimisión questionnaire

Thank you for your participation in our survey with aging farmworkers. As shared in the consent, I am going to ask questions about your/their health and life experiences. I expect this will take 1 hour.

1. What is your/their age?

- Numeric selector (0-100)

2. What is your/their gender?

1. Male
2. Female
3. Other

3. Forehead temperature

- Numeric selector (70-130)

4. Blood pressure reading

- Free text

5. Heart rate

- Free text

6. Respiratory rate

- Free text

7. Oxygen status

- Free text

8. 10 meter walk-timed test

- Free text

9. What is your/their marital status?

- Single
- Married
- Divorced
- Separated
- Widowed

10. What country were you/they born in?

- Free text

10a. 11. If born outside of the US, in what year did you/they first enter the U.S. to live or work?

- Numeric selector (1923-2023)

11. What country was your/their father born in?

- Free text

12. What country was your/their mother born in?

- Free text

13. Would you/they describe yourself/their self as Hispanic or Latino/a?

1. Yes
2. No

14. How would you/they describe your/their primary racial group?

1. White, Caucasian
2. Black, African-American
3. Native American or Alaska native
4. Asian
5. Native Hawaiian or other Pacific Islander
6. Other, Specify_____
7. Unknown

15. How many years of school did you/they complete?

- Numeric selector (0-30)

16. In what country did you/they finish your/their highest grade in school?

1. US
2. Canada
3. Mexico
4. Haiti
5. Guatemala
6. El Salvador
7. Honduras
8. India
9. Other

17. When you/they were a child, what languages did adults speak in your/their home?

1. English
2. Spanish
3. Creole
4. Mixtec
5. Kanjobal

6. Zopotec
7. Other

18. How well do you speak English?

1. Proficient
2. Intermediate
3. Basic
4. Below basic
5. Not at all

19. How well do you read English?

1. Proficient
2. Intermediate
3. Basic
4. Below basic

20. Now, as an adult, what languages can you speak?

1. English
2. Spanish
3. Creole
4. Mixtec
5. Kanjobal
6. Zopotec
7. Other

21. In what language do you believe you are most dominant (comfortable) conversing?

1. English
2. Spanish
3. Creole
4. Mixtec
5. Kanjobal
6. Zopotec
7. Other

22. In what year did you first do any farmwork in the US?

- Numeric selector (1923-2024)

23. Approximately how many years have you/they done farm work in the US?

- Numeric selector (0-100)

24. How many hours per week did you/they work in farm work on the average?

- Numeric selector (0-168)

25. Have you/they had any injuries that were associated with your farm work?

    1. Yes
    2. No

26. What year did you stop farm work?

    - Numeric selector (1923-2024)

27. What was the primary reason for leaving farm work?

    1. Lost job
    2. Retired
    3. Look for new job
    4. Job promotion
    5. Health problem
    6. Other:_____

28. Approximately how many years have you/they done NON-farm work in the US?

    - Numeric selector (0-100) (ADD IF/THEN QUALIFIER)

28a. IF > 0, How many hours per week did you/they work in NON-farm work on the average?

    - Numeric selector (0-168)

29. Have you/they had any injuries that were associated with your NON-farm work?

    1. Yes
    2. No

30. IF YES, did injuries lead to your/their separation from the workforce?

    1. Yes
    2. No

31. What year did you stop NON-farm work?

    - Numeric selector (1923-2024)

32. Did you/they work on a seasonal basis or year-round?

    1. Seasonal
    2. Year-round

33. In what type of living quarters do you/they live now?

    1. House
    2. Apartment
    3. Mobile home
    4. Other:_____

34. How many people live with you/them?

- Numeric selector (0-100)

35. Do you/they live with a spouse/partner?

1. Yes
2. No

35a. IF/THEN: How close is your/their relationship with your/their spouse/partner?

1. Very close
2. Quite close
3. Not very close
4. Not at all close

36. Do you/they have any living children?

1. Yes
2. No

36a. IF/THEN: How many children presently live with you?

- Numeric selector (0-100)

36b. How close is your/their relationship with your/their children?

1. Very close
2. Quite close
3. Not very close
4. Not at all close

37. Do you/they have close relationships with persons outside of your/their immediate family?

1. Yes
2. No

37a. IF/THEN: how close are your/their relationships with persons outside of your/their immediate family?

1. Very close
2. Quite close
3. Not very close
4. Not at all close

Please think about your/their life and situation RIGHT NOW. HOW SATISFIED ARE YOU/THEY WITH:

38. The condition of the place where you/they live (house/apartment/mobile home)?

1. Completely satisfied

2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

39. The city or town you/they live in?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

40. Your/their daily life and leisure activities?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

41. Your/their family life?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

41. Your/their present financial situation?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

42. The total income of your/their household?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

43. Your/their health?

1. Completely satisfied
2. Very satisfied

3. Somewhat satisfied
4. Not very satisfied
5. Not at all satisfied

44. How hard is it to for you/them pay for the necessities like food, housing, and medical care?

1. Not difficult at all
2. Not very difficult
3. Somewhat difficult
4. Very difficult
5. Completely difficult
6. Unknown

45. How would you/they rate their physical health?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Have you/they ever in your/their whole life been told by a doctor or nurse that you/they have the following conditions?

46. Asthma?

1. Yes
2. No

47. Diabetes?

1. Yes
2. No

48. High blood pressure?

1. Yes
2. No

49. Tuberculosis?

1. Yes
2. No

50. Heart disease?

1. Yes
2. No

51. Urinary tract infections?

1. Yes
2. No

52. In general, how much have you/they been bothered by pain or discomfort over the past few weeks?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Extremely
6. Unknown

53. How much are you/they bothered by pain or physical discomfort at its worst?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Extremely
6. Unknown

54. How much has pain or physical discomfort interfered with your/their day-to-day activities?

1. Not at all
2. A little
3. Moderately
4. Quite a bit
5. Extremely

CAGE-AID Substance Abuse Screening Tool

55. Have you ever felt the need to **cut** down on your drinking or drug use?

1. Yes
2. No

56. Have people **annoyed** you by criticizing your drinking or drug use?

1. Yes
2. No

57. Have you ever felt **guilty** about drinking or drug use?

1. Yes
2. No

58. Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**Eye-Opener**)?

1. Yes
2. No

Quality of Life Scale (Albert)

Over the past 2 weeks, how often have you/they shown:

59. **Pleasure**, such as such as smiling; laughing; touching; nodding; singing; reaching out to others

1. Never
2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

60. **Anger**, such as clenching teeth; grimacing; shouting; cursing; pushing; physical aggression

1. Never
2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

61. **Anxiety**, such as restlessness, repeated or agitated motions; hand wringing; facial expressions of fear or worry; sighing; withdrawing from others; calling repetitively

1. Never
2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

62. **Depression**, such as crying; tears; moaning; sad facial expression

1. Never
2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

63. **Interest,** such as eyes following object; facial, motor or verbal feedback to others; maintaining eye contact; moving or vocal response to music; moving toward person or object

1. Never

2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

64. **Contentment**, such as a comfortable or relaxed posture; lacking tension in limbs or neck; lightening of frown or worry line

1. Never
2. Up to 1 time per week
3. 2-6 times per week
4. 1 or 2 times per day
5. Several (3+) times per day

Clinical Dementia Rating (Morris)

65. What statement BEST describes your/their: Memory?

1. No memory loss or slight inconsistent forgetfulness
2. Mild consistent forgetfulness; partial recollection of events; “benign” forgetfulness
3. Moderate memory loss; more marked for recent events; interferes with everyday activities
4. Severe memory loss; only highly learning material retained; new materials rapidly lost
5. Severe memory loss; only fragments remain

66. What statement BEST describes your/their: Orientation?

1. Fully oriented
2. Fully oriented except for slight difficulty with time relationships
3. Moderate difficulty with time relationships; oriented for place and person at examination but may have geographic disorientation
4. Severe difficulty with time relationships; usually disoriented to time, often to place
5. Oriented to person only

67. What statement BEST describes your/their: Judgement and problem solving?

1. Solves everyday problems well; judgment good in relation to past performance
2. Slight impairment in solving problems, similarities, and differences
3. Moderate difficulty in handling complex problems; social judgment usually maintained
4. Severely impaired in handling problems, similarities, and differences; social judgment usually impaired
5. Unable to make judgments or solve problems

68. What statement BEST describes your/their: Interaction with the Community?

1. Independent function at usual level in job, shopping, business, and financial affairs, volunteer and social groups
2. Slight impairment in these activities
3. Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection
4. No pretense of independent function outside home; appears well enough to be taken to functions outside a family home
5. No pretense of independent function outside home; appears too ill to be taken to functions outside a family home

69. What statement BEST describes your/their: Home and hobbies?

1. Life at home, hobbies, and intellectual interests well maintained
2. Life at home, hobbies, and intellectual interests slightly impaired
3. Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned
4. Only simple chores preserved; very restricted interests, poorly maintained
5. No significant function in home

70. What statement BEST describes your/their: Personal care?

1. Fully capable of self-care
2. Needs prompting
3. Requires assistance in dressing, hygiene, keeping of personal effects
4. Requires much help with personal care; frequent incontinence

Role Checklist (Oakley)

Beside each role, indicate, by checking the appropriate column, if you/they performed the role in the past, if you/they presently perform the role, and if you/they plan to perform the role in the future. You/they may check more than one column for each role. For example, if you/they volunteered in the past, do not volunteer at present, but plan to in the future, you/they would check the past and future columns.

ROLE

71. STUDENT:

Attending School on a part-time or full-time basis.

1. PAST
2. PRESENT
3. FUTURE

72. WORKER:

Part-time or fulltime paid employment

1. PAST

2. PRESENT
3. FUTURE

73. VOLUNTEER:

Donating services, **at least one a week**, to a hospital, school, community, political campaign, and so forth.

1. PAST
2. PRESENT
3. FUTURE

74. CARE GIVER:

Responsibility, **at least one a week**, for the care of someone such as a child, spouse, relative, or friend.

1. PAST
2. PRESENT
3. FUTURE

75. HOME MAINTAINER:

Responsibility, **at least once a week**, for the upkeep of the home such as housecleaning or yardwork.

1. PAST
2. PRESENT
3. FUTURE

76. FRIEND:

Spending time or doing something, **at least once a week**, with a friend.

1. PAST
2. PRESENT
3. FUTURE

77. FAMILY MEMBER:

Spending time or doing something, **at least once a week**, with a family member such as a child, spouse, parent, or other relative.

1. PAST
2. PRESENT
3. FUTURE

78. RELIGIOUS PARTICIPANT:

Involvement, **at least once a week**, in groups or activities affiliated with one's religion (excluding worship).

1. PAST
2. PRESENT
3. FUTURE

79. HOBBYIST/AMATEUR:

Involvement, **at least once a week**, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participate in a club or team.

1. PAST
2. PRESENT
3. FUTURE

80. PARTICIPANT IN ORGANIZATIONS:

Involvement, **at least once a week**, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth.

1. PAST
2. PRESENT
3. FUTURE

81. OTHER: _____

A role not listed which you/they have performed are presently performing, and /or plan to perform. Write the role on the line above and check the appropriate column(s).

1. PAST
2. PRESENT
3. FUTURE

The same roles are listed below. Next to each role, check the column which best indicates how valuable or important the roles is to you/them. Answer for each role, even if you/they have never performed or do not plan to perform the role.

82. STUDENT:

Attending School on a part-time or full-time basis.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

83. WORKER:

Part-time or fulltime paid employment

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

84. VOLUNTEER:

Donating services, **at least one a week**, to a hospital, school, community, political campaign, and so forth.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

85. CARE GIVER:

Responsibility, **at least one a week**, for the care of someone such as a child, spouse, relative, or friend.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

86. HOME MAINTAINER:

Responsibility, **at least once a week**, for the upkeep of the home such as housecleaning or yardwork.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

87. FRIEND:

Spending time or doing something, **at least once a week**, with a friend.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

88. FAMILY MEMBER:

Spending time or doing something, **at least once a week**, with a family member such as a child, spouse, parent, or other relative.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

89. RELIGIOUS PARTICIPANT:

Involving, **at least once a week**, in groups or activities affiliated with one's religion (excluding worship).

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE

3. VERY VALUABLE

90. HOBBYIST/AMATEUR:

Involvement, **at least once a week**, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participate in a club or team.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

91. PARTICIPANT IN ORGANIZATIONS:

Involvement, **at least once a week**, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth.

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

92. OTHER: _____

A role not listed which you have performed are presently performing, and /or plan to perform. Write the role on the line above and check the appropriate column(s).

1. NOT AT ALL VALUABLE
2. SOMEWHAT VALUABLE
3. VERY VALUABLE

Thank you for your participation in this survey. Your responses are important to us. If you would like to participate in future studies, please contact Dr. Paul Arthur at Parthur@FGCU.edu