PINOLEVILLE POMO NATION

OUR VOICE, OUR SURVEY, OUR FUTURE

ADULT QUESTIONNAIRE

Because what you think matters

This is a self-administered Questionnaire

You complete this yourself

-CONFIDENTIAL-

February 2017

SECTION A: PERSONAL INFORMATION

1. Date of birth: Day _____ Month _____ Year _____

2. Sex [ ] Male [ ] Female

3. Do you are or any many members of your family legally blind? [ ] Yes [ ] N

4. How tall are you <u>without</u> your shoes? _____ Feet _____ Inches

5. How much do you weigh? _____ Pounds

6. **How satisfied are you with your weight?**

[ ] Very Satisfied [ ] Somewhat satisfied [ ] Neither satisfied nor dissatisfied

[ ] Very dissatisfied [ ] Somewhat dissatisfied [ ] Don't know [ ] Refused

7. Are you enrolled with? [ ] Pinoleville Pomo [ ] Pomo [ ] Other _____
[ ] Unknown [ ] None

8. Do you live on the Pinoleville Reservation [ ] Yes [ ] No

9. What county do you live in? [ ] Mendocino [ ] Lake [ ] Sonoma [ ] Other _____

10. What is you Zip Code? _____ **If not live in California, what state?**_____

11. What is your marital status? [ ] Married [ ] Divorced [ ] Widowed

[ ] Separated [ ] Never married [ ] Partner [ ] Refused

12. Which language (s) do you use most in daily life? [ ] English [ ] Pomo
[ ] Other _____

13. How well can you speak Pomo? (or your native language)
[ ] Fluent [ ] Intermediate [ ] Basic [ ] Few words [ ] None

14. What is the highest level of schooling you have completed for elementary and high school? _____ [ ] No schooling [ ] Don't know [ ] Refused

15. Did you graduate from high school? [ ] Yes [ ] No [ ]Don't know [ ] Refused

16. Other than elementary and high school, what other education have you completed? Check all that apply.

[ ] None
[ ] Some trade, vocational, technical school
[ ] Diploma or certificate from trade/vocational school
[ ] Diploma or certificate from community college or university
[ ] University/undergraduate degree
[ ] Professional degree
[ ] Master's Degree
[ ] Earned doctorate (PhD)
[ ] Other _____
[ ] None

17. Was your training in a health field? [ ] Yes [ ] No

[ ] nursing [ ] medicine [ ] mental health [ ] dentistry
[ ] other _____

18. Do you have any children? [ ] Yes [ ] No _____ live with you

19. Do you have grand children? [ ] Yes [ ] No _____ live with you

20. Including yourself, how many children and youth usually live in this household? Include all children **under 18** who reside in the household **at least half of the time**.

_____ Number of children under 6 years old (5 years and younger)

_____ Number of children 6-11 years old

_____ Number of children 12-17 years old (less than 18)

_____ Total (add up 3 numbers above)

[ ] Refused

21. How many adults usually live in this household? Include all adults, **18 years an over** who reside in the household at least half of the time.

_____ Number of adults 18-64 years of age

_____ Number of adults 65 years and over

_____ Total (add up the 2 numbers above)

[ ] Refused

22. Are any of the children enrolled in the Pinoleville Head Start Program?

[ ] Yes [ ] No

23. Are all of your children between the ages of 6 and 18 currently in school?

[ ] Yes [ ] No [ ] Refused

24. What is the last grade level completed? _____

SECTION B. EMPLOYMENT AND INCOME

25. Do you currently work for pay (wages, salary, self-employed?)

[ ] Yes [ ] No [ ] don't know [ ] refused

26. Are you currently looking for work?

[ ] Yes [ ] No [ ] don't know [ ] refused

27. Have any of the following problems made it difficult for you to find a job?

[ ] homelessness [ ] no child care [ ] no transportation
[ ] no driver's license [ ] job skills [ ] no social security card
[ ] other _____

If NOT working, please proceed to question No. 30.

28. Where is your work located? [ ] Pomo community [ ] other [ ] refused

29. On average, how many hours a week do you work? (A full time job is usually around 35 hours.) _____ Hours

30. What sector do you work in?

[ ] Agriculture, logging, fishing	[ ] Information	[ ] Construction
[ ] Professional mechanical	[ ] Manufacturing	[ ] Administration
[ ] Utilities	[ ] Education	[ ] Transportation
[ ] Retail	[ ] Management	[ ] Arts, entertainment
[ ] Hotel/food service	[ ] Real estate	[ ] Public administration
[ ] Finance/insurance	[ ] Health care	[ ] Other

31. Check the amount that is closest to your total income last year.

[ ] $16,400 [ ] $22,100 [ ] $27,800 [ ] $33,600

[ ] $39,200 [ ] $45,000 [ ] $50,100 [ ] $52,000 **+**

32. What is the current source of your household income?

[ ] employment [ ] unemployment [ ] AFDC (TANIF, welfare)
[ ] Social Security [ ] self-employed [ ] retirement funds
[ ] student loans [ ] loans from family/friends
[ ] other [ ] none [ ] refused

33. How many people depend on your income? _____

34. Is there a working telephone (land/cell) in your household? [ ] Yes [ ] No

35. Does your household own a working automobile? [ ] Yes [ ] No

36. Have you ever lived on a reservation? [ ] Yes [ ] No

37. Is Pinoleville Reservation your home reservation? [ ] Yes [ ] No

38. How long have you lived away from your home reservation? _____ Years

39. When was the last time you visited your home reservation? _____ Years

40. What was the reason for your last visit to the reservation?

_____

SECTION HOUSING

41. Is your residence (home) [ ] rented [ ] owned [ ] other [ ] don't know
[ ] living with a relative/friend [ ] refused

42. Does your home have?

[ ] working smoke/carbon monoxide detector [ ] working fire extinguisher
[ ] working telephone (land line) [ ] cell phone: how many _____
[ ] a computer [ ] TV [ ] internet connection
[ ] a refrigerator [ ] radio [ ] a stove [ ] wood stove
[ ] electricity [ ] microwave [ ] hot/cold running water

[ ] flush toilet [ ] septic tank

[ ] garbage collection [ ] propane gas tank or [ ] PG&E

43. Is your dwelling in need of repair? [ ] yes, major [ ] yes, minor

[ ] no, only maintenance [ ] don't know [ ] refused

44. In the past year, has there been any mold or mildew in your house? [ ] Yes [ ] No [ ] don't know

45. What is the main water supply for your household?

[ ] city/county water system [ ] well

[ ] trucked in [ ] collect it yourself from river, spring, pond

[ ] from a neighbor's house [ ] from a store

[ ] bottled water [ ] community water system (IHS)

46. Do you consider the main water supply in your home safe for drinking year round?

[ ] Yes [ ] No

SECTION GENERAL HEALTH

47. In general, would you say that your health is?

[ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor

48. Compared to last year, how would you say your health is now? [ ] much better

[ ] about the same [ ] somewhat better [ ] somewhat worse [ ] much worse

49. What things make you healthy? Check all that apply.

[ ] Good diet (low fat, high fiber, fruits, vegetables, etc.)

[ ] Reduced stress

[ ] Regular exercise/active in sports

[ ] In balance (physical, emotional, mental, spiritual)

[ ] Good social supports (family, friends, co-workers)

[ ] Good sleep/proper rest

[ ] Happy, content

[ ] Other _____

[ ] Don't know

[ ] Refused

50. Do you or any members of your family have any of the following chronic health conditions? Check all that apply.

Condition	Me	Family Member
A. Asthma	[ ]	[ ]
B. Chronic fatigue syndrome	[ ]	[ ]
C. Rheumatoid Arthritis	[ ]	[ ]
D. Multiple Sclerosis	[ ]	[ ]
E. Thyroid Disease	[ ]	[ ]
F. Diabetes	[ ]	[ ]
G. High Blood Pressure	[ ]	[ ]
H. Allergies	[ ]	[ ]
I. Cancer/Leukemia	[ ]	[ ]
J. Chronic Back Pain	[ ]	[ ]
K. Arthritis	[ ]	[ ]
L. Osteoporosis	[ ]	[ ]
M. Chronic Bronchitis	[ ]	[ ]
N. Cataracts	[ ]	[ ]
O. Glaucoma	[ ]	[ ]
P. Blindness	[ ]	[ ]
Q. Hearings Impairment	[ ]	[ ]
R. Epilepsy	[ ]	[ ]
S. Psychologic Disorder	[ ]	[ ]
T. Mental Disability	[ ]	[ ]
U. Learning Disability	[ ]	[ ]
V. Heart Disorder	[ ]	[ ]
W. High Blood Pressure	[ ]	[ ]
X. Effects of Stroke	[ ]	[ ]
Y. Thyroid Problems	[ ]	[ ]
1. Liver Disorder	[ ]	[ ]
2. Stomach/Intestinal Problems	[ ]	[ ]
3. HIV/Aids	[ ]	[ ]
4. Hepatitis	[ ]	[ ]
5. Diabetes Type 1	[ ]	[ ]
6. Diabetes Type 2	[ ]	[ ]

Me Family

7. Alcohol/Drug Addition/ Substance Abuse [ ] [ ]
8. Attention Deficit Disorder (ADD/ADHD) [ ] [ ]

51. In the past 12 months, have you experienced any of the following injuries that required the attention of a health care professional? Check an answer for each type.

Broken or fractured bones [ ] Yes [ ] No
Burns or scalds [ ] Yes [ ] No
Dislocation [ ] Yes [ ] No
Sprain or strain (major) [ ] Yes [ ] No
Cuts, scrapes, or bruises (major) [ ] Yes [ ] No
Concussion [ ] Yes [ ] No
Poisoning [ ] Yes [ ] No
Injury to internal organ [ ] Yes [ ] No
Dental injury [ ] Yes [ ] No
Hypothermia, frostbite, other injury due to cold exposure [ ] Yes [ ] No
Other _____

52. What were the cause(s) of this injury (or injuries)? Check all that apply.

				If yes, was alcohol or drug related?			
Injury	No	**Yes**		**Yes**	**No**	**Don't know**	**Refused**
Motor vehicle accident (car, truck) driver or passenger							
Motor vehicle accident: pedestrian							
Motor vehicle accident while riding a bicycle							
Other bicycle accident							
ATV (all-terrain vehicle)							
Hunting accident							
Boating accident							
Fall or trip (NOT including bicycle, sport or snowmobile)							
Sport (not including bicycle or hunting)							
Physical assault							
Suicide attempt or self-induced injury							
Dog bite							
Bite by animal other than dog							
Fire or flames resulting fumes/ Scalded by hot liquid or food							
Natural environmental factors (sting, frostbite, etc.)							
Near drowning							
Asphyxia or other threats to breathing							
Accidental poisoning							
Other (Specify)							

53. Where did the injury(ies) occur? _____

54. What were you doing when the injury(ies) occurred? _____

55. Where did you get medical treatment for your injury (ies)?

[ ] Doctor's office [ ] Hospital ER [ ] CTHP Clinic
[ ] At school [ ] At work [ ] Traditional healer
[ ] Community Health Clinic [ ] At home
[ ] Didn't seek medical care [ ] Other

Section DISABILITY

56. Are you limited in the kinds or amounts of activity you can do at home or work because of a personal or mental condition, or a health problem?

[ ] Yes [ ] Yes, sometimes [ ] No [ ] Refused

57. Do you have difficulties with any of the following activities?

Seeing/reading newsprint/book	[ ] Yes	[ ] No
Hearing normal conversations	[ ] Yes	[ ] No
Having speech understood	[ ] Yes	[ ] No
Lifting or carrying 10 lbs.	[ ] Yes	[ ] No
Walking 5 minutes without resting	[ ] Yes	[ ] No
Climbing stairs without getting out of breath	[ ] Yes	[ ] No

SECTION HOME HEALTH CARE

58. Because of a physical condition or health problem do you believe you currently need any of the following at home?

Light housekeeping	[ ] Yes	[ ] No
Home maintenance	[ ] Yes	[ ] No
Care of a nurse	[ ] Yes	[ ] No
Terminally ill care	[ ] Yes	[ ] No
Personal care (grooming/washing)	[ ] Yes	[ ] No

Meals prepared or delivered	[ ] Yes	[ ] No
Managing medications	[ ] Yes	[ ] No
HOSPICE	[ ] Yes	[ ] No

59. Would you like a CHR (Community Health Representative) to call on you to check immediate family members that have been placed in a long term care facility or nursing home?

[ ] Yes [ ] No

60. Do you have an immediate family member that has been placed in a long term care facility or nursing home? [ ] Yes [ ] No

61. How old was your immediate family member when they entered a long term care Facility or nursing home? _____ Years

62. What the main reason your immediate family member is in the long term facility or nursing home?

_____

SECTION PERSONAL SAFETY

63. Have you experienced physical aggression in the past twelve months? (Include hitting, kicking, bullying)

[ ] often [ ] sometimes [ ] rarely [ ] never [ ] refused

64. Have you ever experienced any verbal aggression in the past twelve months?

[ ] often [ ] sometimes [ ] rarely [ ] never [ ] refused

65. Did you seek help with the aggression? [ ] Yes [ ] No [ ] Refused

66. Do you feel safe at home? [ ] Yes [ ] No

SECTION HEALTH CARE ACCESS

67. Do you use traditional (herbal) medicine? [ ] Yes [ ] No

68. Have you had any of the following difficulties when trying to access traditional medicine?

[ ] no difficulties
[ ] don't know where to get it
[ ] can't afford it
[ ] concerned about effects
[ ] do not know enough about it
[ ] not available
[ ] not interested
[ ] don't know
[ ] other

69. Do you have any kind of health coverage, including health insurance, Medicare, Medicaid (Medi-Cal), or Indian Health Service (Consolidated Health Project), Obamacare? [ ] Yes [ ] No [ ] Don't know

70. What is the one clinic, health center or doctor's office that you usually go if you are sick or need advice about your health?

[ ] Consolidated Tribal Health Project

[ ] Woman's health care clinic

[ ] Other _____

71. About how long has it been since you last visited a doctor for routine checkup or physical exam?

_____ within 12 months
_____ within 2 years
_____ within 5 years
_____ never

72. Have you ever used Indian Medicine or seen a Medicine Woman or Man in the past 5 years? [ ] Yes [ ] No

73. Do you believe traditional medicine is effective? [ ] Yes [ ] No

74. About how long has it been since you last had your blood pressure taken?

[ ] within 12 months
[ ] within 2 years
[ ] within 5 years
[ ] never

75. Have you been told by any a doctor, nurse, or other health professional that you have high blood pressure? [ ] Yes [ ] No

76. Have you been told by any a doctor, nurse, or other health professional that your blood cholesterol is high? [ ] Yes [ ] No

77. Has anyone in your family had diabetes? [ ] Yes [ ] No

78. Have you ever been told by a doctor that you have diabetes? [ ] Yes [ ] No

79. How old were you when you were told that you have diabetes? _____ Years

80. How do you care for your diabetes? (Check all that apply)

[ ] insulin [ ] pills [ ] diet [ ] exercise [ ] foot check [ ] none

81. How many times in the last 12 months have you seen a doctor, nurse, or health professional for diabetes? _____ Number of times [ ] never

81. When was the last time you had any dental care?

[ ] less than one year [ ] one year [ ] two to five years [ ] never

82. What type of dental treatment do you currently need? (Mark all that apply.)

[ ] none	[ ] teeth cleaning	[ ] extracting
[ ] dentures	[ ] fluoride treatment	[ ] urgent care – pain
[ ] braces	[ ] don't know	[ ] other

84. How often do you use seat belts when you drive or ride in a car?

[ ] always [ ] sometimes [ ] never

85. Have you smoked at least 100 cigarettes (5 packs) in your entire life?

[ ] Yes [ ] No

86. At what age did you start smoking? _____ Years

87. How often do you smoke cigarettes/tobacco products (chew)?

[ ] every day [ ] some days [ ] not at all

88. On average, about how many cigarettes/tobacco products you now smoke per day? _____ Number **or** _____ packs per day

89. Do you smoke inside your home or car? [ ] Yes [ ] No

90. During the past 12 months, have you quit smoking for one (10 days or longer)?
[ ] one [ ] No

91. How many times in your lifetime have you tried to quit smoking?
[ ] none [ ] 0-5 times [ ] 6-10 times

92. Do you allow other people to smoke inside your house/car? [ ] Yes [ ] No

93. Do you want to quit smoking or using tobacco products?[ ] Yes [ ] No

SECTION WOMEN'S HEALTH AND MEN'S HEALTH

94. How long has it been since your last clinical breast exam?
[ ] less than 1 year [ ] less than 2 years [ ] less than 5 years [ ] never

95. How long has it been since your last mammogram, if ever?

[ ] less than 1 year [ ] less than 2 years [ ] less than 5 years [ ] never

96. How long has it been since your last Pap smear, if ever?

[ ] less than 1 year [ ] less than 2 years [ ] less than 5 years [ ] never

97. How many women in your family (mother/sisters) have had breast cancer?
____ Women

98. How many men have had prostate cancer? No. _____ Men

99. Are you currently pregnant? [ ] Yes [ ] No [ ] Don't know [ ] Refused

100. If yes, how many weeks? _____

101. Have you ever had a physical prostrate check (rectal exam and/or a PSA test)?

The PSA test is used to screen for cancer of the prostrate. [ ] Yes [ ] No [ ] Don't know

102. Have you ever had a colonoscopy exam? This exam is used to screen for cancerous Polyps (growths) in your colon. [ ] Yes [ ] No [ ] Don't know

SECTION FOOD AND NUTRITION

103. Do you eat a nutritious balanced diet?

[ ] Always [ ] Never [ ] Sometimes [ ] Don't know [ ]Refused

104. On average, how often do you eat or drink the following foods: Choose the answer that best describes the way that you usually eat.

Food and drink Items	**Never hardly ever**	**Less than once a week**	**A few times a week**	**Once a day**	**Several times a day**
Coffee/Tea					
Flavored coffee (latte, coffee mocha, etc.)					
Soda/Soft Drink					
Juices, power drinks					
Fast food (e.g. burgers, pizza, tacos					
Cakes/Pies/Cookies/Candy/Chocolate					
French fries, Potato chips, Pretzels, Fry Bread, etc.					
Added salt (e.g. from salt shaker)					
Added sugar (e.g. on cereal or in coffee/tea)					

105. In the past 12 months, how often have you eaten the following traditional foods?

Traditional Foods	Not at all	A few times	Often
Land based animals (moose, caribou, bear, deer, etc.)			
Fresh water fish			
Salt water fish			
sea weed, shellfish, eels, clams, urchins, abalone			

Sea-based animals (whale, seal, walrus, etc.)			
Game birds (goose, duck, partridge, etc.)			
Small game (rabbit, musket, etc.)			
Berries or other wild vegetation			
Fry Bread/Indian bread			
Acorn soup/mush			
Other (specify)			

106. In the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for meals/food?

[ ] Yes [ ] No [ ] Don't know

107. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? [ ] Yes [ ] No [ ] Don't know

SECTION. PHYICAL ACTIVITY

108. What types of physical activities have you participated in during the last 12 months? Read the whole list. Mark all that apply.

[ ] Hunting [ ] Fishing [ ] Bicycle riding

[ ] Walking [ ] Running/jogging [ ] Dancing

[ ] Hiking [ ] Swimming [ ] Bowling

[ ] Gardening/yard work [ ] Skating [ ] Golf

[ ] Berry picking or other food gathering [ ] Weights, exercise equipment

[ ] Canoeing/kayaking [ ] Martial arts (Karate, Judo etc.)

[ ] Skiing/snowboarding [ ] Competitive or group sports

[ ] Other _____

109. In the past 12 months how many times did you participate in the activities above?

[ ] daily [ ] 3 times a week [ ] 2 times a month

110. During the past week, how much time in the average day did you spend watching TV, reading, playing bingo/video games, or working at your computer (outside of working or school day)?

[ ] less than 30 minutes [ ] 30 min to 1 hour

[ ] 1 to 2 hours [ ] more than 2 hours

[ ] don't know

SECTION ALCOHOL

111. During the past 12 months have you had a drink of beer, wine, liquor or any other alcoholic beverage? [ ] Yes [ ] No

112. During the past 12 months, how often did you drink alcohol beverages?

[ ] once a day [ ] 2-3 times a week [ ] 2-3 times a month
[ ] about 2-3 times a year

113. During the past 12 months, how often have you had 5 or more alcoholic drinks on one occasion?

[ ] never [ ] less than 1 time/month [ ] 2-3 times /month
[ ] once per week [ ] more than once per week [ ] everyday

114. Have you had any of the following substances in the past 12 months (without a prescription)?

[ ] cannabis [ ] meth [ ] sedation/sleeping pills [ ] cocaine
[ ] Inhalants [ ] LSD/mushrooms [ ] heroin/morphine

115. Have you ever sought treatment for substance abuse/addiction?
[ ] Yes [ ] No

116. If you ever gambled (bingo, slots, lottery ticket, casino, and sports games) has it caused any financial problems for you and your family? [ ] Yes [ ] No

SECTION PERSONAL WELLNESS

117. How important is traditional spirituality in your life?

[ ] very important [ ] somewhat important [ ] not important [ ]don't know

118. How important is religion in your life (i.e., Christian, Buddhism, Islam, Native American Church, Indian tradition)?

[ ] very important [ ] somewhat important [ ] not important [ ] don't know

119. How often do you feel that you are in balance in the four aspects of your life (physical, emotional, mental and spiritual)?

Life Balance	All the time	Most	Some	None
Physical				
Emotional				
Mental				
Spiritual				

120. In the past month, how often did you feel tired out for no good reason?

[ ] all the time [ ] some of the time [ ] most of the time [ ] none of the time

121. In the past month, how often did you feel depressed?

[ ] all the time [ ] some of the time [ ] most of the time [ ] none of the time

122. In the past month, did you have difficulty sleeping too much or not at all?

[ ] all the time [ ] some of the time [ ] most of the time [ ] none of the time

123. In the past month, how often did you feel sad or hopeless?

[ ] all the time [ ] some of the time [ ] most of the time [ ] none of the time

124. In the past month, how often did you feel happy?

[ ] all the time [ ] some of the time [ ] most of the time [ ] none of the time

125. In the recent past, did you feel that someone or something is out to get you, making it hard to trust? [ ] Yes [ ] No

126. When you have problems and need support, is there a person (relative, friend, health professional) you can talk to? [ ] Yes [ ] No

SECTION SUICIDE

127. During the past 12 months, was there ever a time when you felt sad, blue or depressed for 2 weeks or more in a row?

[ ] Yes [ ] No [ ] Don't know [ ] Refused

128. In the past 12 months, has a close friend or family member committed suicide?

[ ] Yes [ ] No [ ] Don't know [ ] Refused

129. Have you ever attempted suicide? [ ] Yes [ ] No [ ] Refused

130. Have you ever had thought of death? [ ] Yes [ ] No

SECTION COMMUNITY WELLNESS AND TRADITIONAL CULTURE

131. What are the major challenges the Pinoleville Community is currently facing?
(Check all that apply).

[ ] housing [ ] funding [ ] health [ ] crime/safety
[ ] culture [ ] gangs [ ] alcohol/drug abuse
[ ] education & training opportunities [ ] control over decisions
[ ] natural environment/resources [ ] employment/number of jobs
[ ] teenage pregnancy [ ] Sexual abuse
[ ] Land advisory [ ] Law enforcement
[ ] preserving PNN culture [ ] help for elders/seniors
[ ] historical trauma [ ] Other _____

132. What are the main strengths of our community?

[ ] family values [ ] strong leadership
[ ] social connections [ ] awareness of Pomo culture
[ ] traditional ceremonial activities [ ] community health programs
[ ] good leisure/recreation facilities [ ] Head Start

[ ] use of Pomo culture
[ ] natural environmental
[ ] strong economy
[ ] our youth
[ ] Big Times
[ ] Other _____

[ ] low rate of suicide/crime/drug abuse
[ ] Elders
[ ] education & training opportunities
[ ] Tribal Council

133. Do you take part in Pinoleville community cultural events?

[ ] always [ ] sometimes [ ] rarely [ ] never

SECTION TRIBAL CULTURE

134. Do you experience "PRIDE" in your Native heritage? [ ] Yes [ ] No

135. How important are traditional Pomo beliefs to you?

[ ] very important [ ] somewhat important

[ ] not very important [ ] not at all

136. How familiar are you with Tribal history for the last 150 years or so? Would you say:

[ ] not at all [ ] somewhat [ ] very familiar

137. **How important are traditional cultural events in your life?** Some examples are: Big Times, powwows, sweat lodges, pipe ceremonies, seasonal and community feasts.

[ ] Very important [ ] Not important [ ] Somewhat important
[ ] Don't know [ ] Not very important [ ] Refused

138. Are there any issues that affect the wellbeing of adults in our community that we need to address?

_____

_____

_____

139. What recommendation do you have that the Pinoleville Tribe can do for your family and friends?

_____

_____

_____

The questionnaire is now complete.

THANK YOU FOR PARTICIPATING IN THIS CONFIDENTIAL PINOLEVILLE COMMUNITY SURVEY!