

PINOLEVILLE POMO NATION



OUR VOICE, OUR SURVEY, OUR FUTURE ADOLESCENTS (AGE 13-18)

Because what you think matters
This is a self-administered Questionnaire

You complete this yourself

-CONFIDENTIAL-

February 2017

A. PERSONAL BACKGROUND INFORMATION

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

If unknown or refused please give an approximate age _____

2. Sex Male Female

3. What tribe or tribes? Pinoleville Pomo Pomo Other _____
 Unknown None Refused

B. HOUSEHOLD AND LIVING ENVIROMENT INFORMATION

4. Do you are or any many members of your family legally blind? Yes No

5. How many areas are in your home that can be used for school work study?

Yes No Refused

6. 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. If none, mark '0'

_____ 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

7. How many adults usually live in this household?

Include all adults, 18 years and 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 2 numbers above)

Refused

8. Who do you live with most of the time? Read the whole list. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> My biological mother (birth mother) | <input type="checkbox"/> My biological father |
| <input type="checkbox"/> The mother that adopted me | <input type="checkbox"/> The father that adopted me |
| <input type="checkbox"/> My stepmother | <input type="checkbox"/> My stepfather |
| <input type="checkbox"/> My foster parent(s) | <input type="checkbox"/> Aunt/ uncle/ cousins |
| <input type="checkbox"/> Brother(s)/ sisters(s) | <input type="checkbox"/> Step-brother(s)/ step-sisters) |
| <input type="checkbox"/> Unrelated children | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> I live in a boarding home | <input type="checkbox"/> A man I am not related to |
| <input type="checkbox"/> A woman I am not related to | <input type="checkbox"/> My child/children |
| <input type="checkbox"/> My boyfriend/ girlfriend/ spouse | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

9. Are your birth (biological) parents:

Check the answer that best describes their situation.

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Living together/married | <input type="checkbox"/> Not living together/separated | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Living together/not married | <input type="checkbox"/> One of my parents is deceased | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Both of my parents are deceased | |

10. How important are traditional cultural events in your life? Some examples are: big times, powwows, sweat lodges, pipe ceremonies, seasonal and community feasts.

- | | |
|---|--|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Not important |
| <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Not very important | <input type="checkbox"/> Refused |

11. Who helps you in understanding your culture? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> My grandparents | <input type="checkbox"/> My parents | <input type="checkbox"/> My aunts and uncles |
| <input type="checkbox"/> Other relatives | <input type="checkbox"/> My friends | <input type="checkbox"/> My school teachers |
| <input type="checkbox"/> Community elders | <input type="checkbox"/> Other community members | <input type="checkbox"/> Someone else |
| <input type="checkbox"/> No one | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

C. EDUCATION

12. Are you currently attending school?

Yes No (Go to question 18) Don't know Refused

13. What grade are you in?

5 6 7 8 9 10 11 12 Refused

14. How do you feel about going to school?

I like school very much I like school somewhat Unsure
 I dislike school very much I dislike school Refused

15. What are your school grade average?

A B C D E F

16. What is the highest level of schooling you have completed?

5 6 7 8 9 10 11 12 ___ year College Don't know
 Refused

17. Have you ever skipped or advanced a grade, as a result of academic performance?

Yes No Don't know Refused

18. Have you had any problems learning in school?

Yes No (Go to Q.19) Don't know Refused

19. What kind(s) of problems have you had? Check all that apply.

Reading Writing Don't know
 Short attention span Math Refused
 Too many distractions Difficulty understanding teacher Other _____

20. Have you ever repeated a grade?

Yes No Don't know Refused

21. What is the highest level of school that you would like to complete?

High school diploma Doctorate degree (PhD)
 Trade, technical or vocational school Professional Degree: Physician, Dentist, lawyer
 Two Year College Don't know

University (college) degree

Refused

Master's degree

Other _____

D. GENERAL HEALTH

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

Excellent

Very Good

Good

Fair

Poor

23. What things make you so healthy? Mark all that apply.

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

Regular exercise/Active in sports

In balance (physical, emotional, mental, spiritual)

Reduced stress

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

Other _____

Good sleep/proper rest

Don't know

Happy, content

Refused

24. How tall are you without shoes on?

Feet _____

Inches _____

Don't Know

Refused

25. How much do you weigh?

Pounds _____

Don't Know

Refused

26. How satisfied are you with your weight?

Very Satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Very dissatisfied

Don't know

Refused

E. FOOD AND NUTRITION

27. Do you eat a nutritious balanced diet?

Always/almost

Never

Sometimes

Rarely

Don't know

Refused

28. 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/ Kool Aid | | | | | |
| 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) | | | | | |

29. 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) | | | |

[] Don't know

[] Refused

30. In the past 12 months, how often did someone share traditional food with your household?

- Often Sometimes Never Don't know Refused

F. PHYSICAL ACTIVITY

31. How often do you participate in any kind of physical activity (either at school, at home, or in your free time)?

- Never Less than once a week Once a week 2-3 times a week
 4-6 times a week Every day Don't know Refused

32. In a typical week, how much time do you spend in any kind of physical activity (either at school, home, or in your free time) that results in an increase in your heart rate and breathing?

- None Less than 1 hour From 1-5 hours From 6-10 hours
 From 11-20 hours More than 20 hours Don't know Refuse

33. What types of physical activities have you participated in during the last 12 months?

Read list. Mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Hunting, trapping | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Bicycle riding | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Running | <input type="checkbox"/> Aerobics/Fitness class |
| <input type="checkbox"/> Dancing (aerobic, traditional, modern etc.) | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Rollerblading/Inline skating/Roller-skating | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Berry picking or other food gathering | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Weights, exercise equipment | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Martial arts (Karate, Judo etc.) | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Skateboarding | |
| <input type="checkbox"/> Competitive or group sports (e.g. basketball, baseball, volleyball, rugby) | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Refused | |

G. HEALTH CONDITIONS

34. Have you been told by a health care professional that you have any of the following health conditions? Only include conditions that have lasted at least 6 months or are expected to last at least 6 months.

| Have you been told that you have: | Yes | No | Refused |
|--|-----|----|---------|
| Asthma | | | |
| Have you had an asthma attack in the past 12 months? | | | |
| Chronic Bronchitis | | | |
| Allergies | | | |
| Blindness or other serious problem (can't be corrected with glasses) | | | |
| Chronic ear infections or ear problems | | | |
| Hearing Impairment | | | |
| Difficulty hearing conversations with one person | | | |
| Hepatitis | | | |
| What type of hepatitis? | | | |
| HIV/AIDS | | | |
| Tuberculosis (TB) | | | |
| Is tuberculosis active or inactive | | | |
| Epilepsy/seizure | | | |
| Psychology or nervous disorders | | | |
| Learning disability | | | |
| Cognitive or mental disability | | | |
| Attention deficit disorder Attention deficit hyperactivity disorder (ADD/ADHD) | | | |
| Cerebral palsy | | | |
| Physical disability other than cerebral palsy | | | |
| Liver disease | | | |
| Kidney disease | | | |
| Diabetes | | | |
| STD (Sexually transmitted disease) | | | |
| Other | | | |

35. Which type(s) of diabetes have you been diagnosed with in your lifetime?

Include all diagnoses you have received. Refer to definitions below, if necessary.

Type1 Type 2 Pre-diabetic state Don't know Gestational Refused

Type 1 diabetes (previously known as insulin-dependent diabetes) typically occurs in childhood or adolescence and requires multiple daily injections for survival. Insulin treatment begins immediately after diagnosis.

Type 2 diabetes (previously known as non-insulin dependent diabetes) usually begins after age 30. Type 2 diabetes is more common in Native American and Inuit populations. There are risk factors for this type of diabetes such as obesity and lack of exercise. This type of diabetes can be prevented and effectively managed by eating healthy foods and engaging in regular exercise.

Gestational diabetes: is limited to pregnancy.

Pre-diabetic state: includes impaired fasting glucose and impaired glucose intolerance. Both are determined by tests that reveal high blood glucose levels. The levels are not high enough to be diagnosed as type 1 or type 2 diabetes. This is sometime referred to as 'borderline" diabetes.

36. What kind of treatment or medicine, if any, are you taking to control your diabetes? Check all that apply.

Traditional ceremonies, help from a healer Yes No Don't know Refused

Diet Yes No Don't know Refused

Exercise Yes No Don't know Refused

Traditional medicines Yes No Don't know Refused

Insulin Yes No Don't know Refused

Pills Yes No Don't know Refused

Other _____

No Treatment or Medicine Yes No Don't know Refused

H. PHYSICAL INJURIES

37. 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 _____

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

| | If yes, was alcohol or drug related? | | | | | | |
|---|--------------------------------------|-----|--|-----|----|------------|---------|
| | 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 | | | | | | | |
| Skate board 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) | | | | | | | |

I. HEALTH CARE UTILIZATION AND DENTAL CARE

39. Have you ever consulted a traditional healer?

- Never Within the last 12 months 1-2 years ago Over 2 years ago
 I don't know Don't remember Refused

40. Have you ever had counseling, psychological testing, or any other mental health service?

- Never Within the last 12 months 1-2 years ago Over 2 years ago
 I don't know Don't remember Refused

41. In the past 12 months, have you had any of the following health examinations or tests? Please check a response for each.

| Test/Exam | Yes | No | Don't know | Refused |
|-------------------------------|-----|----|------------|---------|
| Cholesterol test | | | | |
| Vision/Eye exam | | | | |
| Hearing test | | | | |
| Blood sugar test | | | | |
| Complete physical examination | | | | |

42. Approximately, when was the last time you had any dental care?

- Less than 6 months ago
- Between 6 months and 1 year ago
- Between one and 2 years ago
- Between 3 and 5 years ago
- More than 5 years ago
- Never
- Don't know
- Refused

43. What type of dental treatment do you currently need?

- None
- Cavities filled or other restorative work (e.g. fillings, crowns, bridge)
- Maintenance (e.g. check-ups or teeth cleaning)
- Extractions (taking teeth out)
- Fluoride treatment
- Periodontal (gum) work
- Prosthetics (e.g. dentures, including repair and maintenance)
- Orthodontic work (braces)
- Urgent (dental problems requiring immediate attention)
- Other
- Don't know
- Refused

44. Have you experienced problems with your teeth or experienced any dental pain in the past month?

Yes No Don't know Refused

J. LIFESTYLE

44. Have you used any of the following substances in the last 12 months (without a prescription)? For each, please select the answer that best describes your situation.

| Have you ever used: | Never | About 2-3 times a year | About once per month | About 2-3 times a month | About 2-3 times a week | About once a day | Refused |
|--|-------|------------------------|----------------------|-------------------------|------------------------|------------------|---------|
| Chewing tobacco | | | | | | | |
| Marijuana (pot, weed, grass, Mary Jane, Hash) | | | | | | | |
| PCP/ Angel dust, lovely boat, K, vitamin k | | | | | | | |
| Acid/ LSD/ Amphetamines | | | | | | | |
| Meth (bennies, black beauties, speed, uppers, blow, crack, crystal, bath salt) | | | | | | | |
| Ecstasy, X | | | | | | | |
| Inhalants (glue, gasoline, ammonia, paint, SOC 2 campsite) | | | | | | | |
| Depressants (barbiturates, reds, yellows) | | | | | | | |
| Sedatives/Downers (Valium etc.) | | | | | | | |
| LSD, mushrooms, acid, yellow sunshine, shrooms | | | | | | | |
| Cocaine/Crack Freebase | | | | | | | |
| Anabolic steroids, juice, roids | | | | | | | |
| Codeine/Morphine Opiates (Percodan, Tylenol 2 etc.) | | | | | | | |
| Heroin | | | | | | | |
| Other | | | | | | | |

45. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

One drink includes one beer or one glass of wine, or one shot (ounce) of hard liquor

Yes No Don't know Refused

46. During the past year, how often have you had 5 or more drinks on one occasion? One drink includes one beer or one glass of wine, or one shot (ounce) of hard liquor

Never Less than once per month

Once per month 2-3 times per month

Once per week More than once per week

Every day Refused

47. Have you ever smoked cigarettes daily?

Yes

No

Don't know

Refused

48. At what age did you begin smoking cigarettes? _____ Age In years

49. At the present time, do you smoke cigarettes daily, occasionally or not at all?

Not at all Daily Occasionally Refused

50. On average, how many cigarettes do you currently smoke each day? Write in a number; even if approximate. _____ Number of cigarettes or _____ Packs per d

51. In the past 12 months, how many times have you tried to quit smoking?

Never tried to quit 5 or more tries 3-4 tries 1-2 tries Don't know Refused

52. At what age did you quit smoking cigarettes? _____ Age in years

53. Do you want to quit cigarettes or tobacco products? Yes No

54. What were your reasons for quitting smoking? Read the options and mark each response that applies

Respect for the cultural and traditional significance of tobacco

Chose a healthier lifestyle

Health condition

Doctors orders

- Peer pressure from friends or co-workers
- Out of respect for loved ones
- Greater awareness/education on ill effects of tobacco on my health
- Pregnancy
- Hearing about tobacco dangers
- Other

55. Do you have a smoke free home?

- Yes No Don't know Refused

56. Are you sexually active?

- Yes No Refused

57. Have you had sexual intercourse in the past 12 months?

- Yes No Don't know Refused

58. How many people have you had sexual intercourse with in the past 12 months?

- None 1-2 3-4 5-6 7-10 11 or more
- Don't know Refused

59. Which of the following birth control or protection methods do you and/or your partner(s) use?

Read list. Check all that apply

- Withdrawal Rhythm (natural family planning)
- Condom IUD
- Birth control pills I/we don't use any (none) (Go to Q 63)
- Diaphragm Other (specify)
- Sponges Don't know
- Depo Provera Refused
- Foam

60. What do you use that/those methods for?

- Birth control (to avoid pregnancy)
- Protection from sexually transmitted diseases including HIV/AIDS
- Both (birth control and protection from sexually transmitted diseases including HIV/AIDS)
- Other (specify) _____
- Don't know
- Refused

61. Do you use condoms to avoid getting sexually- transmitted diseases, like HIV or gonorrhea?

- Always (Go to 65) Most of the time Occasionally
- Never Refused

62. What is the main reason for not always using condoms? Check the answer that best describes your situation.

- | | |
|--|--|
| <input type="checkbox"/> Your partner did not want to use one | <input type="checkbox"/> You did not want to use one |
| <input type="checkbox"/> You were under the influence of alcohol or drugs | <input type="checkbox"/> You do not have the HIV/AIDS virus |
| <input type="checkbox"/> Your partner does not have the HIV/AIDS virus | <input type="checkbox"/> You were with your steady partner |
| <input type="checkbox"/> You (or your partner) wanted to get pregnant | <input type="checkbox"/> You did not have a condom at the time |
| <input type="checkbox"/> You could not afford to buy any condoms | <input type="checkbox"/> You could not obtain condoms where you were |
| <input type="checkbox"/> You were too embarrassed to get condoms | <input type="checkbox"/> You did not think of using a condom |
| <input type="checkbox"/> You could not talk to your partner about protection | <input type="checkbox"/> You find condoms painful |
| <input type="checkbox"/> You or your partner allergic to latex condoms | <input type="checkbox"/> You thought you were safe |
| <input type="checkbox"/> Religious reasons | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Refused |

63. Have you ever been pregnant or got someone pregnant?

- Yes If Yes how old were you the first time? _____ Years old
- No Don't Know Refused

64. How many children have you given birth to or fathered? If none, write "0".

_____ Number of children

| |
|---|
| K. PERSONAL WELLNESS AND SUPPORT |
|---|

65. Outside of school hours, how often do you:

| Outside items | Never | Less than once per week | 1-3 times per week | 4+ times per week | Not applicable |
|---|-------|-------------------------|--------------------|-------------------|----------------|
| Take part in sports teams or lessons | | | | | |
| Take part in art or music groups or lessons | | | | | |
| Take part in art or music groups or lessons | | | | | |
| Take part in traditional singing, drumming or dancing groups or lessons | | | | | |
| Have a job such as babysitting, working at a store, tutoring | | | | | |
| On making regalia basket greats | | | | | |

66. On average, about how many hours per day do you do the following:

| Event | Not at all | Less than 1 hour | 1 to 2 hours | 3 to 5 hours | 6 hours or more | Don't know | Refused |
|---------------------------------------|------------|------------------|--------------|--------------|-----------------|------------|---------|
| Watch TV | | | | | | | |
| Play video games | | | | | | | |
| Use computer (other than video games) | | | | | | | |
| Spend time outdoors | | | | | | | |
| Assist in household chores | | | | | | | |

67. How often do you feel that you are in balance in the physical, emotional, mental and spiritual aspects of your life? Please check a response for each aspect.

| Event | All of the time | Most of the time | Some of the time | Almost none of the time | Don't know | Refused |
|-----------|-----------------|------------------|------------------|-------------------------|------------|---------|
| Physical | | | | | | |
| Emotional | | | | | | |
| Mental | | | | | | |
| Spiritual | | | | | | |

68. Please indicate how strongly you agree or disagree with the following statements: Please check a response for each sentence.

| Statement | Strongly agree | Agree | Neither Agree nor disagree | Disagree | Strongly disagree | Don't know | Refused |
|--------------------------------------|----------------|-------|----------------------------|----------|-------------------|------------|---------|
| In general, I like the way I am. | | | | | | | |
| Overall I have a lot to be proud of. | | | | | | | |
| A lot of things about me are good. | | | | | | | |
| When I do something, I do it well. | | | | | | | |

69. Please indicate how strong you agree or disagree with the following statements: Please check a response for each sentence.

| Problems | Strongly agree | Agree | Neither Agree nor disagree | Disagree | Strongly disagree | Don't know | Refused |
|---------------------------------------|----------------|-------|----------------------------|----------|-------------------|------------|---------|
| I can solve the problems that I have. | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| No one pushes me around in life. | | | | | | | |
| I have control over the things that happen to me. | | | | | | | |
| I can do just about anything I really set my mind to do. | | | | | | | |
| I often feel helpless in dealing with the problems of life. | | | | | | | |
| What happens to me in the future mostly depends on me. | | | | | | | |
| There is little I can do to change to many of the important things in my life. | | | | | | | |

70. Please indicate your level of agreement with the following questions: Please check a response for each sentence,

| Feel | Not at all | A little | Moderately | Quite a bit | Don't know | Refused |
|---------------------------|------------|----------|------------|-------------|------------|---------|
| How lonely do you feel? | | | | | | |
| How loved do you feel? | | | | | | |
| How stressed do you feel? | | | | | | |

71. Have you ever attempted suicide?

- Yes, when I was under 12 years of age
- Yes, when I was an adolescent (12-17 years ago)
- Yes, during the past year
- Never
- Don't know
- Refused

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

- Yes No Don't know Refused

73. 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

74. Have you ever been involved with cutting to injure yourself for any reason?

- Yes No Refused

75. Is bullying a problem at school? Yes No

76. Is bullying a problem on the reservation?

No Large Somewhat

77. Have you ever been bullied?

Yes No Refused

78. Have you been bullied by a gang member?

Yes No Refused

79. Do you on belong to a presently gang?

Yes No Refused

80. Do you feel safe at home and/or school? Yes No

81. People sometimes look to others for companionship, assistance, guidance or other types of support. Could you tell me how often each of the following kinds of support is available to you when you need them. Mark one response for each item.

| Support Items | All of the time | Most of the time | Some of the time | Almost none of the time | Refused |
|--|-----------------|------------------|------------------|-------------------------|---------|
| Someone you can count on to listen to you talk when you need to talk | | | | | |
| Someone you can count on when you need help | | | | | |
| Someone to take you to the doctor if you needed it | | | | | |
| Someone who shows you love and affection | | | | | |
| Someone who can give you a break from your daily routines | | | | | |
| Someone to have a good time with | | | | | |
| Someone to confide in or talk about yourself or your problems | | | | | |
| Someone to do something enjoyable with | | | | | |

82. Who would you go to first for help if you had a problem with: Check only one answer for each problem.

| Area | Parent Guardian | Other family member | Friends my age | Adult friend | Traditional healer | Doctor Nurse Health aide | Principal School Counselor Teacher | Other | No one | Don't know | Refused |
|-----------------|-----------------|---------------------|----------------|--------------|--------------------|--------------------------|------------------------------------|-------|--------|------------|---------|
| Family problems | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Relationships boyfriend/ girlfriend | | | | | | | | | | | |
| Financial problems | | | | | | | | | | | |
| Drugs/Alcohol | | | | | | | | | | | |
| Anger/Feeling out of control | | | | | | | | | | | |
| Depression | | | | | | | | | | | |
| Problem with friends | | | | | | | | | | | |
| Sexual Physical Assault | | | | | | | | | | | |
| Sexually transmitted diseases | | | | | | | | | | | |
| Birth control | | | | | | | | | | | |
| Pregnancy | | | | | | | | | | | |

83. Would you go to social media to talk about your problems? Yes No Maybe

L. RESIDENTIAL SCHOOLS

Residential schools- also referred to as **boarding schools** or industrial schools- are the federal and church run institutions that many Aboriginal children attended across USA between 1860 and 1974.

84. Was your mother or father ever a student of a residential school?

Mother Yes No Don't know Refused

Father Yes No Don't know Refused

85. Were any of your grandparents students of a residential school?

Mother's mother Yes No Don't know Refused

Mother's father Yes No Don't know Refused

Father's mother Yes No Don't know Refused

Father's father Yes No Don't know Refused

86. Are there other issues affecting the well-being of teens in this Pinoleville Pomo Nation community that should be asked?

87. Do you experience "PRIDE" in your Native heritage? Yes No

88. How important are traditional Pomo beliefs to you?

very important somewhat important

not very important not at all

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

not at all somewhat very familiar

90. 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

91. Are there any issues that effect the wellbeing of teenagers in our community that we need to address?

92. What recommended do you have that the Pinoleville Tribe cab do for you family and friends?

93. What recommendation do you have that the Pinoleville Tribe can do for all our friends and relatives?
