



Participant ID:

• Kewa •

COMMUNITY HEALTH SURVEY

Your information is confidential

For more information, call 505-225-2010

Important Information

Please Read Before Starting Survey

About this survey: The Pueblo of Santo Domingo, the Kewa Pueblo Health Corporation, and the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) are conducting this community health survey to better understand your knowledge, opinions, and behaviors related to health and wellness. Your participation will help us identify community strengths and needs and improve our services for the community.

The survey will take 20-40 minutes to complete. The survey includes a variety of questions about health, and some questions may be sensitive, such as questions about mental health, alcohol and drug use, and sexually transmitted infections. All tribal members 18 years and older who live in the Pueblo have been invited to participate in this survey.

Your rights: You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. If you choose to do the survey, your answers will be kept confidential. Your name will not be on any reports about this survey. Your answers will be grouped with those from other tribal members in the Pueblo.

Compensation: Once we receive the completed survey from you, we will mail you a \$25 gift card as compensation for participating in this survey. Additionally, we will enter your name into a raffle for grand prizes.

Questions? If you have any questions, please call Estefanita Calabaza, Kewa Family Wellness Center, at 505-231-9694 or Kori VanDerGeest, AASTEC, at 505-225-2010.



**Complete the
survey online**

Visit
bit.ly/kewasurvey
or scan the code with
your phone's camera



**If you have
questions reach
out to us via phone
at
505-225-2010**

Instructions: Please mark the bubble or box next to your answer, or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

COMMUNITY HEALTH

1. In general, how would you describe your health?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor




2. How often do you take part in Kewa's cultural events?

- ☐ Always/almost always
- ☐ Sometimes
- ☐ Never

3. How easily do you speak Keres?

- ☐ Very easily
- ☐ Easily
- ☐ Not easily
- ☐ Not at all

4. How much do you agree or disagree with the following statements?

	 Agree	 Neutral	 Disagree
Our elders are strong role models for our youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elders and youth communicate effectively about our culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is something you like or are proud of about our Pueblo? If you need more space, use the additional comments box at the end of the survey.

6. What do you think are the top three health-related concerns in our community?
You can write anything related to health, such as diabetes, COVID, depression, elder issues, drug use, cancer, inadequate housing, water safety, quality of services, health insurance, domestic violence, etc.

1.

2.

3.

If you need more space, use the additional comments box at the end of the survey.

ABOUT YOU

7. What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (Bachelor's degree)
- ☐ College graduate degree (Master's degree)
- ☐ College graduate degree (Doctoral degree)

8. What is your age?

- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 years or older
- ☐ Prefer not to answer

9. How many adults 18 years of age and older live in your household, including yourself? Please exclude adults living away from home, such as students away at college.

number of adults

10. How many children younger than 18 years of age live in your household?

number of children

HOME & ENVIRONMENT

11. Do you have a smoke detector in your home?

- ☐ Yes
- ☐ No
- ☐ Don't know

12. Do you have a carbon monoxide detector in your home? A carbon monoxide or CO detector checks the level of carbon monoxide, an odorless, colorless gas, in your home.

- ☐ Yes
- ☐ No
- ☐ Don't know

13. Do you have any of the following issues at your home? Select all that apply.

- ☐ Persistent leaks, moisture, or mold
- ☐ Poor ventilation (no exhaust fans, few windows, etc.)
- ☐ Pests, bugs, or wild animals
- ☐ Issues with hot or cold water, electricity, heating, or cooling
- ☐ Structural issues (damaged roof, ceiling, walls)
- ☐ Other (please specify)

- ☐ None of the above

14. What is the main source of your home water supply? This refers to the water supply to taps or outlets inside the home.

- ☐ Santo Domingo Pueblo water system
- ☐ A private well serving your home
- ☐ Other (please specify)

- ☐ Don't know




15. Which of the following best describes the water that you drink at home most often?

- ☐ Unfiltered tap water
- ☐ Filtered tap water
- ☐ Boiled tap water
- ☐ Bottled or vended water
- ☐ Water from another source

16. Do you think your unfiltered tap water is safe to drink?

- ☐ Yes
- ☐ No
- ☐ Don't know

17. How concerned are you about the following water issues in Santo Domingo Pueblo?

	 Not at all concerned	 Somewhat concerned	 Very concerned
Drought/water shortage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of my tap water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution in nearby rivers, lakes, or streams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groundwater contamination (i.e. pollution in wells and the aquifer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How well prepared do you feel your household is to handle a large-scale disaster or emergency? This includes any event that leaves you isolated in your home or displaces you from your home for at least 3 days, such as a fire or a pandemic.

- ☐ Well-prepared
- ☐ Somewhat prepared
- ☐ Not prepared at all

HEALTH CARE

19. Besides the Indian Health Service, do you have any of the following types of health care coverage?

- ☐ Private health insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Veterans Administration
- ☐ Don't know
- ☐ I do not have health care coverage → **GO TO QUESTION 20**

GO TO QUESTION 21

20. What is the main reason you do not have health care coverage?

- ☐ Lost job or changed employers
- ☐ Spouse or parent lost job or changed employers (includes any person who was providing insurance prior to job loss/change)
- ☐ Became divorced or separated
- ☐ Spouse or parent died
- ☐ Became ineligible because of age or left school
- ☐ Employer doesn't offer or stopped offering coverage
- ☐ Became a part time or temporary employee
- ☐ Benefits from employer or former employer ran out
- ☐ Couldn't afford to pay the premiums
- ☐ Insurance company refused coverage
- ☐ Lost Medicaid or Medical Assistance eligibility
- ☐ Use Indian Health Service
- ☐ Other

21. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- ☐ Within past year
- ☐ Within past 2 years (at least 1 year ago but under 2 years ago)
- ☐ Within past 5 years (at least 2 years ago but under 5 years ago)
- ☐ 5 or more years ago
- ☐ Never

22. Have you received medical services at the Santo Domingo Health Center in the past year?

- ☐ Yes → **GO TO QUESTION 24**
- ☐ No
- ☐ Don't know → **GO TO QUESTION 24**

23. If you haven't used the Santo Domingo Health Center for medical services in the past year, please indicate why. Select all that apply.

- ☐ Have not needed medical services
- ☐ Don't use medical services
- ☐ Not easily accessible
- ☐ Poor quality of care
- ☐ Waiting time too long
- ☐ Have private doctor
- ☐ Limited services
- ☐ Unaware of services
- ☐ Inconvenient hours
- ☐ Lack of confidentiality
- ☐ Provider turnover (doctors leave often and are replaced by new doctors)
- ☐ Other (please specify)

- ☐ Don't know

24. Do you have difficulties speaking, reading, or understanding English when at the doctor's office?

- ☐ Yes
- ☐ No

25. Do you think we need more Keres-speaking medical translators? Select all that apply.

- ☐ Yes, at the Santo Domingo Health Center
- ☐ Yes, at the Tribal programs
- ☐ No

VISION, ORAL HEALTH, AND HEARING

26. When was the last time you had your eyes examined by any doctor or eye care provider?

- ☐ Within the past month
- ☐ Within the past year (at least 1 month but under 12 months ago)
- ☐ Within the past 2 years (at least 1 year but under 2 years ago)
- ☐ 2 or more years ago
- ☐ Never

27. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists (for braces).

- ☐ Within the past year
- ☐ Within the past 2 years (at least 1 year ago but under 2 years ago)
- ☐ Within the past 5 years (at least 2 years ago but under 5 years ago)
- ☐ 5 or more years ago
- ☐ Never

28. How many of your permanent teeth have been removed because of tooth decay or gum disease?

Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics (braces).

- ☐ 1 to 5
- ☐ 6 or more but not all
- ☐ All
- ☐ None
- ☐ Don't know

29. Have you ever been diagnosed with hearing loss by a doctor, nurse, or other health provider?

- ☐ Yes
- ☐ No

30. Do you use a hearing aid?

- ☐ Yes
- ☐ No

COPD & ASTHMA

31. Has a doctor, nurse or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?

- ☐ Yes
- ☐ No
- ☐ Don't know

32. Have you ever been told by a doctor, nurse, or other health professional that you have asthma?

☐ Yes

☐ No →

GO TO QUESTION 35

33. During the past 12 months, have you had an episode of asthma or an asthma attack?

☐ Yes

☐ No

34. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms?

times

NUTRITION & EXERCISE

35. How many servings of fruit did you eat yesterday?

servings

36. Did you eat more than one kind of fruit yesterday?

☐ Yes

☐ No

1 serving of fruit looks like...



37. Did you eat more than one kind of vegetable yesterday?

- ☐ Yes
☐ No

38. How many servings of vegetables did you eat yesterday?

servings

39. How many glasses of soda, fruit drinks, sports drinks, energy drinks, or punch did you drink yesterday?

glasses

1 serving of vegetables looks like...



Examples of soda, fruit drinks, sports drinks, energy drinks & punch



For the next two questions, please indicate how true these statements are for you or your household.

40. “Within the past 12 months, I/we worried whether my/our food would run out before we got more.”

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

41. “Within the past 12 months, the food I/we bought just didn’t last and I/we didn’t have money to get more.”

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

42. During the past 7 days, how often did you get physical exercise, separate from your regular job?

Examples include running, aerobics, vigorous walking, cutting wood, exercising on machines, etc.

times in the last 7 days

43. Are you trying to lose weight now?

- ☐ Yes
- ☐ No → **GO TO QUESTION 45**

44. Have you done any of the following in order to lose weight?

Select all that apply.

- ☐ Changed your eating habits (eating less food or changing types of food)
- ☐ Exercised more often
- ☐ Other

DIABETES

45. Have you ever taken a course or class in how to prevent diabetes?

- ☐ Yes
- ☐ No

46. Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

- ☐ Yes → **GO TO QUESTION 47**
- ☐ Yes, but only during pregnancy
- ☐ No
- ☐ No, I have pre-diabetes or borderline diabetes
- ☐ Don't know

GO TO QUESTION 52

47. Are you taking any of the following medications for diabetes? Select all that apply.

- ☐ Oral medications (Metformin, Januvia, Jardiance, etc.)
- ☐ Insulin (Lantus, Levemir, Novolog, Humalog, 70/30, etc.)
- ☐ Other injectable medications (Ozempic, Victoza, Trulicity, etc.)
- ☐ None of the above

48. About how often do you check your blood sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- ☐ 4 or more times per day
- ☐ 1-3 times per day
- ☐ At least once a week
- ☐ Under once a week
- ☐ Never

49. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- ☐ Once a day or more
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Once or twice a year
- ☐ No feet
- ☐ Never

50. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- ☐ Yes
- ☐ No
- ☐ Don't know

51. Have you ever taken a course or class in how to manage your diabetes?

- ☐ Yes
- ☐ No

CARDIOVASCULAR HEALTH

52. Have you ever had a heart attack?

- ☐ Yes
- ☐ No → **GO TO QUESTION 54**

53. At what age did you have your first heart attack? If you are not sure, give your best guess.

years old

54. Have you ever had a stroke?

- ☐ Yes
- ☐ No → **GO TO QUESTION 56**

55. At what age did you have your first stroke? If you are not sure, give your best guess.

years old

56. Have you had your blood pressure taken in the past 12 months?

- ☐ Yes
☐ No

57. Have you ever been told by a health professional that you had high blood pressure?

- ☐ Yes
☐ No

DISABILITY & FALLS

58. Do you have any of the following issues? Select all that apply.




- ☐ Deaf or serious difficulty hearing
- ☐ Serious difficulty seeing, even when wearing glasses
- ☐ Serious difficulty concentrating, remembering or making decisions due to a physical, mental, or emotional condition
- ☐ Serious difficulty walking or climbing stairs
- ☐ Difficulty dressing or bathing
- ☐ Difficulty doing errands alone due to a physical, mental, or emotional condition
- ☐ None of these

The next three questions are about falling down. By falling down, we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

59. In the past 3 months, how many times have you fallen down? If you are not sure, give your best guess.

times

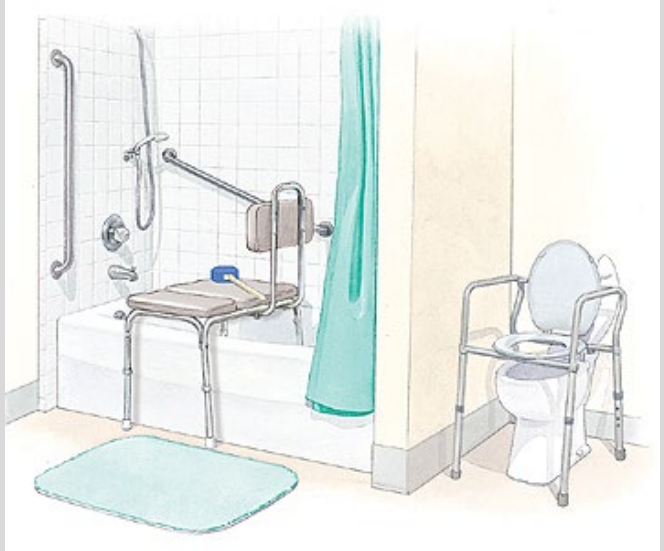
60. How concerned are you about falling down during each of the following activities? If you currently DO NOT do the activity (example: if someone does your shopping for you), please answer whether you would be concerned IF you did the activity.

	 Not at all concerned	 Somewhat concerned	 Very concerned
Getting dressed or undressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting in or out of a chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going up or down stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching for something above your head or on the ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking up or down a slope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going out to a social event (e.g. family gathering, ceremony, or feast day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Do you have any of the following accessories in your bathroom at home? Select all that apply.

- ☐ Toilet riser
- ☐ Shower chair or bench
- ☐ Nonslip mat or nonslip strips
- ☐ Portable toilet
- ☐ Grab bars
- ☐ A walk-in tub or curb-less shower
- ☐ Other (please specify)

☐ None of the above



CAREGIVERS

62. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

☐ Yes → **GO TO QUESTION 63**

☐ No

☐ Don't know

☐ Caregiving recipient died in past 30 days

GO TO QUESTION 64

63. Do you need more support to take care of this person? This could include managing your relative's illness, financial issues, looking after your own health, or anything else.

☐ Yes

☐ No

MORE ABOUT YOU

64. Are you currently...?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for under 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to answer

65. Which of the following best describes your race/ethnicity?

Select all that apply.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Hispanic or Latino
- ☐ Other (please specify)

☐ Prefer not to answer

66. How often is transportation a problem for you?

- ☐ Always/almost always
- ☐ Sometimes
- ☐ Never

67. What is your annual household income from all sources?

- ☐ Under \$15,000
- ☐ \$15,000 to under \$35,000
- ☐ \$35,000 to under \$50,000
- ☐ \$50,000 to under \$75,000
- ☐ \$75,000 to under \$100,000
- ☐ \$100,000 or more
- ☐ Prefer not to answer

68. What sex were you assigned at birth, on your original birth certificate?

- ☐ Female
- ☐ Male

69. How do you describe yourself?

Select one.

- ☐ Woman
- ☐ Man
- ☐ Trans woman (male-to-female)
- ☐ Trans man (female-to-male)
- ☐ Two spirit
- ☐ Nonbinary, genderqueer, or genderfluid
- ☐ Other (please specify)

☐ Prefer not to answer

70. Do you consider yourself to be...?

- ☐ Straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other (please specify)

☐ Prefer not to answer

VACCINES

71. If your doctor recommends a vaccine for you, do you usually get it?

- ☐ Yes
- ☐ No
- ☐ Sometimes

The next two questions are about COVID-19 vaccines. As you may know, an updated vaccine for COVID-19 became available Fall of 2023.

72. Have you received a COVID-19 vaccine since Fall of 2023?

- ☐ Yes → **GO TO QUESTION 74**
- ☐ No
- ☐ Don't know

73. Do you plan on getting the updated COVID-19 vaccine?

- ☐ Yes
- ☐ Probably
- ☐ Not sure yet
- ☐ Probably not
- ☐ Definitely not

COVID-19

The next five questions are about the COVID-19 disease and symptoms of long COVID.

74. How many times have you had COVID-19 since the beginning of the pandemic?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times
- ☐ Never had COVID-19

75. Would you describe yourself as having 'long COVID'? For example, have you experienced symptoms such as fatigue, difficulty concentrating, shortness of breath more than 4 weeks after you were diagnosed with COVID-19 that are not explained by something else?

- ☐ Yes
- ☐ No → **GO TO QUESTION 79**
- ☐ Don't know
→ **GO TO QUESTION 79**

76. Do any of these symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ Not at all
- ☐ Don't know

77. Are you currently seeing a health care provider about these ongoing symptoms?

- ☐ Yes
- ☐ No

78. Has long COVID ever impacted your social relationships or finances? Select all that apply.

- ☐ Yes, social relationships
- ☐ Yes, finances
- ☐ No

MENTAL WELLNESS

The questions in this section ask about your mental wellness, which includes your emotional and social well-being. This is a sensitive topic, so please remember that your responses are **confidential** and will not be traced back to you. If you feel uncomfortable, please do not hesitate to skip a question.

For the next two questions, please indicate how true the statements are for you.

79. “There is someone in my life that I can turn to for support.”

- ☐ Definitely true
- ☐ Probably true
- ☐ Probably false
- ☐ Definitely false

80. “I feel that there is no one I could share my most private worries and fears with.”

- ☐ Definitely true
- ☐ Probably true
- ☐ Probably false
- ☐ Definitely false

81. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. In the past 5 years, have you seen a professional to treat any mental health concerns?

- ☐ Yes
☐ No → **GO TO QUESTION 84**

83. Are you currently seeing a professional to treat any mental health concerns?

- ☐ Yes
☐ No } → **GO TO QUESTION 85**

84. If you haven't used mental health services in the past 5 years, please indicate why. Select all that apply.

- ☐ Have not needed mental health services
- ☐ Don't believe in mental health therapy
- ☐ Not easily accessible
- ☐ Poor quality of care
- ☐ Waiting time too long
- ☐ Limited services
- ☐ Unaware of services
- ☐ Inconvenient hours
- ☐ Lack of confidentiality
- ☐ People will judge me
- ☐ Other (please specify)



Call, Text, or Message 988 for Mental Wellness

The questions in this survey may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call:

- 988 for the Crisis Lifeline,
- 505-465-2733 for the Kewa Family Wellness Center, or
- 505-465-5511 for the Behavioral Health Services at the Santo Domingo Health Center.

COMMERCIAL TOBACCO

This section focuses on commercial tobacco use. Please exclude tobacco used for traditional or cultural purposes.



85. How often have you used the following commercial tobacco products?

	In the last 30 days	In the last year	At least once in my lifetime	Never
Electronic tobacco products (e-cigarettes, vapes, or other nicotine vaping devices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercial cigarettes, cigars, or chewing tobacco DO NOT include traditional use of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have used commercial tobacco products (including e-cigarettes and vaping devices) in the past year → **GO TO QUESTION 86.**

If you have NOT → **GO TO QUESTION 89.**

86. How important would you say it is for you to quit using commercial tobacco products, including e-cigarettes and vaping devices?

- ☐ Very important
- ☐ Somewhat important
- ☐ Not at all important

87. If you decided to quit using commercial tobacco products, including e-cigarettes, and vaping devices, how confident are you that you could do it?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident

88. Would you like the clinic to offer more services to help you stop using commercial tobacco products, including e-cigarettes, and vaping devices?

☐ Yes

☐ No

☐ Don't know

ALCOHOL AND DRUGS

The questions in this section ask about alcohol and drugs. This does not include prescription medications that are taken as directed by your doctor. This is a sensitive topic, so please remember that your responses are **confidential** and will not be traced back to you. If you feel uncomfortable, please do not hesitate to skip a question.

89. How often have you used the following substances?

	In the last 30 days	In the last year	At least once in my lifetime	Never
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, weed, cannabis, THC, bud, <i>mota</i> or hashish (hash), edibles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana (K2, Spice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids <u>without</u> a prescription from your doctor or more often, in greater amounts, or longer than your doctor told you to take it <ul style="list-style-type: none">Hydrocodone (Vicodin ®), oxycodone (Percocet ®), or codeineFentanyl (blues)Buprenorphine (Suboxone, Subutex, Subs) or MethadoneHeroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	In the last 30 days	In the last year	At least once in my lifetime	Never
Amphetamines (uppers, speed, crystal, meth, crank, ice, <i>agua</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, coke, blow, snow, <i>nieve</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers (downers, tranq, xylazine, benzos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (sniffing gasoline, glue, aerosol spray cans, paint, laughing gas/nitros/nitrous oxide to get high)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Naloxone, also known as Narcan®, is a medication that reverses opioid overdoses. The next four questions are about naloxone.

90. Before taking this survey, were you aware of naloxone and what it is used for?

- ☐ Yes
- ☐ No
- ☐ Sort of

91. Do you know how to use naloxone if a person is overdosing?

- ☐ Yes
- ☐ No
- ☐ Sort of

92. Would you like to learn (or re-learn) how to use naloxone?

- ☐ Yes
- ☐ No

93. Do you know where to get naloxone for free?

- ☐ Yes
- ☐ No

If you drank alcohol or used any drugs in the past year

→ **GO TO QUESTION 94.**

If you did NOT drink alcohol or use any drugs in the past year

→ **GO TO QUESTION 99.**

94. Have you ever felt you should cut down on your drinking or drug use?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

96. Have you felt bad or guilty about your drinking or drug use?

- ☐ Yes
- ☐ No

97. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

- ☐ Yes
- ☐ No

98. How old were you when you first drank alcohol? If you are not sure, give your best guess.

years old

SEXUALLY TRANSMITTED INFECTIONS

The questions in this section ask about sexually transmitted infections (STIs). STIs are infections that people can get when they don't use a condom or dental dam during sex. This is a sensitive topic, so please remember that your responses are **confidential** and will not be traced back to you. If you feel uncomfortable, please do not hesitate to skip a question.

99. Do any of these situations apply to you? You do not need to indicate which one.

- You have injected any drug other than those prescribed for you in the past year.
 - You have been treated for a sexually transmitted infection or STI in the past year.
 - You have given or received money or drugs in exchange for sex in the past year.
 - You had anal sex without a condom in the past year.
 - You had four or more sex partners in the past year.
-
- ☐ Yes, at least one of these situations apply to me
 - ☐ No
 - ☐ Don't know
 - ☐ Prefer not to answer

100. Have you been tested for any of the following infections in the past year?




Select all that apply.

- ☐ HIV
- ☐ Hepatitis C
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ None of the above
- ☐ Don't know

RESILIENCY

Resiliency is what helps us manage difficult experiences, recover from them, and thrive afterwards. Just as we learn how to walk or ride a bike, we can learn the skills that make us more resilient. The next question is about resiliency.

101. How much do you agree or disagree with the following statements?

	 Agree	 Neutral	 Disagree
I believe I can grow in positive ways by working through difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regardless of what happens to me, I believe I can choose how to respond to it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Call, Text, or Message 988 for Mental Wellness

The questions in this survey may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call:

- 988 for the Crisis Lifeline,
- 505-465-2733 for the Kewa Family Wellness Center, or
- 505-465-5511 for the Behavioral Health Services at the Santo Domingo Health Center.

ADDITIONAL COMMENTS

102. If you have any more thoughts about health, healthcare, or social services that we may have missed, please share your comments below.

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Gift Card & Raffle

If you want to receive a \$25 gift card and to be entered into the raffle, please share your contact information below. Once we receive your response, your contact information will be kept separate from your survey answers, so that no one will know how you answered the survey. **If you do not want a gift card or a raffle prize, please skip to the bottom of this page.**

First name: _____

Last name: _____

Phone number: _____

Mailing address: _____

Address line 2:
(optional) _____

City: _____

State: _____

Zip: _____

☐ I do **NOT** want a \$25 gift card, or to be entered into the raffle

Image sources: Fruit and vegetable images are from the Healthy Food Guide Magazine. 988 logo is from <https://988nm.org/native-american-resources>. Bathroom drawing is from <https://albernicomfortzone.com/article/stay-safe-bathroom>. Icons are from the Noun Project, specifically wink, angry, and worried icons by Smashicons; and thumbs up/down/horizontal icons by Till Teenck.

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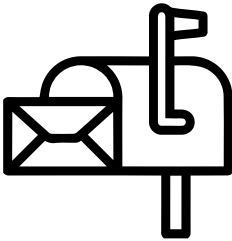
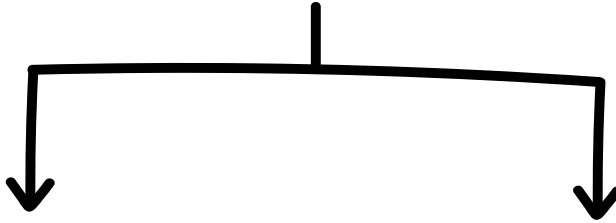
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Important Information

How to Submit Your Survey



Put this booklet into the
enclosed envelope



Put the envelope in the mail
(No postage necessary)

OR



Drop off the envelope at
the clinic or the library

Thank you!

Stay tuned for a community meeting
where we'll share the results of this survey

Kewa COMMUNITY HEALTH SURVEY

Kewa Community Health Survey is a partnership of Santo Domingo Pueblo, Kewa Pueblo Health Corporation, and Albuquerque Area Southwest Tribal Epidemiology Center

