

A Letter from the Governor of the Pueblo of Laguna

My fellow community members,

I hope this letter finds you and your families well. Our tribe last assessed the health of Laguna more than 10 years ago. Since then, many things have happened: closure of the ACL emergency room, initiating operations of the Laguna Community Health Center, and working together as a community to get through the COVID-19 pandemic.

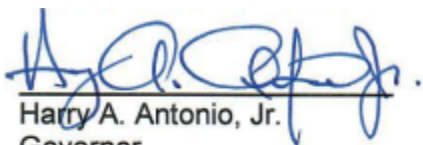
We would like an updated picture of what the community's health needs are today. The Pueblo of Laguna, with assistance from the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC), through our Center for Disease Control (CDC) 5-year grant, is conducting this survey because we value your opinion and knowledge to help us build a better future for generations to come. We trust in the strength of our people to assist us in building pathways to good health and wellness. We will use the information you share to improve our programs and bring more resources to the community.

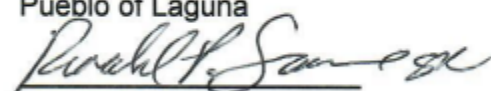
We respectfully request your help to complete this important survey. The survey will take 20-40 minutes to complete. You can take this survey online, in the enclosed booklet, or during a community event. Your responses will be completely confidential.


When you complete your survey, the Pueblo of Laguna will mail you or give you onsite a **\$30 gift certificate**.

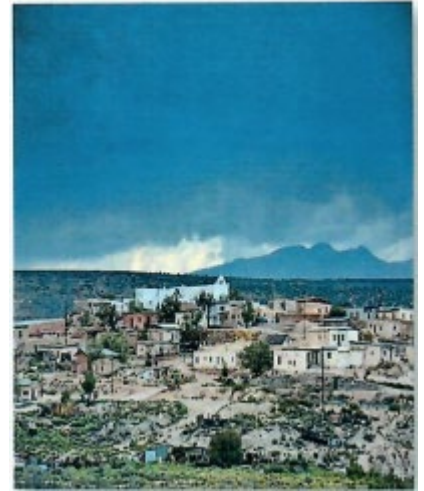
If you have any questions about the survey, please call AASTEC at 1-800-658-6717 and ask for Paul Tindall or Ryan Arkie.

With respect and gratitude,


Harry A. Antonio, Jr.
Governor
Pueblo of Laguna


Ronald P. Sarracino, Sr.
1st Lt. Governor
Pueblo of Laguna


Wilfred Herrera, Jr.
2nd Lt. Governor
Pueblo of Laguna



Complete the survey online

Visit

<https://db.aastec.net/POL/index.html>

Or scan this QR code with your
phone's camera



Important Information

Please Read Before Starting Assessment

About this assessment: The Pueblo of Laguna (PoL), the Laguna Health Center, the Community Health and Wellness, Laguna Rainbow Corporation, and the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) are conducting this community health assessment to better understand your opinions, behaviors, and needs related to health and wellness. Your participation will help us identify community strengths and needs to improve our programs for the PoL community.

The assessment will take 20-40 minutes to complete. The assessment includes a variety of questions about health, some may be sensitive, such as questions about mental health, alcohol and drug use. All tribal members 18 years and older who live in New Mexico are invited to participate in this assessment.

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

Compensation: Once we receive the completed assessment from you, we will mail you a \$30 gift card as compensation for participating in this assessment.

Questions: If you have any questions, please call AASTEC at 1-800-658-6717 and ask for Paul Tindall or Ryan Arkie.

Please fill in the following information before continuing:

Date: _____

I am a member of the Pueblo of Laguna living in New Mexico: ☐ (If not, please return this survey)

☐ I am receiving assistance filling out this assessment.

Interviewer: _____

Community Health Assessment

Please take a few minutes to complete this assessment. Your participation will help us better understand health priorities in our community and improve our health services. Thank you!

About you

1. 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
2. What gender do you identify with?
 - ☐ Female
 - ☐ Male
 - ☐ Other _____
3. Are you Native American?
 - ☐ Yes
 - ☐ No
4. Are you an enrolled member of the Pueblo of Laguna?
 - ☐ Yes
 - ☐ No
5. Which village in the Pueblo of Laguna do you live in?
 - ☐ Encinal Village
 - ☐ Laguna Village
 - ☐ Mesita Village
 - ☐ Paguete Village
 - ☐ Paraje Village
 - ☐ Seama Village
 - ☐ I'm not a resident
 - ☐ Other _____
6. What language do you speak most often within your family?
 - ☐ English
 - ☐ Keres
 - ☐ Other _____

7. What language are you most comfortable speaking?

☐ English

☐ Keres

☐ Other _____

Environmental & Community Health

8. How concerned are you about the following topics and their impact on the health of the community in the Pueblo of Laguna?

	Very concerned	Somewhat concerned	Not at all concerned
Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pollution in nearby rivers, lakes, or streams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having enough water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildfires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uranium/Radon Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackpile Mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe your response): 			

9. If you live in the Pueblo of Laguna, what health care services currently meet your health care needs and the needs of the members of your household?

Response: _____

10. How would you prefer to receive information from community health programs?

Select all that apply.

☐ Regular mail

☐ Email

☐ Social media

☐ Text

☐ Forums/town halls

☐ Home visits

☐ Other

11. What do you think are **the three most important factors for a “Healthy Community?”**

Check only three:

<input type="checkbox"/> Good place to raise children <input type="checkbox"/> Low crime/safe neighborhoods <input type="checkbox"/> Strong tribal leadership <input type="checkbox"/> Good schools <input type="checkbox"/> Access to health care <input type="checkbox"/> Parks and recreation opportunities <input type="checkbox"/> Clean environment <input type="checkbox"/> Affordable housing <input type="checkbox"/> Traditional and cultural events	<input type="checkbox"/> Maintaining our Native language <input type="checkbox"/> Good jobs and healthy economy <input type="checkbox"/> Farming and agriculture <input type="checkbox"/> Strong family life <input type="checkbox"/> Healthy behaviors and lifestyles <input type="checkbox"/> Community members help each other out <input type="checkbox"/> Religious or spiritual values <input type="checkbox"/> Elder support and involvement <input type="checkbox"/> Other _____
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12. What do you think are the **five most important “health problems” in our community?**

Check only five:



<input type="checkbox"/> Aging problems (arthritis, hearing loss, etc.) <input type="checkbox"/> Alzheimer’s/dementia <input type="checkbox"/> Cancers <input type="checkbox"/> Child abuse/neglect <input type="checkbox"/> Dental health issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Domestic violence <input type="checkbox"/> COVID-19 <input type="checkbox"/> Access to the internet	<input type="checkbox"/> Heart disease and stroke <input type="checkbox"/> Drug misuse <input type="checkbox"/> High blood pressure <input type="checkbox"/> Obesity <input type="checkbox"/> Crime and crime related assault <input type="checkbox"/> Infectious diseases <input type="checkbox"/> Mental health problems <input type="checkbox"/> Motor vehicle crash/injuries <input type="checkbox"/> Insurance system	<input type="checkbox"/> Rape and sexual assault <input type="checkbox"/> Environmental health <input type="checkbox"/> Sexually transmitted infections (STIs) <input type="checkbox"/> Alcohol and alcoholism <input type="checkbox"/> Suicide <input type="checkbox"/> Respiratory and lung diseases <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Other _____
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13. What do you think are **the three most important “risky behaviors”** in our community?



Check only three:

<input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Being overweight <input type="checkbox"/> Drinking and driving <input type="checkbox"/> Dropping out of school <input type="checkbox"/> Drug misuse (e.g. cocaine, meth, heroin) <input type="checkbox"/> Excessive gambling <input type="checkbox"/> Lack of exercise <input type="checkbox"/> Poor eating habits	<input type="checkbox"/> Prescription drug abuse <input type="checkbox"/> Physical fighting/violence <input type="checkbox"/> Not using seat belts/child safety seats <input type="checkbox"/> Tobacco abuse (e.g. not for ceremonial use) <input type="checkbox"/> Unsafe sex <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other _____
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14. Do you agree or disagree with the following statements:

	 Agree	 Disagree
I am satisfied with the quality of life in our community.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the health care in our community.	<input type="checkbox"/>	<input type="checkbox"/>
Our community is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>
Our community is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>
Elders in our community have good support.	<input type="checkbox"/>	<input type="checkbox"/>
There are good economic opportunities in our community.	<input type="checkbox"/>	<input type="checkbox"/>
Our community is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>
I feel valued in our community.	<input type="checkbox"/>	<input type="checkbox"/>
There are enough recreational activities for young people in our community.	<input type="checkbox"/>	<input type="checkbox"/>
Parents and youth communicate effectively with each other in our community.	<input type="checkbox"/>	<input type="checkbox"/>
Traditional activities bring people together in our community.	<input type="checkbox"/>	<input type="checkbox"/>
Culture and traditions are valued and respected in our community.	<input type="checkbox"/>	<input type="checkbox"/>
It is important for our children to speak their Native language.	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government listens to the needs of our community.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the senior services in our community.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the schools in our community.	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you agree or disagree with the following statements:

	 Agree	 Disagree
I am satisfied with the medical care in our community for me.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the dental care in our community for me.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the hearing care in our community for me.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the eye care in our community for me.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the care for people who have an addiction to alcohol and other drugs in our community.	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the care for people who have mental health challenges like depression in our community.	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you agree or disagree with the following statements?

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

Household

17. How many people of the following ages live in your household, including yourself? Please exclude anyone living away from home, such as students away at college or those in the military.

Number of children (less than 18)	
Number of adults (18 or older)	

Home Environment

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

20. Which FUEL is used MOST for heating this house, apartment or mobile home?

- ☐ Gas: Natural gas from underground pipes serving the neighborhood
- ☐ Gas: Bottled or tank (propane, butane, etc.)
- ☐ Electricity
- ☐ Fuel Oil, kerosene, etc.
- ☐ Coal or coke
- ☐ Wood
- ☐ Pellet stove
- ☐ Solar energy
- ☐ Other fuel
- ☐ No fuel used

21. 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.)
- ☐ Testing for lead paint
- ☐ Pests, bugs or wild animals
- ☐ Issues with hot or cold water, electricity, heating or cooling
- ☐ Structural issues (damaged roof, ceiling, walls)
- ☐ Other (please describe)

☐ None of the above

22. 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 a fire or a pandemic.

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

23. Do you have reliable access to the following services in your home:

	Yes	No	Do not have
Landline telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. What number do you call to reach emergency services in the Pueblo of Laguna?

Personal Health

25. How would you rate your personal health?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Unhealthy
- ☐ Very unhealthy
- ☐ Don't know/not sure
- ☐ Prefer not to say

26. Do you identify as a person with a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

27. If you live in the Pueblo of Laguna, what challenges do you face trying to access health care for you or your family? (e.g., too expensive, transportation, understanding applications, unable to navigate healthcare services):

Response: _____

28. How often do you need to have someone (like a family member, friend, clinic worker or caregiver) help you understand medical information and instructions that you receive from your doctor or other health care provider?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Occasionally
- ☐ Never

29. Indicate whether a health care provider has ever talked to you about the following topics.

Mark one box per line

	Yes, in the past year	Yes, over a year ago	No	Don't know/ Not sure	I haven't seen a provider
Diet or eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy weight or losing weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare

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

☐ Yes

☐ No

31. How confident are you filling out medical forms by yourself?

☐ Very confident

☐ Somewhat confident

☐ Not confident

32. Where do you go for urgent care?

Response: _____

33. Where do your children receive pediatric care? If you don't have children, write N/A.

Response: _____

34. Where do you receive your primary care?

Response: _____

Hearing

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

☐ Yes

☐ No

36. Do you use a hearing aid?

☐ Yes

☐ No

Food Access

37. Do you have trouble accessing healthy foods?

☐ Yes

☐ No

38. Do you know where to buy fresh produce?

☐ Yes

☐ No

Exercise

39. If you live in the Pueblo of Laguna, have you used the following spaces in the last month?

Check all that apply

☐ Walking trail

☐ Fitness Center

☐ Old Laguna-Acoma High School Track

☐ Senior Center

☐ Special Diabetes Program for Indians (SDPI) events

☐ Fun runs/walks

☐ Other _____

Disability & Falls

40. Do you have any of the following issues? **Check 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 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.

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

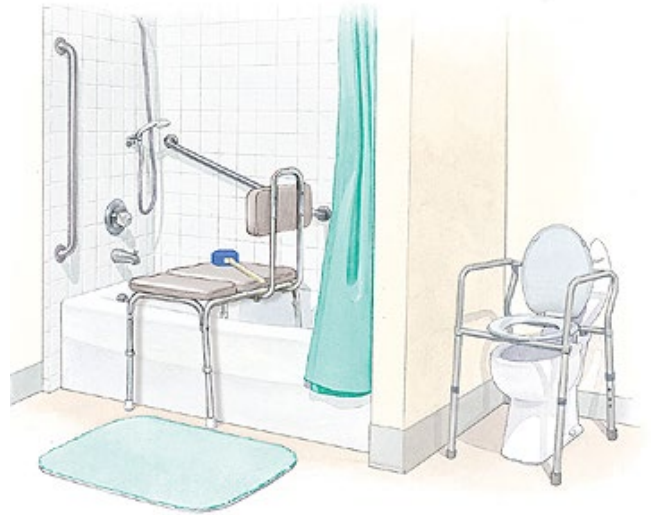
_____ times

42. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up or down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching for something above your head or on the ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up or down a slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out to a social event (e.g. family gathering, ceremony, or feast day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Do you have any of the following accessories in your bathroom at home? **Check 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 _____
- ☐ None of the above



Caring for a Friend or Family Member

44. 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, for pay
- ☐ Yes, unpaid
- ☐ No
- ☐ Don't know/not sure
- ☐ Caregiver recipient died in past 30 days

45. 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
- ☐ Not applicable

Commercial Tobacco Use

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

46. 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
E-cigarettes, vapes, or other nicotine vaping devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial cigarettes, cigars, or chewing tobacco Do NOT include traditional use of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

49. How concerned are you about commercial tobacco use and vaping among your family and people you know in our community?

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not all concerned
- ☐ Don't know/not sure

Alcohol and Drug Use

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 cannot be traced back to you. If you feel uncomfortable, please do not hesitate to skip a question.

50. Do you think the use of the following substances is a problem within your family?

	Yes	No
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (pot, weed, cannabis, THC, bud, <i>mota</i> or hashish (hash), edibles)	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic marijuana (K2, Spice)	<input type="checkbox"/>	<input type="checkbox"/>
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 codeine • Fentanyl (blues) • Buprenorphine (Suboxone, Subutex, Subs) or Methadone • Heroin 	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (uppers, speed, crystal, meth, crank, ice, <i>agua</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (crack, rock, coke, blow, snow, <i>nieve</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers (downers, tranq, xylazine, benzos)	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (sniffing gasoline, glue, aerosol spray cans, paint, laughing gas/nitros/nitrous oxide to get high)	<input type="checkbox"/>	<input type="checkbox"/>

51. Are you aware of substance abuse treatment options within the Pueblo of Laguna?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

52. How concerned are you about overdoses in our community?

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not all concerned
- ☐ Don't know/not sure

53. Do you have Narcan (Naloxone)?

- ☐ Yes
- ☐ No, but I know where to get it
- ☐ No and I don't know where to get it
- ☐ No and I never heard of it

54. What keeps members of our community from getting help for addiction to alcohol or other drugs?

Check all that apply:

<input type="checkbox"/> Worry about what others will think	<input type="checkbox"/> They don't have a counselor they can trust
<input type="checkbox"/> They can't get an appointment	<input type="checkbox"/> They don't know where to go
<input type="checkbox"/> They don't believe treatment will work	<input type="checkbox"/> They can't afford help
<input type="checkbox"/> No transportation	<input type="checkbox"/> No childcare
<input type="checkbox"/> No health insurance	<input type="checkbox"/> People don't have problems getting help
<input type="checkbox"/> Worry that it won't be kept confidential	<input type="checkbox"/> Other
<input type="checkbox"/> They don't want to go to a rehab facility	_____

Vaccines and COVID-19

55. If a healthcare provider recommends a vaccine (ex. flu, COVID), do you usually get it?

- ☐ Yes
- ☐ No

If no, why? (ex. fear of side effects, not enough information, fear of needles, etc.).

Response: _____

56. Do you plan on getting the following vaccines?

	Yes	No	Unsure
Flu vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the COVID-19 disease and symptoms of Long COVID. Long COVID is defined as a chronic condition that occurs after a COVID infection and is present for at least 3 months. Long COVID includes a wide range of symptoms or conditions that may improve, worsen, or be ongoing. These symptoms and conditions can range from mild to severe, may require comprehensive care, and can even result in a disability. Symptoms can include fatigue, brain fog, and post-exertional malaise (PEM) are commonly reported symptoms, but more than 200 Long COVID symptoms have been identified ([CDC, 2024](#)).

57. Are you having any long-term health problems from COVID?

- ☐ I have not had COVID
- ☐ I have not had any long-term problems from COVID
- ☐ I had long-term problems from COVID but they did not last
- ☐ I am having health problems from COVID
- ☐ Don't know/not sure
- ☐ Prefer not to say

58. How important do you think getting a COVID-19 vaccine is to protect yourself and your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Not at all important
- ☐ Don't know/not sure
- ☐ Prefer not to say

Cancer

59. How much do you know about recommended cancer screenings? Examples of cancer screenings include mammograms, Pap tests, and colon exams.

- ☐ Very much
- ☐ Enough
- ☐ Some
- ☐ A little or none
- ☐ Don't know/not sure

60. Have you received all recommended cancer screenings for your age?

- ☐ All of them
- ☐ Some of them
- ☐ None of them
- ☐ Don't know/not sure

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 response 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.

61. "There is someone in my life that I can turn to for support"

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

62. "I feel that there is no one I could share my most private worries or fears with."

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

63. Over the past two 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Yes
- ☐ No




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

- ☐ Yes
- ☐ No

Resiliency

Resiliency is what helps us manage difficult experiences, reoccur 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.

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

	 Agree	 Neutral	 Disagree
I believe I can grow in positive ways by dealing with difficult situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regardless of what happens to me, I believe I can control my reaction to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

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

68. Is there anything else you want to tell the Health Committee?

Image sources: Bathroom drawing 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.