6/4/2025

Needs Assessment

Elder Survey

Please assist us in determining what services are most needed by the older citizens served by the Kaw Nation Title VI Nutrition and Support Services Program. In December 2025, the Kaw Nation Grants and Contracts Department will be applying for a three (3) year funding period for the Title VI Program. As part of the application, we need your input to decide which services are most needed by you from this program. Please answer the following the questions based on your individual experiences. All the answers below will be kept confidential—there is no need for a signature. The Kaw Nation appreciates your time, and we thank you for your participation.

Kaw Nation
TITLE VI NUTRITION AND SUPPORT SERVICES

Part I: Demographics

1. What is your gender?
   - ☐ Male
   - ☐ Female
2. Please select your age group:
   - ☐ 55-59 years
   - ☐ 60-69 years
   - ☐ 70-79 years
   - ☐ 80+ years
3. What is your ethnicity?
   - ☐ American Indian
   - ☐ Alaska Native
   - ☐ Other
   - ☐ Native Hawaiian
   - ☐ Descendant
4. What is your current marital status?
   - ☐ Single or Never Married
   - ☐ Married or Living with Partner
   - ☐ Divorced or Separated
   - ☐ Widowed
5. What is your current annual income?
   - ☐ 0-$4,999
   - ☐ $5,000-$6,999
   - ☐ $7,000-$9,999
   - ☐ $10,000-$14,999
   - ☐ $15,000-$19,999
   - ☐ $20,000-$24,999
   - ☐ $25,000-$34,999
   - ☐ $35,000-$49,999
   - ☐ $50,000 or more
6. What is the highest grade level you have completed?
   - ☐ Never attended or Kindergarten only
   - ☐ Elementary
   - ☐ High School
   - ☐ College/Technical School
   - ☐ Graduate/Professional School
7. Please select your employment status for the past 12 months:
   - ☐ Unemployed or Retired
   - ☐ Full-time
   - ☐ Part Time
   - ☐ Other
8. If you have not worked in the past 12 months, please select a reason:
   - ☐ Retired
   - ☐ Disabled
   - ☐ Other
   - ☐ Medical Condition
   - ☐ Taking Care of Home or Family
   - ☐ Unable to Find Work
9. Have you served or do you currently serve in the US Armed Forces, Military Reserves, or National Guard?
   - ☐ Yes
   - ☐ No
10. Are you an enrolled member of a federally recognized tribe?
    - ☐ Yes
    - ☐ No
11. Do you currently reside in Kay County?
    - ☐ Yes
    - ☐ No
12. If no, in what Zip Code do you currently reside?

    _____

13. Do you reside on a reservation or trust land?
    - ☐ Yes
    - ☐ No
14. How long have you lived in your current Zip Code?
    - ☐ 5 years or less
    - ☐ 6 to less than 11 years
    - ☐ 11 to less than 20 years
    - ☐ 20 years or more

Part II: General Health Status

1. Please rate your current health status:
   - ☐ Poor
   - ☐ Fair
   - ☐ Good
   - ☐ Very Good
   - ☐ Excellent

2. How many overnight hospital stays have you had in the past 12 months?
   - ☐ None
   - ☐ 1 time
   - ☐ 2 times
   - ☐ 3 or more times
3. Have you been diagnosed with a chronic illness? Select all that apply:
   - ☐ High blood pressure
   - ☐ Arthritis
   - ☐ Diabetes
   - ☐ Cataracts
   - ☐ Depression
   - ☐ Asthma
   - ☐ Osteoporosis
   - ☐ Congestive Heart Failure
   - ☐ Stroke
   - ☐ Prostate Cancer
   - ☐ Breast Cancer
   - ☐ Cervical Cancer
   - ☐ Colon/Rectal Cancer
   - ☐ Lung Cancer
   - ☐ Other
4. Have you worried about falling in the past month?
   - ☐ Yes
   - ☐ No
5. Have you fallen in the past year? If so, how many times?
   - ☐ None
   - ☐ 1-4 Falls
   - ☐ 5-8 Falls
   - ☐ 9-12 Falls
   - ☐ 12+ Falls
6. If you have fallen, did you injure yourself seriously enough to need medical treatment?
   - ☐ Yes
   - ☐ No

Part III: Activities of Daily Living

1. Do you have difficulty with any Activities of Daily Living? Please select all that apply:
   - ☐ Walking
   - ☐ Bathing or Showering
   - ☐ Getting In or Out of Bed
   - ☐ Dressing
   - ☐ Using the Toilet
   - ☐ Eating
2. Have you had difficulty with any Instrumental Activities of Daily Living due to health or physical ailment lasting longer than 3 months? Please select all that apply:
   - ☐ Doing Heavy Housework
   - ☐ Doing Light Housework
   - ☐ Shopping for Personal Items
   - ☐ Preparing Own Meals
   - ☐ Getting Outside
   - ☐ Managing Money
   - ☐ Using the Telephone

Part IV: Screening

1. How long has it been since you last visited your healthcare provider for a routine checkup?
   - ☐ Never had a checkup
   - ☐ Within the past year
   - ☐ Within the past 2 years
   - ☐ Within the past 3 years
   - ☐ Within the past 5 years
   - ☐ 5 or more years ago

2. If applicable, how long has it been since your last mammogram?
    - ☐ Never had a checkup
    - ☐ Within the past year
    - ☐ Within the past 2 years
    - ☐ Within the past 3 years
    - ☐ Within the past 5 years
    - ☐ 5 or more years ago
3. If applicable, how long has it been since your last pap smear?
    - ☐ Never had a checkup
    - ☐ Within the past year
    - ☐ Within the past 2 years
    - ☐ Within the past 3 years
    - ☐ Within the past 5 years
    - ☐ 5 or more years ago
4. If applicable, how long has it been in your last Prostate-Specific Antigen Test?
    - ☐ Never had a checkup
    - ☐ Within the past year
    - ☐ Within the past 2 years
    - ☐ Within the past 3 years
    - ☐ Within the past 5 years
    - ☐ 5 or more years ago

Part V: Vision, Hearing, and Dental

1. Have you experienced blindness in one or both eyes?
    - ☐ Yes
    - ☐ No
2. Do you wear glasses or contact lenses?
    - ☐ Yes
    - ☐ No
3. Do you have trouble seeing even when wearing corrective lenses?
    - ☐ Yes
    - ☐ No
4. Have you seen an Optometrist (Eye Doctor) in the past year?
    - ☐ Yes
    - ☐ No
5. Have you ever received treatment for glaucoma?
    - ☐ Yes
    - ☐ No
6. Have you experienced total deafness?
    - ☐ Yes
    - ☐ No
7. Do you currently wear a hearing aid?
    - ☐ Yes
    - ☐ No
8. Do you have trouble hearing even when wearing a hearing aid?
    - ☐ Yes
    - ☐ No
9. Have you had a hearing test in the past year?
    - ☐ Yes
    - ☐ No
10. Have you seen a Dentist or Dental Hygienist in the past year?
    - ☐ Yes
    - ☐ No
11. Which type of dental care do you currently need? Select all that apply:
    - ☐ None
    - ☐ Teeth Filled or Replaced
    - ☐ Denture Work
    - ☐ Teeth Pulled
    - ☐ Gum Treatment
    - ☐ Work to Improve Appearance
    - ☐ Relief of Pain
    - ☐ Other
12. Has there been a time in the past twelve months that you needed dental care but could not get it at that time?
    - ☐ Yes
    - ☐ No
13. Why were you unable to receive needed dental care? Select all that apply:
    - ☐ Could not afford the cost
    - ☐ Afraid or do not like dentists

- ☐ Insurance did not cover recommended procedure(s)
- ☐ Did not have transportation
- ☐ Dental office does not open at convenient times
- ☐ Too busy
- ☐ Did not think anything was wrong or expected the issue to go away
- ☐ Dentist office is too far away
- ☐ Unable to take time off from work
- ☐ Did not want to spend the money
- ☐ Another dentist recommended not doing the procedure
- ☐ Other

Part VI: Memory and Disability

1. Have you experienced any memory issues in the past 12 months? Select all that apply:
   - ☐ Misplacing things
   - ☐ Memory loss
   - ☐ Changes in Mood or Behavior
   - ☐ Difficulty in performing familiar tasks
   - ☐ Loss of initiative
   - ☐ Disorientation to time and place
   - ☐ Problems with abstract thinking
   - ☐ Poor or decreased judgment
   - ☐ Changes in personality
   - ☐ Problems with language
2. Have you ever been diagnosed with memory problems?
   - ☐ None
   - ☐ Alzheimer's Disease
   - ☐ Dementia
   - ☐ Other Problems with memory or thinking
3. Have you been diagnosed with a disability? Select all that apply:
   - ☐ Chronic Disease
   - ☐ Accident or injury
   - ☐ Injured in Military Service
   - ☐ Congenital
   - ☐ Other
4. Do you have any health problems that require you to use special equipment such as a cane, wheelchair, special bed, or a special telephone (occasional or otherwise)?
   - ☐ Yes
   - ☐ No
5. Have you ever experienced a brain injury that limited your activities for more than a week?
   - ☐ Yes
   - ☐ No

Part VII: Healthcare Access

1. Select your current type of healthcare coverage:
   - ☐ Medicare
   - ☐ Indian Health Service
   - ☐ Medicaid
   - ☐ Private Insurance: Health-Medical
   - ☐ Indian Health/Tribal Insurance
   - ☐ Veteran's Administration
   - ☐ Alaska Native Health Organization
   - ☐ Private Insurance: Long-Term Care
   - ☐ Native Hawaiian Healthcare System
   - ☐ Other
2. Where would you most likely go when sick or in need of professional health advice?
   - ☐ Clinic
   - ☐ Doctor's office
   - ☐ Hospital Emergency Room
   - ☐ Hospital Outpatient Department
   - ☐ Urgent Care Center
   - ☐ Traditional Healer
   - ☐ Community Health Aid (CHA/CHR)
   - ☐ Other
   - ☐ None

3. Are there any factors that have kept you from medical care in the past 12 months?
    - ☐ None
    - ☐ Too long a wait for an appointment
    - ☐ No transportation
    - ☐ Distance
    - ☐ Cost
    - ☐ Too long a wait in waiting room
    - ☐ Office was not open when I could get there
    - ☐ No access for people with disabilities
    - ☐ No one spoke my language
    - ☐ No childcare
4. Has there been a time or times in the past year that you did not take a prescribed medication due to high cost?
    - ☐ Yes
    - ☐ No

Part VIII: Tobacco and Alcohol Use

1. Do you currently smoke tobacco?
    - ☐ Yes, everyday
    - ☐ Yes, some days
    - ☐ No
2. If you smoke every day, why?
    - ☐ Ceremonial
    - ☐ Social-Recreational
3. If you smoke some days, why?
    - ☐ Ceremonial
    - ☐ Social-Recreational
4. If you smoke every day or some days, how many cigarettes to you smoke per day?
    - ☐ 1-5 cigarettes
    - ☐ 6-10 cigarettes
    - ☐ 11-20 cigarettes
    - ☐ 21-30 cigarettes
    - ☐ 31 or more cigarettes
5. Are you currently using chewing tobacco or snuff?
    - ☐ Yes
    - ☐ No
6. If yes, now many containers of chewing tobacco or snuff do you use per week?
    - ☐ 1 container
    - ☐ 2 containers
    - ☐ 3 or more containers
7. How long has it been since you last drank an alcoholic beverage?
    - ☐ Never had an alcoholic drink
    - ☐ Within the past 30 days
    - ☐ More than 30 days, but within the past 12 months
    - ☐ More than 12 months but within the past 3 years
    - ☐ More than 3 years ago
8. In the past month, how many days have you had 5 or more drinks on the same occasion?
    - ☐ None
    - ☐ 1-2 days
    - ☐ 3-5 days
    - ☐ 6 or more days

Part IX: Weight and Nutrition

1. What is your current height? _____
2. What is your current weight? _____
3. If any, what vigorous exercises have you done in the past month?
    - ☐ None
    - ☐ Walking
    - ☐ Yard Work
    - ☐ Gardening
    - ☐ Bicycling
    - ☐ Weightlifting
    - ☐ Traditional Dancing
    - ☐ Swimming
    - ☐ Aerobics
    - ☐ Jogging
    - ☐ Running
    - ☐ Other

4. How many times per week do you engage in vigorous exercise?
    - ☐ None
    - ☐ 1-2 times per week
    - ☐ 3-4 times per week
    - ☐ 5 or more times per week
5. Do you currently have access to traditional foods?
    - ☐ Yes
    - ☐ No
6. Do you consume traditional foods regularly?
    - ☐ Yes
    - ☐ No
7. How often do you consume traditional foods?
    - ☐ 1-2 times per week
    - ☐ 3-4 times per week
    - ☐ 5 or more times per week
8. In the space below, please describe what traditional foods you consume regularly:

_____
_____
_____
_____
_____
_____

9. Please indicate which of the following statements apply to you:
    - ☐ Take 3 or more different prescription or OTC drugs per day
    - ☐ Eat fewer fruits, vegetables, or milk products
    - ☐ Eat alone most of the time
    - ☐ Illness or condition that changed the kind or amount of food eaten
    - ☐ Eat fewer than 2 meals per day
    - ☐ Lost or gained 10 pounds in the last 6 months
    - ☐ Tooth or mouth problems making eating difficult
    - ☐ Not physically able to shop, cook or feed self
    - ☐ Not enough money to buy needed food
    - ☐ Had 3 or more drinks of alcohol almost every day
10. How true has the following statement been for you in the past year: “The food I bought just didn’t last, and I didn’t have money to get more.”
    - ☐ Often true
    - ☐ Sometimes true
    - ☐ Never True
11. How true has the following statement been for you in the past year: “I couldn’t afford to eat balanced meals.”
    - ☐ Often True
    - ☐ Sometimes True
    - ☐ Never True
12. Have you had to cut the size of meals or skip meals in the past 12 months due to not having enough money?
    - ☐ Yes
    - ☐ No
13. If yes, how often have you done so?
    - ☐ Almost every month
    - ☐ Some months but not every month
    - ☐ Only 1 or 2 months
14. In the past 12 months, have you eaten less than you wanted to because there wasn’t enough money for food?
    - ☐ Yes
    - ☐ No
15. Has there been at least one time in the last 12 months that you were hungry but didn’t eat because there wasn’t enough money for food?
    - ☐ Yes
    - ☐ No

Part X: Caregiving, Culture and Support

1. How often do you participate in traditional practices including food, music and customs?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
2. What cultural practices do you participate in? Select all that apply:
    - ☐ Powwows
    - ☐ Consume cultural or traditional foods
    - ☐ Prepare cultural or traditional foods
    - ☐ Smudging
    - ☐ Cultural or traditional music or songs
    - ☐ Speak my cultural or traditional language
    - ☐ Cultural or traditional dance
    - ☐ Cultural or traditional storytelling
    - ☐ Sweat lodge ceremony
    - ☐ Talking circles
    - ☐ Drum group
    - ☐ Sundance ceremony
    - ☐ Other
3. How often do you socialize? I.e. attend church or religious meetings, clubs or organizations, cultural activities/ceremonies:
    - ☐ None
    - ☐ 1-2 times per month
    - ☐ 3-4 times per month
    - ☐ 5-8 times per month
    - ☐ 9 or more times per month
4. Do you have a family member that provides care for you?
    - ☐ Yes
    - ☐ No
5. Do you have custody of or take care of grandchildren?
    - ☐ Yes
    - ☐ No
6. Are you the primary caregiver for your grandchildren?
    - ☐ Yes
    - ☐ No
7. Do you have anyone you can depend on for physical support? Ex. Shopping, running errands, fixing things around the house, transportation:
    - ☐ Yes
    - ☐ No
8. Do you have anyone you can depend on for social support? Ex. Listening to problems, giving advice, providing companionship:
    - ☐ Yes
    - ☐ No

Part XI: Housing/Physical Environment

1. Please select your current type of housing:
    - ☐ Single Family Residence
    - ☐ Apartment
    - ☐ Retirement Home
    - ☐ Homeless
    - ☐ Sleeping Room or Boarding House
    - ☐ Health Facility
    - ☐ Other
2. How long have you lived at your current address?
    - ☐ Less than 5 years
    - ☐ 6-10 years
    - ☐ Over 10 years

3. Describe your current living situation:
    - ☐ Live alone
    - ☐ Live with non-family members
    - ☐ Live with family members
    - ☐ Live with both non-family and family members

Part XII: Social Functioning

1. How often have you felt happy in the past month?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
2. How often have you felt calm and peaceful in the past month?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
3. How often in the past month have you felt nervous or anxious?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
4. How often in the past month have you felt downhearted and blue?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
5. How often in the past month have you felt so down that nothing could cheer you up?
    - ☐ All of the time
    - ☐ Most of the time
    - ☐ Some of the time
    - ☐ None of the time
6. How would you rate your overall quality of life in the last 12 months?
    - ☐ Poor
    - ☐ Fair
    - ☐ Good
    - ☐ Very good
    - ☐ Excellent
7. Which, if any, nutrition services are you currently using?
    - ☐ Home-delivered meals
    - ☐ Congregate meals
    - ☐ Nutrition Education
    - ☐ Nutrition Counseling
    - ☐ Dietary Management
8. What services, if any, would you use if you became unable to meet your own needs?
    - ☐ Home-delivered meals
    - ☐ Congregate meals
    - ☐ Nutrition Education
    - ☐ Nutrition Counseling
    - ☐ Dietary Management
9. Which, if any support services do you currently use?
    - ☐ Senior Center Programs
    - ☐ Transportation
    - ☐ Home Health Services
    - ☐ Home Repair or Modification
    - ☐ Physical Therapy
    - ☐ Information and Referral Assistance
    - ☐ Case management
    - ☐ Home Safety Assessments
    - ☐ Legal Services
    - ☐ Telephone Reassurance
    - ☐ Volunteer Services
    - ☐ Health Promotion and Disease Prevention
    - ☐ Occupational Therapy
    - ☐ Speech Therapy
    - ☐ Elder Abuse Prevention Programs
    - ☐ Employment Services

10. Which, if any, support services would you use if you became unable to meet your own needs?
    - ☐ Senior Center Programs
    - ☐ Transportation
    - ☐ Home Health Services
    - ☐ Home Repair or Modification
    - ☐ Physical Therapy
    - ☐ Information and Referral Assistance
    - ☐ Case Management
    - ☐ Home Safety Assessments
    - ☐ Legal Service
    - ☐ Telephone Reassurance
    - ☐ Volunteer Services
    - ☐ Health Promotion and Disease Prevention
    - ☐ Occupational Therapy
    - ☐ Speech Therapy
    - ☐ Elder Abuse Prevention Programs
    - ☐ Employment Services
11. Which, if any, Caregiving services are you currently using?
    - ☐ Caregiver Programs
    - ☐ Homemaker and Chore Services
    - ☐ Personal Care
    - ☐ Assisted Living
    - ☐ Adult Day Care
    - ☐ Hospice and Palliative Care
    - ☐ Long-Term Care Services
    - ☐ Nursing Facilities
    - ☐ Respite Care
    - ☐ Skilled Nursing Facility
12. Which, if any Caregiving services would you use should you become unable to meet your own needs?
    - ☐ Caregiver programs
    - ☐ Homemaker and Chore Services
    - ☐ Personal Care
    - ☐ Assisted living
    - ☐ Adult Day Care
    - ☐ Hospice and Palliative Care
    - ☐ Long-Term Care Services
    - ☐ Nursing Facilities
    - ☐ Respite Care
    - ☐ Skilled Nursing Facility
13. What other services are you currently using?
    - ☐ Pharmacy
    - ☐ Emergency Response Systems
    - ☐ Financial Assistance
    - ☐ Durable Medical Equipment
    - ☐ Government Assisted Housing
    - ☐ Retirement Communities
    - ☐ Financial Planning or Counseling
    - ☐ Shared Housing
14. What other services would you use should you become unable to meet your own needs?
    - ☐ Pharmacy
    - ☐ Emergency Response Systems
    - ☐ Financial Assistance
    - ☐ Durable Medical Equipment
    - ☐ Government Assisted Housing
    - ☐ Retirement Communities
    - ☐ Financial Planning or Counseling
    - ☐ Shared Housing

Additional Comments/Concerns:

_____

_____

_____

_____

_____

_____

Please return completed surveys to:

Kaw.Nation.Title.VI?PO.Box.1076?Kaw.City?OK?.74607