

# COVID – 19 Burns Paiute Tribal Community Needs Assessment

**Where do you live?**

\_\_\_\_\_ Burns Paiute Reservation

\_\_\_\_\_ Burns

\_\_\_\_\_ Hines

**What is your current Gender Identity?**

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ Two Spirited

\_\_\_\_\_ Not Listed

**Including yourself, how many people live in your household?**

0-17 # \_\_\_\_\_

18-34 # \_\_\_\_\_

36-49 # \_\_\_\_\_

50+ # \_\_\_\_\_

**Are you currently facing housing instability or homelessness?**

Yes

No

If so, where are you living? \_\_\_\_\_

**How many families live in your household?**

1

2

3 or more

**What is your employment status?**

Full time

Part time

Seasonal

Self-Employed

Retired

Self-Employed

**Has your Employment been impacted by Covid -19?**

Yes, Less Hours

Yes, Laid Off

Yes, Teleworking

Yes, Administrative Leave

No

No applicable

**Are you or anyone in your household pregnant?**

Yes

No

Don't know

**Have you experienced any of the following in relation to the Coronavirus (Covid 19) Outbreak? Check all that apply**

- Fear and worry about your health or the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening or chronic health problems
- Increased use of alcohol, tobacco, or other drugs

**Overall how would you rate your mental health:**

- Excellent
- Average
- Poor
- Not sure

**Please describe what you are experiencing, have you reached out and received the help you needed.**

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**Over the last month, have you been bothered by any of the following problems? Check all that apply**

- Little interest or pleasure doing things you like
- Feeling down, depressed, or hopeless
- Trouble falling asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself
- Trouble concentrating on things
- Thoughts of hurt yourself
- Thoughts of hurting others

\_\_\_\_\_ Withdrawing from other people

\_\_\_\_\_ Depressed Mood

\_\_\_\_\_ Rapid Mood Changes

\_\_\_\_\_ Anxiety

\_\_\_\_\_ Difficulty leaving your home

\_\_\_\_\_ Outbursts of anger

\_\_\_\_\_ Spending increased time alone

\_\_\_\_\_ Feeling Numb

\_\_\_\_\_ Irritability

\_\_\_\_\_ Panic Attacks

**(In your own words, describe the current problems you are experiencing if any)**

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**In what way would you like or need help, or are you currently receiving the help you need?**

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**In the past month have you been a victim of:**

\_\_\_\_\_ Verbal Abuse

\_\_\_\_\_ Psychological Abuse

\_\_\_\_\_ Sexual Abuse

\_\_\_\_\_ Physical Abuse

\_\_\_\_\_ Stalking

**Describe the last incident of physical, sexual abuse or stalking:**

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**Have you reported the incident to law enforcement?**

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**Will you be in need of any services? \_\_\_\_\_**

**Describe any specific area in which you need service.**

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**Have you or any other members of your household been told that he/she has:**

Asthma/COPD/Emphysema	yes	no	don't know	NA
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<b>Diabetes</b>	yes	no	don't know	NA
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Developmental Disability	yes	no	don't know	NA
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<b>Hypertension/Heart Disease</b>	yes	no	don't know	NA
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Immunosuppressed

Suppression of the immune

system and its ability to fight

infection.

Immunosuppression may result	yes	no	don't know	NA
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from certain disease such as AIDS

or lymphoma, or from certain

drugs, such as some of those

used to treat cancer

**Do you or any member of your household need:**

Daily Medication (Other than vitamins)	yes	no	don't know	NA
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Dialysis	yes	no	don't know	NA
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Home Health Care	yes	no	don't know	NA
Oxygen supply	yes	no	don't know	NA
Wheelchair/Cane/Walker	yes	no	don't know	NA
Other (Please Specify)	yes	no	don't know	NA

**Has your Household created a Household Plan of Action in the event of an outbreak of Covid-19 in your community?**

Yes

No

**Does your household currently have a 30 day supply of medication for each person who takes prescribed medication?**

Yes

No

Don't now

Not Applicable

**Does you household currently have a supply of food for:**

A few days

A week

A month

Month +

**Are you experiencing a food shortage, meaning not knowing where your next meal is coming from, for a period lasting more than two weeks?**

Yes

No

**Have you been voluntarily eating less than you need?**

Yes

No

**Where do you normally get your food?**

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**Do you have barriers in getting food, supplies, medication or other essential services?**

Yes

No

**How much of the each of the personal hygiene items do you have on hand?**

Hand Sanitizer	None	Some	Plenty	Don't Know	N/A
Shampoo/Conditioner	None	Some	Plenty	Don't Know	N/A
Toothpaste	None	Some	Plenty	Don't Know	N/A
Toothbrush	None	Some	Plenty	Don't Know	N/A
Infant Wipes	None	Some	Plenty	Don't Know	N/A
Adult Support Wear	None	Some	Plenty	Don't Know	N/A
Feminine Products	None	Some	Plenty	Don't Know	N/A
Face Masks	None	Some	Plenty	Don't Know	N/A
Latex Gloves	None	Some	Plenty	Don't Know	N/A

**Do you have any of the items listed below?**

Hand Soap	None	Some	Plenty	Don't Know	N/A
Toilet Paper	None	Some	Plenty	Don't Know	N/A
Laundry Detergent	None	Some	Plenty	Don't Know	N/A
Cleaning	None	Some	Plenty	Don't Know	N/A
Disinfecting Supplies	None	Some	Plenty	Don't Know	N/A
Tissues	None	Some	Plenty	Don't Know	N/A
Cold/Flu Medications	None	Some	Plenty	Don't Know	N/A

(e.g. Tylenol, Mucinex)

Traditional Medicines   None                      Some                      Plenty                      Don't Know                      N/A

**Do you have a First Aid Kit?**

Yes

No

Don't know

**Do you have a Thermometer?**

Yes

No

**Do you have an emergency supply kit?**

Yes

No

Don't Know

**What are your greatest strengths? (Check all that apply)**

Culture

Education

Resiliency

Community

Family

Other

**What is your household's greatest at this need time?**

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**Is there anything else you feel is important that you would like to share?**

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Upon completion of this form, you may email it back to Administration by clicking on the button below.

Alternately, you may call Beverly Beers in Administration, 541-573-8016, and give her your answers over the phone.

Thank you for your assistance and cooperation in this matter.

Click below

EMAIL