

Squamish Nation Health Needs Assessment

It is optional to write your name and/or phone number on this survey.

NAME:

PHONE NUMBER:

1. Community

Squamish Valley

North Vancouver

2. Check the following that applies to you:

Male

Female

3. Age Group

Under 25 years of age

25 - 34 years of age

35 - 44 years of age

45 - 54 years of age

55 - 64 years of age

65 or older

4. Are you aware of health services in your community?

Yes

No

If you answered yes, please list the health services in your community.

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5. Have you accessed funds for Extended Health Care Benefits (dental, pharmacy, eyeglasses, ambulance, etc.) under the Squamish Nation Health Project?

Yes

No

6. If you have not accessed funds through the Squamish Nation Health Project, why not?

I am employed and have extended medical health benefits through work

I would not fit the criteria for demonstrated financial need

Other _____

7. Have you accessed funds for Extended Health Care Benefits (dental, pharmacy, eyeglasses, ambulance, etc.) under Health Canada, Non-Insured Health Benefits?

Yes

No

8. If you have not accessed funds through Health Canada, Non-Insured Health Benefits, why not?

I am employed and have extended medical health benefits through work

I would not fit the criteria for demonstrated financial need

Other _____

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9. What extended health services have you accessed? Check all that apply. (The list below is [mainly] from Health Canada, Non-Insured Health Benefits.)

- Eye and vision care services
- Dental services
- Prescription Drugs
- Ambulance
- Transportation to access medically required services
- Counselling
- Medical Equipment
- Physiotherapy
- Massage Therapy
- Eye Surgery
- Chiropractors
- Pre/Post Surgery

10. Please check the three most important extended health care needs you have at this time. (The list below is [mainly] from Health Canada, Non-Insured Health Benefits.)

- Eye and vision care services
- Dental services
- Prescription Drugs
- Ambulance
- Transportation to access medically required services
- Counselling
- Medical Equipment
- Massage Therapy
- Eye Surgery
- Chiropractors
- Pre/Post Surgery
- Physiotherapy

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11. Are there health professionals in the community that you prefer to see?

Yes

No

If yes, please list below.

12. Do you use a health service provider (i.e. dentist, eye doctor, etc.) that works well with the Health Canada, Non-Insured Health Benefits?

Yes

No

If you answered yes, please provide the name of the health care service provider below.

13. How do you access your family physician and/or doctor care? Check all that apply.

Family Physician/Doctor

Walk-in clinic

Hospital/Emergency Room

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14. How often would you say that you see your family physician and/or a doctor?

- less than once a year
- once a year
- twice a year
- three times a year
- other _____

15. Do you have a dentist that you see on a regular basis?

- Yes
- No

If you answered no, please explain why you do not see a dentist at this time.

16. If you answered yes to the above question (#15), and see a dentist on a regular basis, how often do you go to the dentist?

- once a year
- twice a year
- more than twice a year

17. Does your dentist do your paperwork for Health Canada, Non-Insured Health Benefits?

- Yes
- No

18. How often do you see an eye doctor?

- Once a year
- Once every two years
- Other _____

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19. Does your eye doctor do your paperwork for Health Canada, Non-Insured Health Benefits?

Yes

No

20. Do you currently have medical equipment in your home (e.g. wall bars, raised toilet seat)?

Yes

No

If yes, please list the medical equipment in your home.

21. What health issues concern you or any one in your household at this time? Check all that apply.

Diabetes

Heart Challenges

Stroke

Kidney dialysis

Rickets

Cerebral Palsy

Cancer

Addictions issues (drugs & alcohol, gambling, etc.)

Alzheimer's disease

Prescription Drugs (list _____)

Other _____

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22. Please check the three most important health concerns you or any one in your household has at this time.

- Diabetes
- Heart Challenges
- Stroke
- Kidney dialysis
- Rickets
- Cerebral Palsy
- Cancer
- Addictions issues (drugs & alcohol, gambling, etc.)
- Alzheimer's disease
- Prescription Drugs (list _____)
- Other _____

23. Do you access any services/items listed below? Check all that apply.

- Traditional Medicine (healers, herbal remedies)
- Alternative Healing (reiki, acupuncture, massage, naturopathic doctors)
- Vitamins/supplements

