



United Keetoowah Band of Cherokee Indians  
Health Department

### Community Health Assessment Survey

The following questionnaire will only take a few minutes to complete and will assist the Tribe to establish health services in a UKB Health Clinic in meeting the community needs, this is completely anonymous *so please do not sign - your name is **NOT** required.*

THANK YOU FOR YOUR TIME!

1. Where do you live? \_\_\_\_\_ Zip code \_\_\_\_\_

2. Are you a Tribal citizen of UKB?

- Yes
- No

3. Would you utilize a UKB Health Clinic ?

- Yes
- No

4. Do you currently use a Tribally Operated Clinic?

- Claremore Indian Hospital
- Cherokee Outpatient Clinic/ Hastings Hospital
- Other: \_\_\_\_\_

5. Check the box of services you would most likely use:

- Family Clinic
- Women's Health Clinic
- Maternal Child Health and Pediatric (Children's) Clinic
- Dental
- Optometry
- Pharmacy      Other (please share):  
\_\_\_\_\_

6. What is your annual household income?

- \$0 - \$29,999
- \$30,000 - \$39,000
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000+

7. What is the size of a household?

- 1- 2
- 3 - 4
- 5 or more

8. Do you currently have Health Insurance, check applicable box?

- Yes      Medicare\_\_\_\_\_ Medicaid\_\_\_\_\_
- No

9. How healthy would you consider yourself on a scale of 1-10? \_\_

10. Do you or a member of your household suffer from any of these health disparities affecting Native Americans?

- Diabetes                       Hypertension
- Heart Disease                 Rare Diseases
- Cancer                          Other\_\_\_\_\_

11. Have you experienced any **Unmet** Healthcare needs?

- Eyeglasses
- Dental
- Sleep Apnea
- Other\_\_\_\_\_

12. Do you take medication?      YES       NO

13. Are you a Veteran?              YES       NO