

NISQUALLY FOOD SOVEREIGNTY SURVEY

The Nisqually Tribe is doing this survey to better understand the Nisqually food system, and we need your help! The information collected in this survey will help improve good food access for Tribal Members and the community. This survey is completely **anonymous**. We're looking for answers from people who are at least **18 years old** and are Nisqually Tribal members, employees, or community members.

All tribal members who complete the survey will receive **an herbal body care kit from the Nisqually Garden**. Everyone who completes this survey will also be entered into a **Raffle!** In order to receive these incentives, please return the survey in the stamped envelope provided. You can also bring your completed survey, in the enclosed envelope, to the Front Desk at the Tribal Administration building. Please return this survey by **May 12th**. Your voice matters! **Thank you for your help!**

1. Are you a Nisqually Tribal Member?

- Yes
 No

2. How do you identify yourself? Check all that apply

- Community Member
 Employee of the Tribe
 Elder

3. How old are you? If you are under 18, please do not complete a survey

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 41-54 |
| <input type="checkbox"/> 25-30 | <input type="checkbox"/> 55-63 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 64+ |

4. What is the highest level of education you have completed?

- Less than High School
 Some High School
 High School Diploma / GED
 Some College
 Vocational Certification or Degree
 Associates (2 year) Degree
 Bachelor (4 year) Degree
 Graduate / Professional Degree
 Other: _____

5. What gender do you identify with?

- Female Male Other

6. Which best describes your current relationship status?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Long-term relationship | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | |

7. Do any of the following apply to you?

- | | |
|--|--|
| <input type="checkbox"/> Trouble hearing | <input type="checkbox"/> Trouble with mobility |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Arthritis, swelling/stiffness of joints |
| <input type="checkbox"/> Poor vision | <input type="checkbox"/> Difficulty chewing / swallowing |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> None |
| <input type="checkbox"/> Trouble standing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Numbness of fingers or toes | |

8. Do you have any of the following illnesses?

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> No, I do not have any of the above |
| <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Arthritis | |

9. Do you have any known food allergies/sensitivities?

- Lactose
- Gluten
- Shellfish
- Nut
- Other: _____
- No, I do not have any known food allergies/sensitivities

10. Would access to different food impact any of your health issues?

- Yes
- No If Yes, how? _____

11. Do you drink tap water?

- Yes
- No

If no, why not? (*Don't like the way it tastes, Don't trust it's safe, don't like fluoride, etc*): _____

12. Most of the fruit and vegetables I eat are: (*Rank most often to least often*)

- | | |
|--------------|------------|
| ____ Canned | ____ Dried |
| ____ Pickled | ____ Fresh |
| ____ Frozen | |

13. On average, how many cups of fruit and/or vegetables do you eat each day?

- 1 or fewer
- 2-4
- 5-6
- 7+

14. Do you ever skip meals? (*Check all that apply*)

- I never skip meals
- I forget to eat
- Sometimes I don't have the money to eat
- I don't have the time to eat
- I sometimes skip meals to lose weight
- When I'm stressed, I often skip meals
- It's difficult with my job to get a lunch/meal break
- Other: _____

15. In which of the follow areas is your home located?

On Nisqually Reservation

- Upper Reservation
- Lower Reservation (Cuyamaca)
- Nisqually Valley
- Other _____

Off Nisqually Reservation

- Lacey
- Olympia
- Tumwater
- Yelm
- Roy
- DuPont
- 15-25 miles from Nisqually
- More than 25 Miles from Nisqually

16. How many people live in your home? _____

How many are: Adults? _____ Children? _____

17. How many people in your home are:

- _____ Enrolled in Nisqually Tribe
- _____ Not Enrolled in any Tribe but Descendent Nisqually
- _____ Enrolled Other Federally Recognized Tribe
- _____ Non-Tribal

18. In relation to you, who of the following live in your home? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Not applicable (live by myself) | <input type="checkbox"/> My Cousin(s) |
| <input type="checkbox"/> My Spouse/Partner | <input type="checkbox"/> My Child/Children |
| <input type="checkbox"/> My Grandparent(s) | <input type="checkbox"/> My Grandchild/grandchildren |
| <input type="checkbox"/> My Parent(s) | <input type="checkbox"/> Other family |
| <input type="checkbox"/> My Aunt(s)/Uncle(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> My Sibling(s) | <input type="checkbox"/> Other(s) |

19. Including you, how many in your household are employed at least part time (20+ hours a week)? _____

20. This year, what is your combined estimated household income before taxes? (include ALL income, including per cap)

- | | |
|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$50,001- \$80,000 |
| <input type="checkbox"/> \$5,001-\$10,000 | <input type="checkbox"/> \$80,001-\$120,000 |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$120,000 - \$250,000 |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$250,001 and more |
| <input type="checkbox"/> \$30,001 - \$50,000 | |

21. How easy is it for you to get to food stores?

Easy												Difficult
	1	2	3	4	5	6	7	8	9	10		

22. How do you get to food stores most often? Rank most often to least often

- _____ Walk
- _____ Bus
- _____ Drive own vehicle
- _____ Ride with friends or family
- _____ Other: _____

23. How far away do you live from the top three places where you get food?

	Less than 2 miles	2- 5 miles	6-10 miles	11-20 miles	21+ miles
Place you get food					
<i>For example: Safeway</i>			X		
1.					
2.					
3.					

24. Approximately how often do you shop for groceries?

- Daily
- Two times a week
- Once Weekly
- Twice a Month
- Once a month
- Other: _____

25. How do you *MOST OFTEN* pay for your food? Rank most often to least often

- | | |
|--------------------------------|---------------------------|
| _____ Cash | _____ Debit card |
| _____ Food stamps/vouchers/EBT | _____ WIC |
| _____ Check | _____ Foodbank / donation |
| _____ Credit card | _____ Other: _____ |

26. Order from 1-3, what you are most concerned about with food (1 is most concerned):

- _____ Cost
- _____ Freshness
- _____ Nutritional Value

27. Are you concerned about any of the following in your food?

- Chemicals Yes No Other: _____ Yes No
- Hormones Yes No
- GMOs Yes No

28. In the average week, how often is your food PREPARED in the following ways?

	Never	1-5 times	6-10 times	11-16 times	17+ times
Cooked from scratch					
Prepared meals (Frozen or box)					
Fast food/convenience store					
From a restaurant					
Cooked by a Friend/Family/Neighbor					
Community, Cultural, or Program events					
Other: _____					

29. How often do you drink the following?

	Never	Occasionally	Monthly	Weekly	Daily
Soda/Soft Drinks					
Water					
Coffee					
Tea (any kind)					
Juice					
Alcohol					
Energy Drinks/Shots					
Milk					
Protein Shakes/Powders					
Vitamin Powder (<i>like: Emergen-C</i>)					
Powdered drinks (<i>like: koolaid, minute maid</i>)					
Smoothies					
Other: _____					

30. How often do you get your food from the following places?

	Never	Rarely	Sometimes	A lot	Seasonally
Grocery store (like Safeway)					
Box stores (like Wal-mart)					
SPIPA/Commodities					
RezMart/Nisqually Markets					
Military Base Store					
Redwind Casino/Deli					
Nisqually Garden					
Buy /Trade with other community members					
Home garden/Farm					
Sit down Restaurants					
Fast Food (like MacDonald's)					
Elders Programs					
Community Meals					
Food Bank					
Farmers Market					
Fishing					
Hunting					
Shellfish Gathering					
Plant Gathering					
Other: _____					

31. Rate the following sentences:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
"I know how to cook"					
"I enjoy cooking"					
"I know how to preserve foods"					

32. Do you know how to prepare the following foods?

(select the statement that best fits you)

	Yes, I know how to cook this	I've heard how to, but have not	I have no idea how to cook this
Beets			
Bok Choy			
Broccoli			
Cabbage			
Cauliflower			
Chard			
Collards			
Corn			
Cucumber			
Eggplant			
Garlic			
Green Beans			
Kale			
Leeks			
Lettuce			
Onions			
Peas			
Peppers			
Winter Squash & Pumpkins			
Potatoes			
Radishes			
Spinach			
Tomatoes			
Turnips			

33. Do you ever feel like you do not have enough food?

Yes

No

34. Do you ever run out of food, without the ability to get more?

- Yes
- No

If Yes, how many times do you typically run out of food every month? _____

If Yes, What do you do when you run out of food? _____

35. Do you do the following activities?

	Yes	No
Hunt		
Fish		
Garden		
Gather Traditional Plants		
Preserve cultural foods		

Do you want to learn this?	
Yes	No

36. What are three foods that you would consider to be traditional Nisqually Foods?

- 1) _____
- 2) _____
- 3) _____

Which, if any, of these three foods do you eat on a regular basis?

37. Do you eat traditional foods as much as you'd like?

- Yes
- No

If No, what are the reasons you don't eat traditional foods as much as you'd like? (Check all that apply)

- Don't know where to get them
- Don't know how to get them
- Don't know how to prepare them
- Have never eaten them
- Don't have access to the place where they are
- The place I've gotten them before has been developed
- I'm not sure that they are safe to eat (pollution/handling concerns)
- I currently eat them as much as I like
- Other: _____

38. Of the following foods, check all the statements that apply to you:

	I eat this			I want to eat this more	I want to know more	I have eaten this before	I know how to prepare this	I know where to get/gather this	I can find info about this	I don't like this food
	Never	Sometimes	Often							
Salmon										
Fish (Not Salmon)										
Crabs										
Clams										
Geoduck										
Mussels										
Oysters										
Shrimp										
Other Shellfish										
Octopus										
Seal										
Elk										
Deer										
Waterfowl/ Other fowl										
Bear										
Nettles										
Camas										
Dandelion										
Wild Onions										
Chocolate Lilly, Tiger Lilly										
Other Wild Roots										
Seaweed										
Native Hazelnut										
Acorns										
Cattail										
Mountain Huckleberry										
Salmonberry										
Thimbleberry										
Wild Strawberry										
Wild Blackberry										
Elderberry										
Other:										
Other:										

39. Do you compost your food waste?

- Yes
- No

If no, any reason why? _____

If no, would you like to compost? Yes No

40. Do you stock emergency foods (example: cans and water bottles for an earthquake)?

- Yes
- Sometimes – I try, but it's not always stocked
- No
- I'm not sure

41. Which of the following are in your home AND working? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Sink | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Stove (electric) | <input type="checkbox"/> Running water |
| <input type="checkbox"/> Stove (wood) | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Oven | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Freezer (with fridge or stand-alone) | |

42. Does your home have any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Fruit or nut trees | <input type="checkbox"/> Wild Edibles (<i>mushrooms, nettles, camas, etc</i>) |
| <input type="checkbox"/> Berry bushes | <input type="checkbox"/> Livestock (<i>cows, goats, etc</i>) |
| <input type="checkbox"/> Vegetable Garden | <input type="checkbox"/> Smokehouse for fish |
| <input type="checkbox"/> Herb Garden | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chickens | <input type="checkbox"/> None of the above |

Thank you for completing the survey!

Are you interested in telling us more about traditional foods or your food needs and concerns? We would love to speak with you. Contact us at:

Email: krenn.caitlin@nisqually-nsn.gov

Phone: (360) 561-9063