



## COVID-19 Questionnaire

**Ki te kore ngā pūtake e mākūkūngia e kore te rākau e tupu  
If the roots of the tree are not watered the tree will never grow.**

Kia ora! Hokonui Rūnanga want to check-in with you, and see if we can help you and your whānau in any way through the COVID-19 pandemic.

Please give as much information as you can. It's important that you complete as many details, so that we can help you.

It is important for you to know that when giving your information to us, you authorise the release of, and use of, your personal information to and by our kaimahi, agents, contractors and to and those we partner with for all the purposes of supporting you during the COVID-19 event. We'll use the information you tell us to inform our planning, our communications and our reporting.

Please think about the impact the COVID-19 Pandemic is having on the whānau your navigators are working work (referred to as 'your whānau') and tell us the following:

### 1. Contact details

NAME	EMAIL ADDRESS
ADDRESS	PHONE NUMBER
ADDRESS 2	
CITY/TOWN	
ZIP/POSTAL CODE	

### 2. And what's your date of birth?

DATE OF BIRTH

### 3. Optional

**Can you provide the name of your local doctor and/or medical centre?**

**Do you know the contact details of this? (It's okay if you don't but might be helpful if you do).**

**Does your whānau all know these details?**

GP NAME

EMAIL ADDRESS

MEDICAL CENTRE NAME

PHONE NUMBER

ADDRESS

ADDRESS 2

CITY/TOWN

ZIP/POSTAL CODE

### 4. Has anyone in the whānau had any symptoms?

YES

NO

IF YES, PLEASE GIVE US DETAILS

### 5. Does anyone in the whānau at home have medical conditions that might put them at risk?

YES

NO

COMMENT

**6. Has everyone in the whānau received the flu jab?**

YES

NO

IF NO, DO YOU WISH TO RECEIVE A FLU JAB? COMMENT

**7. Do you receive meals on wheels or other food service?**

YES

NO

COMMENT

**8. Do you get home help that you rely on?**

YES

NO

COMMENT

**9. Do you have access to a mobile phone or a landline, and the ability to pay for it?**

YES

NO

COMMENT

**10. Do you have access to the Internet at home, and the ability to pay for it?**

YES NO

COMMENT

**11. Are you confident using your mobile or computer device to communicate online?**

YES NO

COMMENT

**12. Do you have people you'll be able to remain in daily contact with?**

YES NO

IF YES, HOW MANY?

**13. Do you have access to the following?**

SUFFICIENT KAI FOR FOUR WEEKS YES NO

SOAP YES NO

FACE MASKS YES NO

INTERESTS/HOBBIES/THINGS TO KEEP THE WHĀNAU BUSY YES NO

COMMENT

**14. What are the challenges or worries for you and your whānau?**

**15. Is there anything you think we could help you with?**

**16. What are some things whānau might need in the future?**

Thanks for your time. If your situation changes or you want to talk to us for any reason you can get back in touch with us:

Phone: 03 208 7954 – messages cleared daily

Facebook: <https://www.facebook.com/hokonuirunanga>

Email: [Hokonui.office@ngaitahu.iwi.nz](mailto:Hokonui.office@ngaitahu.iwi.nz)

Te tapu o te tangata – All life is sacred