

Whanau Plans

*Required

1. Email *

2. Address

3. Whanau/Household Name

4. Whanau/Household Lead (or name of person completing form)

Health
Provider

Let us know who is your current health provider, and who you would like to provide your welfare support

5. Who is your current medical provider:

Mark only one oval.

Ngati Porou Hauora

Other: _____

6. In the event of a positive covid result, who would you prefer to provide manaakitanga support?(kai, wraparound services)

Mark only one oval.

Your local hapu/community provider

Other: _____

Household info

7. How many vaccinations have your household members had?

Mark only one oval per row.

	Unvaccinated	One shot	Two shots	Three shots
Person 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What are the age-groups in your household?

Tick all that apply.

	<1	1-4 yrs	5-11yrs	12-17yrs	18-29yrs	30-39yrs	40-49yrs	50-59yrs	60-69yrs
P1	<input type="checkbox"/>								
P2	<input type="checkbox"/>								
P3	<input type="checkbox"/>								
P4	<input type="checkbox"/>								
P5	<input type="checkbox"/>								
P6	<input type="checkbox"/>								
P7	<input type="checkbox"/>								
P8	<input type="checkbox"/>								
P9	<input type="checkbox"/>								
P10	<input type="checkbox"/>								

9. P1 Health Condition

10. P2 Health Condition

11. P3 Health Condition

12. P4 Health Condition

13. P5 Health Condition

14. P6 Health Condition

15. P7 Health Condition

16. P8 Health Condition

17. P9 Health Condition

18. P10 Health Condition

**Household
activities**

If you needed to isolate today, what regular activities would you require support with over the next 14-21 days?

19. Please only tick this box if there are no regular activities that will require support

Mark only one oval.

I have no regular activities that will require support *Skip to question 31*

20. What is the activity

21. How regular is the activity?

Mark only one oval.

- Daily
- A few times a week
- Weekly
- Fortnightly
- Once a month or less
- Other: _____

22. Can it be delayed or cancelled?

Mark only one oval.

- Yes
- No

23. Do you have someone else that can do it for you?

Mark only one oval.

- Yes - I can arrange for someone else to do this
- No

24. What is the activity

25. How regular is the activity?

Mark only one oval.

- Daily
- A few times a week
- Weekly
- Fortnightly
- Once a month or less
- Other: _____

26. Can it be delayed or cancelled?

Mark only one oval.

- Yes
- No

27. Do you have someone else that can do it for you?

Mark only one oval.

- Yes - I can arrange for someone else to do this
- No

28. What is the activity

29. How regular is the activity?

Mark only one oval.

- Daily
- A few times a week
- Weekly
- Fortnightly
- Once a month or less
- Other: _____

30. Do you have someone else that can do it for you?

Mark only one oval.

- Yes - I can arrange for someone else to do this
- No

Household
Support

A bit more detail around types of support that might be required - if you run out of space please enter at end of survey.

31. Is there anyone outside of your household that relies upon you for regular care?

Tick all that apply.

- Yes - Please add details and alternative arrangements under "other"
- No
- Other: _____

32. Is there anyone within your household that requires regular care from someone outside of the household?

Tick all that apply.

Yes - Please add details and alternative arrangements under "other"

No

Other: _____

33. Is there anyone within your household that requires regular care from someone outside of the household?

Tick all that apply.

Yes - Please add details and alternative arrangements under "other"

No

Other: _____

34. Are there members of your household that will need to isolate together, for care reasons (even if they are not both covid positive)

eg. Parents may wish to isolate with covid positive children

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

35. If whanau with health conditions (heart disease, respiratory conditions, diabetes, immune-compromised) test negative and need to be transferred while the household is isolating, do they have somewhere to stay? What care needs do they have?

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

36. If children in the household test negative for covid but others are positive, do you have someone else who they can stay with while the household is in isolation?

eg. Our children can go and stay with their Aunty after being confirmed as covid negative

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

37. If you are separated from your children for health reasons (ie if you are hospitalized for covid) and your children are covid positive, do you have any whanau who would step in to look after your children for you?

eg. My brother will look after my children if they are covid positive and I am not able to.

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

38. If your children need to isolate separately, do they have health requirements?

eg medication, allergies, dietary requirements

Tick all that apply.

Yes - please provide details under "other"

No

Other: _____

39. Does anyone in the household have mental health needs?

Tick all that apply.

Yes - please provide details under "other"

No

Other: _____

40. Will you require support for income?

Tick all that apply.

Yes - please provide details under "other"

No

Other: _____

41. Would you like support to set up tikanga services?

eg karakia, wananga, maramataka development, whanau hui.

Tick all that apply.

Yes - please provide details under "other"

No

Other: _____

Dwelling
assessment

This helps us to understand what needs you have for your dwelling in order to make it fit for isolation

42. If someone in your household tests positive and needs to separate, would positive cases and contacts have access to separate toilet and bathroom facilities (ie an "isolation zone" that will have its own separate bathroom/toilet access)

Tick all that apply.

Yes - please add details under "other"

No

Other: _____

43. Dwelling assessment

Tick all that apply.

	Yes for household	Yes for isolation area	None at all
Functional heating and lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functioning sewage disposal system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe disposal options for household waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private outside space (ie not available to others who are not isolating with you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonable access to an area for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening windows in living, bedroom and bathroom areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ducted ventilation (unless isolating/quarantining alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from unwanted public attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Do you have reliable means of communication available at your household? (eg internet, landline, mobile phone and coverage)

Tick all that apply. Yes - please add details under "other" NoOther: _____

45. Do you have enough space in your household to allow people to enter and move around freely while maintaining 2 meters physical distancing

Mark only one oval.

- Yes
- No
- Other: _____

Kai

46. Are there dietary requirements within your household? (vegetarian, diabetic, allergies etc)

Tick all that apply.

- Yes - please add details under "other"
- No
- Other: _____

Managing Wellbeing

Things that you can do for yourself, or that we might be able to help out with. These are all methods that are known to help isolation go easier/smoothier.

47. What are the things I can do to keep myself physically active?

Exercise, stretches, do you need any equipment?

Tick all that apply.

- Yes - Please add details under "other"
- No
- Other: _____

48. What can I learn or investigate?

E.g. Read a new book, learn something new, attend online webinars,

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

49. What are the things that I can do to stay in contact with friends and family?

eg. Have a meal together via zoom/facetime. Make a phone call. Send regular messages, do you need support to set this up?

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

50. What are the things that I can do to be mindful?

eg. Meditation, mauri tau exercises, support korero, would you like some support or suggestions for setting this up?

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

51. What are the things I can do to give?

Many people find it helpful to still stay productive and contribute to the community. Who do you know that would benefit from a phone call and a chat? Do you have experience you can pass to others by writing step by step procedures, or providing some other kind of support via online? (eg reading to mokopuna at nighttime over zoom etc). Would you need help setting this up?

Tick all that apply.

Yes - Please add details under "other"

No

Other: _____

52. Are there any other considerations/needs your household may have that can help you to isolate safely and comfortably?

In case of emergency

53. If you are too unwell to communicate, do you have someone who could represent your interests for critical decisions?

eg if you are in hospital, and there is a child vaccination clinic, do you have someone who could clearly indicate whether you wish your children to be vaccinated or not?

Tick all that apply.

Yes - please add details under "other"

No

Other: _____

54. Do you consent to being a member of the Matakaoa Community Detection Network?

We may contact you 1-2 times a year to carry out a rapid antigen test. This will help us to identify covid in the community earlier, and respond faster.

Mark only one oval.

Yes

No

Other: _____

55. Do you consent to this information being shared with your Covid Clinical care lead?
ie your Doctor

Mark only one oval.

Yes

No

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