MANA
MĀORI ASSESSMENT OF NEUROPSYCHOLOGICAL ABILITIES

ORANGA KAUMĀTUA
WAIRUA AND WELLBEING OF OLDER MĀORI

NAME: .....

Date of Birth: ...../...../..... **AGE:** ..... **DATE:** ...../...../.....

Note: Māori words are followed by their phonetic pronunciation and their English meaning

1. *Where is the place that you feel most connected to?*

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2. *Where is the place you would most want to live? (With whom?)*

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3. *Do you have enough of your own space where you live?* ..... *Yes / No*
   How do you feel about that?

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4. *What things do you do to help you feel at peace?*

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5. *Is 'wairua' (why-roo-a; spirituality) important to you?* ..... *Yes / No*
   If "Yes", How do you look after your wairua?

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6. *How do you 'get on' with your whānau (far-no; family)?*

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7. *How are you involved with your mokopuna (mor-kor-poo-na; grandchild)?*

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8. *Have your roles in your whānau, your whare (fuh-ree, or your community changed? . . . . . Yes / No*
   If "Yes", what has changed and how do you feel about that?

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If "No", do you feel respected in your whānau and community?

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9. *If you feel hōhā (hor-har; frustrated, bored, tiresome, wearisome), how do you manage this?*

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10. *Do you have help from a caregiver(s)? . . . . . Yes / No*
    If "Yes", is your caregiver a whānau member or from an agency?

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How do they help you?

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11. *Are you able to manaaki visitors as much as you would like to? . . . . . Yes / No*
    If "No", tell me about that?

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