



Please return filled forms to tribal office

**\*\*PLEASE KNOW THAT THIS DATA WILL ONLY BE USED FOR THE TRIBE\*\***

NAME: (optional) \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE FEATHER RIVER DRAINAGE? \_\_\_\_\_

**RECREATIONAL SWIMMING:**

Do you or any of your family members ever swim or play in Lake Oroville, Feather River, Yuba River, or any streams/creeks past or present? (**Generic location**) Where did you/or do you go/swim in the water?

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

(**duration**) How long did you swim for each time?

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

(**exposure**) Did you swallow any water & how much?

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

(**frequency**) How often did you swim? (Which months & how many days per month)

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

Have you or your family noticed any illnesses after swimming?

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

**FIRST CEREMONIAL & TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPERATLEY). Purpose of activity:**

Do you or any of your family members use Lake Oroville, Feather River, Yuba River, or any streams/creeks past or present for traditional or ceremonial uses? (**Generic location**) Where did you/or do you do these ceremonial or traditional activities?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

(**duration**) How long did you do this activity each time?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

(**exposure**) Did you swallow any water during the activity & how much?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

(**frequency**) How often did you do this activity? (Which months & how many days per month)

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

Have you or your family noticed any illnesses after doing this activity?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

**SECOND CEREMONIAL & TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPERATLEY). Purpose of activity:**

Do you or any of your family members use Lake Oroville, Feather River, Yuba River, or any streams/creeks past or present for traditional or ceremonial uses? (Generic location) Where did you/or do you do these ceremonial or traditional activities?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

**(duration)** How long did you do this activity each time?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

**(exposure)** Did you swallow any water during the activity & how much?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

**(frequency)** How often did you do this activity? (Which months & how many days per month)

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

Have you or your family noticed any illnesses after doing this activity?

In the past: \_\_\_\_\_  
\_\_\_\_\_

Currently: \_\_\_\_\_  
\_\_\_\_\_

**\*\*IF YOU NEED ADDITIONAL TRADITIONAL & CULTURAL ACTIVITES FORMS PLEASE CONTACT [debier@enterpriserancheria.org](mailto:debier@enterpriserancheria.org)\*\***

**FISHING & CONSUMPTION OF FISH:**

**(location)** Where did you do most of your fishing? (Please include creek names as well) Do you stand in the water while you fish, do you get wet at all?

In the past: \_\_\_\_\_

\_\_\_\_\_

Currently: \_\_\_\_\_

\_\_\_\_\_

**(duration)** When you fish, how long do you fish for each time?

In the past: \_\_\_\_\_

\_\_\_\_\_

Currently: \_\_\_\_\_

\_\_\_\_\_

**(exposure)** How much of each fish do you/did you eat?

Identify how many fish meals you eat and how often. **In the past:**

Salmon \_\_\_\_\_ day week month year

Steelhead \_\_\_\_\_ day week month year

Rainbow Trout \_\_\_\_\_ day week month year

Striped Bass \_\_\_\_\_ day week month year

Large/Small Mouth Bass \_\_\_\_\_ day week month year

Carp \_\_\_\_\_ day week month year

Blue Gill \_\_\_\_\_ day week month year

Shad \_\_\_\_\_ day week month year

Sturgeon \_\_\_\_\_ day week month year

Crayfish \_\_\_\_\_ day week month year

Mussels/clams \_\_\_\_\_ day week month year

Other \_\_\_\_\_ day week month year

Identify how many fish meals you eat and how often. **Currently:**

Salmon \_\_\_\_\_ day week month year

Steelhead \_\_\_\_\_ day week month year

Rainbow Trout \_\_\_\_\_ day week month year

Striped Bass \_\_\_\_\_ day week month year

Large/Small Mouth Bass \_\_\_\_\_ day week month year

Carp \_\_\_\_\_ day week month year

Blue Gill \_\_\_\_\_ day week month year

Shad \_\_\_\_\_ day week month year

Sturgeon \_\_\_\_\_ day week month year

Crayfish \_\_\_\_\_ day week month year

Mussels/clams \_\_\_\_\_ day week month year

Other \_\_\_\_\_ day week month year

**(frequency)** How often did you do you fish? (Which months & how many days per month)

In the past: \_\_\_\_\_

\_\_\_\_\_

Currently: \_\_\_\_\_

\_\_\_\_\_

**HUNTING & CONSUMPTION OF OTHER ANIMALS THAT LIVE OR EAT ON LAKES, RIVERS OR CREEKS**

**(location)** Where did you do most of your capturing of other water animals? (Please include creek names) Also do you get into the water when you capture these animals (do you get wet at all?)

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

**(duration)** How long did you do this activity each time?

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_

**(exposure)** How much of each animal do you/did you eat? Identify each animal you eat, number how many servings and circle how often. **In the past**

Deer \_\_\_  day  week  year      Turkey \_\_\_  day  week  year      Elk \_\_\_  day  week  year

Waterfowl \_\_\_  day  week  year      Other \_\_\_  day  week  year

**Currently**

Deer \_\_\_  day  week  year      Turkey \_\_\_  day  week  year      Elk \_\_\_  day  week  year

Waterfowl \_\_\_  day  week  year      Other \_\_\_  day  week  year

**(frequency)** How often did you do this activity? (Which months & how many days per month)

In the past: \_\_\_\_\_

Currently: \_\_\_\_\_