



Big Valley Rancheria Traditional Uses Survey 2019

Please return filled forms to kschrade@big-valley.net or to Big Valley EPA.

NAME: (OPTIONAL) _____

AGE: _____

GENDER: _____

HOW LONG HAVE YOU LIVED AT BIG VALLEY: _____

RECREATIONAL SWIMMING:

Do you or any of your family members ever swim in Clear Lake waters or any creeks past or present?

(location)Where did you/do you swim/go in the water?

In the past:

Currently:

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

In the past:

Currently:

(exposure)Did you swallow water and how much?

In the past:

Currently:

(frequency)How often did you swim (which months and how many days in those months?)

In the past:

Currently:

Have you noticed any illnesses after swimming?

In the past:

Currently:



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FIRST CEREMONIAL AND TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPARATELY). PURPOSE OF ACTIVITY:

Do you or any of your family members use Clear Lake or the creeks for traditional or ceremonial uses?
(location)Where did you/do you do these ceremonial or traditional uses?

In the past:

Currently:

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

In the past:

Currently:

(exposure)Did you/do you swallow water during the activity and how much?

In the past:

Currently:

(frequency)How often did you do this activity (which months and how many days in those months?)

In the past:

Currently:

Have you noticed any illnesses after doing this activity?

In the past:

Currently:



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SECOND CEREMONIAL AND TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPARATELY). PURPOSE OF ACTIVITY:

Do you or any of your family members use Clear Lake or the creeks for traditional or ceremonial uses?
(location)Where did you/do you do these ceremonial or traditional uses?

In the past:

Currently:

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

In the past:

Currently:

(exposure)Did you/do you swallow water during the activity and how much?

In the past:

Currently:

(frequency)How often did you do this activity (which months and how many days in those months?)

In the past:

Currently:

Have you noticed any illnesses after doing this activity?

In the past:

Currently:



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THIRD CEREMONIAL AND TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPARATELY). PURPOSE OF ACTIVITY:

Do you or any of your family members use Clear Lake or the creeks for traditional or ceremonial uses?
(location)Where did you/do you do these ceremonial or traditional uses?

In the past:

Currently:

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

In the past:

Currently:

(exposure)Did you/do you swallow water during the activity and how much?

In the past:

Currently:

(frequency)How often did you do this activity (which months and how many days in those months?)

In the past:

Currently:

Have you noticed any illnesses after doing this activity?

In the past:

Currently:



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FOURTH CEREMONIAL AND TRADITIONAL ACTIVITY: (EACH CEREMONIAL OR TRADITIONAL ACTIVITY SHOULD BE FILLED OUT SEPARATELY). PURPOSE OF ACTIVITY:

Do you or any of your family members use Clear Lake or the creeks for traditional or ceremonial uses?
(location)Where did you/ do you do these ceremonial or traditional uses?

In the past:

Currently:

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

In the past:

Currently:

(exposure)Did you/do you swallow water during the activity and how much?

In the past:

Currently:

(frequency)How often did you do this activity (which months and how many days in those months?)

In the past:

Currently:

Have you noticed any illnesses after doing this activity?

In the past:

Currently:



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FISHING AND CONSUMPTION OF FISH

(location)Where did you do most of your fishing? (Please include creek names as well) Also do you stand in the water when 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:

(frequency)How often did you fish (which months and how many days in those months?)

In the past:

Currently:

(exposure)How much of each fish do you/did you eat? Identify how many fish meals you eat and circle how often.

In the past:

Blackfish day/week/month/year Hitch day/week/month/year Split tail day/week/month/year
Tule Perch day/week/month/year Bass day/week/month/year Carp day/week/month/year
Blue Gill day/week/month/year Crappie day/week/month/year Sand fish day/week/month/year
Crayfish day/week/month/year Mussels/clams day/week/month/year Other day/wk/month/yr

Currently:

Blackfish day/week/month/year Hitch day/week/month/year Tule Perch day/week/month/year
Bass day/week/month/year Carp day/week/month/year Blue Gill day/week/month/year
Crappie day/week/month/year Sand fish day/week/month/year Crayfish day/week/month/year
Tule perch day/week/month/year Other day/week/month/year



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HUNTING AND CONSUMPTION OF OTHER ANIMALS THAT LIVE OR EAT ON THE LAKE/CREEKS

(location)Where did you do most of your capturing of other water animals? (please include creek names as well) Also do you get in the water when you capture these animals (do you get wet at all?)

In the past:

Currently:

(duration)When you do this activity, how long do you do it for each time?

In the past:

Currently:

(frequency)How often do you go out and capture these animals (which months and how many days?)

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:

Mud hen day/week/month/year Turtle day/week/month/year Otter day/week/month/year

Other day/week/month/year

Currently:

Mud hen day/week/month/year Turtle day/week/month/year Otter day/week/month/year

Other day/week/month/year

COLLECTION OF AND CONSUMPTION OF WATER PLANTS

(location)Where did you do most of your plants? (Please include creek names as well) Also do you get in the water when you gather these plants (do you get wet at all?)

(duration)When you gather plants, how long do you gather it each time?



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(frequency)How often do you go out and get these plants (which months and how many days?)

(exposure)How much plants do you/did you eat? Identify each plant you eat, number how many servings and circle how often.

In the past:

Tules _____ day/week/month/year Roots _____ day/week/month/year Other _____ day/week/month/year

Currently:

Tules _____ day/week/month/year Roots _____ day/week/month/year Other _____ day/week/month/year

Which animals do you see in our community and what is the value in those animals?

Which plants do you see in our community and what is the value in those plants?

How have things changed since you have been living here and what effects have you noticed?
