

Please fax to 204 367 4315 or hand deliver to the Sagkeeng Government Office to the Attention: Chief Executive Officer

Aboriginal Local Country Food Intake Survey

(a) Purpose

We are interested in finding out how much local country food is eaten by local resident First Nation and Metis Nation community members.

(b) Definition of Local Area and Locally Sourced

The local area is defined as being within 10 kilometres (6.2 miles) of the Whiteshell WR-1 Complex (see map provided).



If you have harvested/hunted the food within this area yourself or if you have purchased/were gifted food from someone else who harvested/hunted the food within this area the food would be considered locally sourced.

Food Item	Per Week							Other			Specify
	1	2	3	4	5	6	7				
Other Animal ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fruit / Berries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicinal Plants ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicinal Plants ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicinal Plants ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicinal Plants ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicinal Plants ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(2) Do you eat any of the locally sourced meat raw (not cooked or dried)? If yes, what portion of the meat you eat in a year is raw (1/4, 1/3, 1/2, or 2/3)? This gives us an idea of if we are underestimating the weight of the meat you eat/

- Fish _____
- Deer _____
- Rabbit / Hare _____
- Duck _____
- Other Animal¹ _____
- Other Animal² _____

(3) Please identify what part of the medicinal plant are consumed. This gives us an idea of how to represent these plants as part of your diet.

- Medicinal Plant¹ _____
- Medicinal Plant² _____
- Medicinal Plant³ _____
- Medicinal Plant⁴ _____
- Medicinal Plant⁵ _____

(d) Submission Process

In order to receive payment please fill out your name and address below:

All personal information will be kept strictly confidential and only used for administering of payment.