

## Standing Rock Water Protectors Confidential Health Registry Survey

This form is solely to register your health experience(s) after being at Standing Rock, ND. I am a California Indian who went to Standing Rock three times and became ill after my second trip. This form is not connected to any governmental agency; it is a grass roots approach. The registry was suggested by my medical doctor who believes the collected survey results might be able to inform other doctors as to the best treatment plans. The survey results will be available to you for you to talk with your doctor(s) but is in no way providing medical advice here now. The survey results will not be used for any other purpose(s). This confidential effort is strictly to register your health experience(s) after visiting Standing Rock, good or bad. There are many stories about the Dakota Access Pipeline (DAPL) personnel spraying/dusting an unknown aerial substance over camps at night and people becoming ill. Hopefully with your input we can eliminate the rumor(s) and establish health facts that will allow people to make decisions and get proper care.

Thank you, L.Frank Manriquez.

**Please complete this confidential health registry survey if you were at Standing Rock in 2016 or 2017**

**DIRECTIONS:** Please mark the best answer(s) and/or write in any other information.

<b>Today's Date</b>									
<b>Gender</b>	Male	Female	Two Spirit		Other				
<b>Age in Years</b>	0-5	6-14	15-21	22-25	23-35	36-50	51-65	Over 66	Decline to Answer
<b>Tribal Affiliation(s)</b>	List:				Ally (Non-Tribal)			Other	

**Did you participate in person at Standing Rock? YES NO** If yes, Check the year(s) and month(s) you were at Standing Rock:

Timetable	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	I don't know
<b>2016</b>													
<b>2017</b>													

Where did you sleep?	Oceti Sakowin	Rosebud	Sacred Stone	Unsure	Hotel	Other
<b>Mark all that apply</b>						

Rate Your Health	1=poor health    2= not too good    3= good health 4=very good    5=excellent health				
<b>Before</b> going to Standing Rock					
<b>After</b> being at Standing Rock					

<b>While at Standing Rock:</b>	YES / NO	Water Cannons	Aerial	Both	Don't know
Did you <b>see</b> water cannons <u>or</u> aerial spraying?					
Did you <b>experience</b> water cannons <u>or</u> aerial spraying?					
Did you see a chemical residue on surfaces?		Describe:			
<b>Number of times</b> you experienced aerial spraying	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more				

**Water cannons** =from a large water tank **Aerial spraying** =from a plane or helicopter **Both**= both water cannon & aerial spraying

**While at or after Standing Rock, did you experienced any new health-related symptoms for 2 or more weeks?**

<b>Signs &amp; Symptoms</b>	YES / NO	2 weeks	4 weeks	8 weeks	Other
Camp Cough					
Camp Chest					
Difficulty Breathing/Restricted Breathing					
Runny Nose					
Unusual Bleeding					
Headaches					
Dizziness or Vertigo					
Ringin g in the Ears					
Sleeping Difficulties					
Nightmares					
Anxiety					
Fatigue					
Depression					
Frequent Crying					
Difficulty Concentrating					
Stomach Pain					
Back Pain					

Painful Joints (knees, hips, etc.)					
Other					
If other, describe:					
Is there anything else you would like to ask or share?					

If you have questions, please contact us at the email or mailing addresses listed below.

Please return completed ***Confidential Health Registry Surveys*** to:

standingrockhealthsurvey@gmail.com

or

P.O. Box 2748 Sebastopol, CA 94572

for more information find us on Facebook

@

Standing Rock Health Survey

***Thank you for your commitment to protecting all that is sacred. In gratitude.***