APPENDIX TWO: SURVEY COMPONENT
for chronic pain sufferers

Demographics
Date of Birth: _______ / (Month) _______ / (Day) _______ (Year)
Age: (Years Old) _______
Gender: _______Male _______Female _______Other
How many years have you lived off-reservation? _______
How would you describe where you live? (circle one)
Rural Small Town Mid-size Town City Large City
How many years of education did you complete? _______ (Years)
What is your current occupation? ___________________________
   How many years have you worked in this occupation? _______ (Yrs)
If you are retired, what was your last occupation? ___________________________
   How many years did you work in this occupation? _______ (Yrs)
How many people do you live with? _______
Who primarily takes care of things at your house? ___________________________
How would you rate your overall health? 1: very unhealthy. 7: very healthy. Circle.
1 2 3 4 5 6 7
Do you have any important health problems? (If yes, what are they?)

Have you ever been told by a doctor or other health professional that you have chronic pain?
YES _______ NO _______

Have you been in pain for more than three months, but a doctor or other health professional has not diagnosed your pain?
YES _______ NO _______

How long have you had chronic pain? _______ Years _______ Months
What medications do you currently take? In particular, list any medications (over the counter, natural supplements, prescription, controlled substance) that you take for chronic pain.

Have you had an annual wellness exam? If so, when was the most recent?

YES _______ NO _______ WHEN____________

Please check all of the following ethnic or racial categories that describe you.

- Hispanic or Latino ______
- Native American/Alaska Native ______
- Asian ______
- Native Hawaiian or Other Pacific Islander ______
- Black or African American ______
- White ______
- Other ______

END OF DEMOGRAPHICS QUESTIONNAIRE
**McGill Pain Questionnaire**

Overview: The McGill Pain Questionnaire can be used to evaluate a person experiencing significant pain. It can be used to monitor the pain over time and to determine the effectiveness of any intervention. It was developed at by Dr. Melzack at McGill University in Montreal Canada in 1975 and has been translated into several languages.

**What Does Your Pain Feel Like?**

Some of the following words below describe your pain *right now*. CIRCLE ONLY those words that best describe it. Leave out any category that is not suitable. Use only a single word in each appropriate category - the one that applies best.

Please circle how your body is positioned right now: seated kneeling standing lying down other __________

<table>
<thead>
<tr>
<th>Group</th>
<th>Descriptor</th>
<th>Group</th>
<th>Descriptor</th>
<th>Group</th>
<th>Descriptor</th>
<th>Group</th>
<th>Descriptor</th>
<th>Group</th>
<th>Descriptor</th>
<th>Group</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>flickering</td>
<td>5</td>
<td>pinching</td>
<td>9</td>
<td>dull</td>
<td>14</td>
<td>punishing</td>
<td>18</td>
<td>tight</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>beating</td>
<td></td>
<td>pressing</td>
<td></td>
<td>sore</td>
<td></td>
<td>grueling</td>
<td></td>
<td>numb</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>pounding</td>
<td></td>
<td>gnawing</td>
<td></td>
<td>hurting</td>
<td></td>
<td>cruel</td>
<td></td>
<td>drawing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>quivering</td>
<td></td>
<td>cramping</td>
<td></td>
<td>aching</td>
<td></td>
<td>vicious</td>
<td></td>
<td>squeezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>pulsing</td>
<td></td>
<td>crushing</td>
<td></td>
<td>heavy</td>
<td></td>
<td>killing</td>
<td></td>
<td>tearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>throbbing</td>
<td></td>
<td>tugging</td>
<td>10</td>
<td>tender</td>
<td>15</td>
<td>wretched</td>
<td>19</td>
<td>cool</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pulling</td>
<td></td>
<td>taut</td>
<td></td>
<td>blinding</td>
<td></td>
<td>cold</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>wrenching</td>
<td>11</td>
<td>rasing</td>
<td></td>
<td>freezing</td>
<td></td>
<td>freezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>jumping</td>
<td></td>
<td>hot</td>
<td>12</td>
<td>sickening</td>
<td>16</td>
<td>annoying</td>
<td>20</td>
<td>nagging</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>shooting</td>
<td></td>
<td>burning</td>
<td></td>
<td>tiring</td>
<td></td>
<td>troublesome</td>
<td></td>
<td>nauseating</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>flashing</td>
<td></td>
<td>scalding</td>
<td></td>
<td>exhausting</td>
<td></td>
<td>miserable</td>
<td></td>
<td>agonizing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>searing</td>
<td></td>
<td>splitting</td>
<td></td>
<td>intense</td>
<td></td>
<td>dreadful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>pricking</td>
<td></td>
<td>hot</td>
<td>13</td>
<td>fearful</td>
<td>17</td>
<td>spreading</td>
<td></td>
<td>terrifying</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>stabbing</td>
<td></td>
<td>burning</td>
<td></td>
<td>frightening</td>
<td></td>
<td>radiating</td>
<td></td>
<td>piercing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lancinating</td>
<td></td>
<td>scalding</td>
<td></td>
<td>suffocating</td>
<td></td>
<td>penetrating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>boring</td>
<td></td>
<td>searing</td>
<td></td>
<td>frightening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>drilling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>sharp</td>
<td>7</td>
<td>hot</td>
<td>8</td>
<td>tingling</td>
<td>18</td>
<td>cool</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lacerating</td>
<td></td>
<td>burning</td>
<td></td>
<td>itching</td>
<td></td>
<td>cold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cutting</td>
<td></td>
<td>scalding</td>
<td></td>
<td>smarting</td>
<td></td>
<td>freezing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>searing</td>
<td></td>
<td>stinging</td>
<td></td>
<td>intense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3
How Does Your Pain Change With Time?

CIRCLE which word or words describe the pattern of your pain?

continuous, steady, constant  rhythmic, period, intermittent  brief, momentary, transient

How does your pain change with each of the following items? Leave blank if not applicable.

- liquor  _____INCREASE_____DECREASE
- coffee  _____INCREASE_____DECREASE
- eating  _____INCREASE_____DECREASE
- heat  _____INCREASE_____DECREASE
- cold  _____INCREASE_____DECREASE
- damp  _____INCREASE_____DECREASE
- weather changes  _____INCREASE_____DECREASE
- massage  _____INCREASE_____DECREASE
- pressure  _____INCREASE_____DECREASE
- stillness  _____INCREASE_____DECREASE
- moving  _____INCREASE_____DECREASE
- sleep  _____INCREASE_____DECREASE
- lying down  _____INCREASE_____DECREASE
- distraction  _____INCREASE_____DECREASE
- urinating or defecating  _____INCREASE_____DECREASE
- bright lights  _____INCREASE_____DECREASE
- loud noises  _____INCREASE_____DECREASE
- going to work  _____INCREASE_____DECREASE
- sex  _____INCREASE_____DECREASE
- mild exercise  _____INCREASE_____DECREASE

How Strong is Your Pain?

To answer each question below circle the most appropriate word.

Which word describes your pain right now?

- mild
- discomforting
- distressing
- horrible
- excruciating

Which word describes your pain at its worst?

- mild
- discomforting
- distressing
- horrible
- excruciating

Which word describes your pain at its least?

- mild
- discomforting
- distressing
- horrible
- excruciating
Which word describes the worst pain in your joints you have ever had?

mild  discomforting  distressing  horrible  excruciating

Which word describes the worst headache you have ever had?

mild  discomforting  distressing  horrible  excruciating

Which word describes the worst stomachache you have ever had?

mild  discomforting  distressing  horrible  excruciating

END OF MCGILL PAIN QUESTIONNAIRE

Stressful Life Events Screening Questionnaire

Overview: The items listed below refer to events that may have taken place at any point in your entire life, including early childhood.

1. Have you ever had a life-threatening illness?
   No _____ Yes _____ If yes, at what age? __________
   Duration of Illness ____________________________
   Describe specific illness __________________________________________________

2. Were you ever in a life-threatening accident?
   No _____ Yes _____ If yes, at what age? __________
   Describe accident________________________________________________________
   Did anyone die? ____ Who? (Relationship to you)___________________________
   What physical injuries did you receive? ___________________________________
   Were you hospitalized overnight? No_____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?
   No _____ Yes _____ If yes, at what age? __________
   How many perpetrators?___________
   Describe physical force (e.g., restrained, shoved) or weapon used against you.
   _______________________________________________________________________
   Did anyone die? ______ Who?_______________________________________________
   What injuries did you receive? ___________________________________________
   Was your life in danger? No_____ Yes _____
4. Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide?
   No _____ Yes _____ If yes, how old were you? ______
   How did this person die? ______________________________________________________
   Relationship to person lost ____________________________________________________
   In the year before this person died, how often did you see/have contact with him/her? ______
   Have you had a miscarriage? No _____ Yes _____ If yes, at what age? ____________

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever physically forced you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?
   No _____ Yes _____ If yes, at what age? ________________

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?
   No _____ Yes _____ If yes, at what age? __________________

7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?
   No _____ Yes _____ If yes, at what age(s)? __________________
   Describe force used against you (e.g., fist, belt) _________________________________
   Were you ever injured? ______ If yes, describe _____________________________________
   Has anyone else ever done this to you? No _______ Yes ______

8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?
   No _____ Yes _____ If yes, at what age(s)? ____________________________
   Describe force used against you (e.g., fist, belt) _____________________________
   Were you ever injured?_______ If yes, describe ________________________________________

9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?
   No _____ Yes _____ If yes, at what age(s)? ____________________________
   Has anyone else ever done this to you? No_______ Yes ______

10. Other than the experiences already covered, has anyone ever threatened you with a weapon like a knife or gun?
    No _______ Yes _______ If yes, at what age? __________________________
11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?
No _____ Yes _____ If yes, at what age? ________________

Please describe what you witnessed __________________________________________

Was your own life in danger? ________________________________________________

12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?
No_______ Yes_______ If yes, at what age? ______________

Please describe ____________________________________________________________

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?
No_____ Yes_____ If yes, at what age? _________

Please describe.________________________________________________________________________

END OF STRESSFUL LIFE EVENTS QUESTIONNAIRE

Historical Loss Scale

Overview: The following are losses that came out of a focus group with elders. Mark how frequently the following losses come to mind. If you do not know, mark DK/REF. Try to answer something other than DK/REF.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Several times a day</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Yearly or only at special times</th>
<th>Never</th>
<th>DK/REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>The loss of our land</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The loss of our language</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Losing our traditional spiritual ways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The loss of our family ties because of boarding schools</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The loss of families from the reservation to government relocation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The loss of self respect from poor treatment by government officials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The loss of trust in whites from broken treaties</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Losing our culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>The losses from the effects of alcoholism on our people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Loss of respect by our children and grandchildren for elders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Loss of our people through early death</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Loss of respect by our children for traditional ways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

7
Comments:

END OF HISTORICAL LOSS SCALE

Texas Revised Inventory of Grief

Overview: The following are questions about how you have grieved after a loss, including loss of family member, loss of job, loss of language, and loss of land.

Please describe what you are grieving for currently. If nothing, mark here____

Circle what word most applies. The following sentences complete this phrase: Because of grief...

I find it hard to get along with certain people.
Completely true    Mostly true    True&False    Mostly False    Completely False

I find it hard to go to work.
Completely true    Mostly true    True&False    Mostly False    Completely False

I lost interest in family, friends, and hobbies.
Completely true    Mostly true    True&False    Mostly False    Completely False

I felt a need to do things that reminded me of the grief.
Completely true    Mostly true    True&False    Mostly False    Completely False

The following sentences describe actions related to the grief.

I hide my tears for what I have lost.
Completely true    Mostly true    True&False    Mostly False    Completely False

I miss what I lost.
Completely true    Mostly true    True&False    Mostly False    Completely False

Nothing will ever take the place of what I lost.
Completely true    Mostly true    True&False    Mostly False    Completely False
I cannot avoid thinking about what I have lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

I feel it’s unfair that I lost what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

Things and people around me remind me of what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

I am angry about what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

I am unable to accept what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

I feel that I have already grieved for what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

Even now I am in pain for what I lost.
Completely true  Mostly true  True&False  Mostly False  Completely False

I feel that I am functioning as well as I did before the loss. (Answer if applicable).
Completely true  Mostly true  True&False  Mostly False  Completely False

END OF TEXAS REVISED INVENTORY OF GRIEF

Resilience Scale

Overview: The following are questions about ways that you deal with difficult situations. Please agree or disagree with each statement with a circle.

1. When I make plans, I follow through with them.
Completely true  Mostly true  True&False  Mostly False  Completely False

2. I usually manage one way or another.
Completely true  Mostly true  True&False  Mostly False  Completely False

3. I am able to depend on myself more than anyone else.
Completely true  Mostly true  True&False  Mostly False  Completely False
4. Keeping interested in things is important to me.
Completely true   Mostly true   True&False   Mostly False   Completely False

5. I can be on my own if I have to.
Completely true   Mostly true   True&False   Mostly False   Completely False

6. I feel proud that I have accomplished things in life.
Completely true   Mostly true   True&False   Mostly False   Completely False

7. I usually take things in stride.
Completely true   Mostly true   True&False   Mostly False   Completely False

8. I am friends with myself.
Completely true   Mostly true   True&False   Mostly False   Completely False

9. I feel that I can handle many things at a time.
Completely true   Mostly true   True&False   Mostly False   Completely False

10. I am determined.
Completely true   Mostly true   True&False   Mostly False   Completely False

11. I seldom wonder what the point of it all is.
Completely true   Mostly true   True&False   Mostly False   Completely False

12. I take things one day at a time.
Completely true   Mostly true   True&False   Mostly False   Completely False

13. I can get through difficult times because I’ve experienced difficulty before.
Completely true   Mostly true   True&False   Mostly False   Completely False

Completely true   Mostly true   True&False   Mostly False   Completely False

15. I keep interested in things.
Completely true   Mostly true   True&False   Mostly False   Completely False

16. I can usually find something to laugh about.
Completely true   Mostly true   True&False   Mostly False   Completely False
17. My belief in myself gets me through hard times.
   Completely true   Mostly true   True&False   Mostly False   Completely False

18. My belief in my community gets me through hard times.
   Completely true   Mostly true   True&False   Mostly False   Completely False

19. In an emergency, people rely on me.
   Completely true   Mostly true   True&False   Mostly False   Completely False

20. Family responsibilities prevent me from doing the things I want to do.
   Completely true   Mostly true   True&False   Mostly False   Completely False

21. Family responsibilities give me great joy and pleasure.
   Completely true   Mostly true   True&False   Mostly False   Completely False

22. I can usually look at a situation in a number of ways.
   Completely true   Mostly true   True&False   Mostly False   Completely False

23. Sometimes I make myself do things whether I want to or not.
   Completely true   Mostly true   True&False   Mostly False   Completely False

24. My life has meaning.
   Completely true   Mostly true   True&False   Mostly False   Completely False

25. I do not dwell on things that I cannot do anything about.
   Completely true   Mostly true   True&False   Mostly False   Completely False

26. When I’m in a difficult situation, I can usually find my way out of it.
   Completely true   Mostly true   True&False   Mostly False   Completely False

27. I have enough energy to do what I have to do.
   Completely true   Mostly true   True&False   Mostly False   Completely False

28. I get a group of family or friends together to help with the problem.
   Completely true   Mostly true   True&False   Mostly False   Completely False
29. I remember what a parent, relative, or elder once said about dealing with difficult situations.

<table>
<thead>
<tr>
<th>Completely true</th>
<th>Mostly true</th>
<th>True&amp;False</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
</table>

30. I think of all the struggles that American Indian people have had to endure, which gives me strength to deal with the situation.

<table>
<thead>
<tr>
<th>Completely true</th>
<th>Mostly true</th>
<th>True&amp;False</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
</table>

31. I distract myself with other activities when going through a difficult time.

<table>
<thead>
<tr>
<th>Completely true</th>
<th>Mostly true</th>
<th>True&amp;False</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
</table>

32. I ask others for ideas about how to deal with the problem.

<table>
<thead>
<tr>
<th>Completely true</th>
<th>Mostly true</th>
<th>True&amp;False</th>
<th>Mostly False</th>
<th>Completely False</th>
</tr>
</thead>
</table>

Please describe other ways you stay healthy and cope that are not included above.

---

**END OF RESILIENCE SCALE**

**Healing Practices**

Please mark which of the following healing practices you participate in and circle how often.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Never</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Daily</th>
<th>Hourly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Going to the clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweat Lodge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healing Circle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe Ceremony/Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prayer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to church/synagogue/mosque</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage/Yoga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healing Practice</td>
<td>_____YES</td>
<td>_____NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy Healing/Reiki</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential Oils</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking a walk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peyote</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See a Shaman/Medicine Person/Mystic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Below is space to write in other healing practices not mentioned above. Again, please indicate how often you use these practices.

**END OF SURVEY COMPONENT**