



TR'ONDËK HWËCH'IN HARVEST SURVEY

For the harvest year: **April 1, 2024 – March 31, 2025**

FILL OUT THIS SURVEY TO ENTER THE FISH & WILDLIFE PRIZE DRAW!

Surveys are due April 24th, 2025 and the prizes will be drawn at on April 25th, 2025!

1st Prize: Honda EU 1000i generator 2nd Prize: \$500 Hougens' Sportslodge Gift Card 3rd Prize: Vacuum Sealer

PLUS! Each TH household to submit a completed survey will receive a

\$25 Bonanza Market gift certificate in recognition of your time and valued input.

The information collected in this survey helps inform the TH Fish & Wildlife Branch of changes in harvesting PRACTICES, NEEDS, and harvest EFFORT of TH Citizens so that we can better advocate for your subsistence rights.

Phone #: _____
Address: _____

Q 1: How many people live in your household?

TH Citizens: _____ # Non-Citizens: _____

Q 2: To enter the prize draw, list names of all TH CITIZENS in your household who went hunting, fishing or gathering between April 1, 2024 – March 31, 2025.

Each name counts as one entry in the prize draw!

Total # entries: _____

Elders (age 55+): _____

Adults (age 26-54): _____

Youth (age 15-25): _____

Q 3: Were the subsistence needs of your household met this past year? (choose one)

All Most Some Very Little None

Q 4: How were your household's needs for meat/fish/berries met this year? (circle all that apply)

- Went hunting/fishing/gathering All Most Some Very Little None
- Were given meat/fish/berries All Most Some Very Little None
- Meat/fish/berries left in the freezer from last year All Most Some Very Little None
- Purchased meat/fish/berries at the store All Most Some Very Little None
- Purchased meat from TH Farm All Most Some Very Little None
- TH Programming (e.g. meals on wheels, etc.) All Most Some Very Little None
- Other: _____ All Most Some Very Little None

Q 5: What methods did you use to get out on the land this year? (check all that apply)

Truck ATV/UTV River boat Jet boat Snowmobile On foot
 Other: _____

Q 6: Did anything prevent you from harvesting as often as you would have liked? (check all that apply)

Access problems Poor health Lack of childcare Not enough time
 Too crowded Equipment problems Nobody to go with me Too expensive
 Bad weather Other: _____

Q 7: During any of your harvesting trips in the TH Traditional Territory, did you see anything interesting or unusual? (examples: lots of cow moose with twins; large pack of wolves; unusual behaviour or appearance; cougars, coyotes or deer; lots of tracks, injured/diseased animals, etc.)






Q 8: Do you have any concerns about anything you saw while out on the land in the TH Traditional Territory? (examples: habitat damage, user conflicts, poor harvesting practices, etc.)

Q 9: Please fill in the following sections for EACH SPECIES that the TH harvesters in your household actively looked for in 2024-25.


Mähsi Cho!!!

Completed surveys can be: **Dropped off at:** the TH Fish & Wildlife office or main reception in the Hähké Steve Taylor Building on Front St.
Mailed to: PO Box 599 Dawson, YT Y0B 1G0 **Emailed to:** matthew.mchugh@trondek.ca

For the year: **April 1, 2023 – March 31, 2024**





	HUNTING EFFORT			HARVEST			OBSERVATIONS		
WILDLIFE SPECIES	How much time did you spend SEARCHING?	Where did you SEARCH? (check all that apply)		How much time did you SEARCH compared to last year?	Successful HARVEST?	Household needs met? (check one)	Who did you SHARE your harvest with? (check all that apply)	Was the animal(s) HEALTHY? (check all that apply)	Any COMMENTS or OBSERVATIONS about your hunt?
MOOSE <i>Jëjik</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes # Male: ____ # Female: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	
CARIBOU <i>Wëdzey</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes # Male: ____ # Female: ____ WHAT HERD? <input type="checkbox"/> Porcupine herd <input type="checkbox"/> Fortymile herd <input type="checkbox"/> Other: _____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	
SHEEP <i>Dëbe</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes # Male: ____ # Female: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	
GROUSE & PTARMIGAN <i>K'äba</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	
RABBITS <i>Ga</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	
OTHER WILDLIFE _____	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Outside THTT	<input type="checkbox"/> Dempster <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Stewart River <input type="checkbox"/> Other: _____	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't hunt last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Fat <input type="checkbox"/> Normal <input type="checkbox"/> Skinny <input type="checkbox"/> Sick/injured	

For the year: **April 1, 2023 – March 31, 2024**

	FISHING EFFORT			HARVEST			OBSERVATIONS	
FISH SPECIES 	What GEAR did you use?	Where did you fish? (check all that apply)	How much time did you spend fishing compared to last year?	Successful HARVEST?	Household needs met? (check one)	Who did you SHARE your harvest with? (check all that apply)	Were the fish HEALTHY? (check all that apply)	Population ABUNDANCE? (check one)
CHINOOK SALMON <i>Luk Cho</i>	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net Mesh size: _____ <input type="checkbox"/> Fish wheel <input type="checkbox"/> Angling	<input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Klondike River <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fortymile River <input type="checkbox"/> Outside THTT <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes # Male: ____ # Female: ____ # unknown: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Net marks <input type="checkbox"/> Lamprey marks <input type="checkbox"/> Diseased <input type="checkbox"/> Bruising <input type="checkbox"/> Ripe (females)	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know Details: _____
CHUM SALMON <i>They</i>	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net Mesh size: _____ <input type="checkbox"/> Fish wheel <input type="checkbox"/> Angling	<input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Fortymile River <input type="checkbox"/> Other: _____ <input type="checkbox"/> Outside THTT <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes # Male: ____ # Female: ____ # unknown: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Net marks <input type="checkbox"/> Lamprey marks <input type="checkbox"/> Diseased <input type="checkbox"/> Bruising <input type="checkbox"/> Ripe (females)	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know Details: _____
GRAYLING <i>Srejil</i>	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net <input type="checkbox"/> Angling	<input type="checkbox"/> Blackstone River <input type="checkbox"/> North Klondike <input type="checkbox"/> Klondike River <input type="checkbox"/> Fortymile River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Normal <input type="checkbox"/> Wounds <input type="checkbox"/> Disease <input type="checkbox"/> Fungus <input type="checkbox"/> Worms	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Few <input type="checkbox"/> Don't know Details: _____
CHAR/DOLLY VARDEN	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net <input type="checkbox"/> Angling	<input type="checkbox"/> Blackstone River <input type="checkbox"/> North Klondike <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Normal <input type="checkbox"/> Wounds <input type="checkbox"/> Disease <input type="checkbox"/> Fungus <input type="checkbox"/> Worms	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Few <input type="checkbox"/> Don't know Details: _____
WHITEFISH/CISCO <i>Luk dhey</i>	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net <input type="checkbox"/> Angling	<input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Klondike River <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fortymile River <input type="checkbox"/> Outside THTT <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Normal <input type="checkbox"/> Wounds <input type="checkbox"/> Disease <input type="checkbox"/> Fungus <input type="checkbox"/> Worms	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Few <input type="checkbox"/> Don't know Details: _____
OTHER SPECIES _____	<input type="checkbox"/> Didn't fish <input type="checkbox"/> Net <input type="checkbox"/> Fish wheel <input type="checkbox"/> Angling <input type="checkbox"/> Set line	<input type="checkbox"/> Yukon River <input type="checkbox"/> Blackstone River <input type="checkbox"/> Klondike River <input type="checkbox"/> North Klondike <input type="checkbox"/> Fortymile River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't fish last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes How many? #: ____	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Normal <input type="checkbox"/> Wounds <input type="checkbox"/> Disease <input type="checkbox"/> Fungus <input type="checkbox"/> Worms	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Few <input type="checkbox"/> Don't know Details: _____

Survey continues on reverse side of this page →

For the year: **April 1, 2023 – March 31, 2024**

	HARVESTING EFFORT			HARVEST			OBSERVATIONS	
PLANT SPECIES	How much time did you spend picking plants?	Where did you SEARCH? (check all that apply)	How much time compared to last year?	Successful HARVEST?	Household needs met? (check one)	Who did you SHARE your harvest with? (check all that apply)	Were the plants HEALTHY? check all that apply)	Any COMMENTS or OBSERVATIONS?
BERRIES <i>Jëk</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	
MUSHROOMS <i>Ëny</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	
SPRUCE TIPS <i>Ts'ok li'a'</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	
LABRADOR TEA <i>K'ëläk'ày</i> 	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	
OTHER PLANTS _____	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	
OTHER PLANTS _____	<input type="checkbox"/> No time <input type="checkbox"/> Some time <input type="checkbox"/> A lot of time	<input type="checkbox"/> Goldfields <input type="checkbox"/> Dempster <input type="checkbox"/> Top of World Hwy <input type="checkbox"/> Klondike Hwy <input type="checkbox"/> Yukon River <input type="checkbox"/> Stewart River <input type="checkbox"/> Outside THTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Similar <input type="checkbox"/> Didn't pick last year <input type="checkbox"/> Don't remember	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> Very little <input type="checkbox"/> None	<input type="checkbox"/> Nobody outside of my household or hunting party <input type="checkbox"/> ELDERS <input type="checkbox"/> ADULTS <input type="checkbox"/> YOUTH	<input type="checkbox"/> Abundant <input type="checkbox"/> Average <input type="checkbox"/> Scarce <input type="checkbox"/> Diseased	

End of survey – Mähsi Cho!!