

Wiconi Wakan Health & Healing Center
P.O. Box 719
Rosebud, South Dakota 57570

Please Complete this survey regarding our Program. Our effort is to reduce Suicide and Suicide Ideation on the Rosebud Reservation. We are asking you to participate in this survey to help us better understand what is needed in the communities.

Community: _____ Age: _____

Female _____ Male _____ LGBTQ _____ Other _____

- 1) What do you know, or have you heard about the Wiconi Wakan Health & Healing Center Program?

- 2) Do you know what our Program provides? (If no, would you like us to explain?)

- 3) Are you or anyone you know who is need of counseling services?

- 4) Have you or anyone you know experienced suicide ideation? (If yes, would you like to complete a screening with us today?)

Thank you for completing this survey! All information is strictly confidential and will be utilized to better serve The Rosebud Reservation.