

# RECLAMATION

*Managing Water in the West*

OMB Control No. 1006-00xx  
Expiration Date: xx/xx/xx

## Recreation Activities Survey

### Paperwork Reduction Act

The purpose of this survey is to provide information to the Bureau of Reclamation for evaluating and improving the recreation services and programs that it provides to the public. Response to this survey is voluntary. No action may be taken against you for refusing to supply the information requested. The reporting burden for this form is estimated to average 20 minutes, which includes the time for reviewing instructions and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Attention: Darrell Welch, 84-53000, PO Box 25007, Denver, CO 80225. Mr. Welch can also be contacted at 303-445-2711 or via e-mail at [dwelch@do.usbr.gov](mailto:dwelch@do.usbr.gov).

### Privacy Act Statement

No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this survey will be available. Information collected will be compiled to produce statistics.



U.S. Department of the Interior  
Bureau of Reclamation

## RECREATION ACTIVITIES SURVEY

<b>For agency use only</b>
Recreation area being surveyed: _____

### Section A Screening Questions

1. What activity or activities do you plan on participating in at the recreation area during your current visit? Check (✓) *all* the activities you will be participating in on your current visit.

- |  |   |
|--|---|
| <input type="checkbox"/> Tent camping<br><input type="checkbox"/> RV / trailer camping<br><input type="checkbox"/> Day use / picnicking<br><input type="checkbox"/> Pleasure boating<br><input type="checkbox"/> Bicycling<br><input type="checkbox"/> Interpretive Program<br><input type="checkbox"/> Boat fishing<br><input type="checkbox"/> Water skiing / tubing<br><input type="checkbox"/> Sailing<br><input type="checkbox"/> Fishing from shore<br><input type="checkbox"/> Wildlife viewing | <input type="checkbox"/> Swimming<br><input type="checkbox"/> Hiking<br><input type="checkbox"/> Kayaking<br><input type="checkbox"/> Canoeing<br><input type="checkbox"/> Horseback riding<br><input type="checkbox"/> Hunting<br><input type="checkbox"/> Sightseeing<br><input type="checkbox"/> Wakeboarding<br><input type="checkbox"/> Other activities ( <i>please list below</i> ):<br>_____<br>_____ |
|--|---|

2. What were the **five** primary activities during this trip? *In the order of importance, list the activity or activities you checked in Q. 1, the number of people in your group participating in that activity, and the percent of time spent doing that activity.*

List the 5 primary activities in order of importance	Number of people participating in activity	Percent of time spent participating.
1.		
2.		
3.		
4.		
5.		

## Section B GENERAL ACTIVITY CHARACTERISTICS

Please answer questions 3 – 7 for the **primary** activity in which you most frequently participate. This should be for the recreation activity listed first in Q. 2.

3. Is the number of times you spent participating in your **primary** activity more, less, or about the same as the past 3 years? *Please check (✓) only one.*

\_\_\_\_\_ more    \_\_\_\_\_ less    \_\_\_\_\_ about the same

4. How many days or hours per trip, on average, do you spend participating in your **primary** activity at this recreation area?

\_\_\_\_\_ days    \_\_\_\_\_ hours

5. How many times a year, on average, do you spend participating in your **primary** activity at this recreation area?

\_\_\_\_\_ times

6. How would you rate yourself when participating in your **primary** activity? *Please check (✓) the most appropriate rating.*

\_\_\_\_\_ Novice    \_\_\_\_\_ Intermediate    \_\_\_\_\_ Advanced    \_\_\_\_\_ Expert

7. How many days or hours did you and other members of your household participate in the **primary** activity during each of the following seasons last year?

Season	Month	Number of days	Number of hours
Spring	March, April, May		
Summer	June, July, August		
Fall	September, October, November		
Winter	December, January, February		

## Section C Activity Behavior

### BOATING

8. Are you boating during this visit? If NO, go to Q. 12.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

9. On this trip, how many days or hours do you plan on boating?

\_\_\_\_\_ days boating on this trip \_\_\_\_\_ hours boating on this trip

10. Please answer these questions for the boat you will use most on the lake during your visit.

a. Please check (✓) the boat type below that best describes the boat you will use during this trip.

\_\_\_ Cabin cruiser

\_\_\_ Sailboat

\_\_\_ Runabout

\_\_\_ Rowboat

\_\_\_ Bass boat

\_\_\_ Canoe

\_\_\_ Houseboat

\_\_\_ Other (please describe): \_\_\_\_\_

\_\_\_ Pontoon

b. What type of power does your boat use? Please check (✓) the best answer.

\_\_\_ Outboard

\_\_\_ Sail only, no auxiliary engine

\_\_\_ Inboard

\_\_\_ Sail with auxiliary engine

\_\_\_ Inboard/outboard

\_\_\_ Paddle / oar only

c. How long is your boat?

\_\_\_\_\_ feet

d. What is the total horsepower of your boat?

\_\_\_\_\_ horsepower

11. Write a number 1 in front of the boating activity you did the longest, a number 2 in front of the activity you did second longest, and so on. If you did not do one or more of the activities listed, just leave the space in front of the activity blank.

\_\_\_ Trolling

\_\_\_ Sailing

\_\_\_ Swimming from your boat

\_\_\_ Jet skiing

\_\_\_ Water skiing

\_\_\_ Other (please describe): \_\_\_\_\_

\_\_\_ Pleasure cruising

**FISHING – QUESTIONS 12-16 ARE ABOUT THE FISH YOU CAUGHT DURING THIS VISIT**

If you are not fishing, go to Q 20.

12. If fishing, which of the following did you use most frequently on this fishing trip? *Please check (✓) all that apply.*

\_\_\_\_\_ Lures    \_\_\_\_\_ Bait    \_\_\_\_\_ Flies    \_\_\_\_\_ All about the same

If you are not fishing during this trip, please go to Q 16.

13. Did you boat fish or bank fish? *Please check (✓) one answer.*

\_\_\_\_\_ Boat fish    \_\_\_\_\_ Bank fish    \_\_\_\_\_ Both boat and bank fish

14. What was your **primary** method of fishing? *Please check (✓) one answer.*

\_\_\_\_\_ Boat fishing    \_\_\_\_\_ Bank fishing

15. How many fish did you catch on this (or most recent) fishing trip?

\_\_\_\_\_ fish

16. How many fish did you catch that were longer than 14 inches?

\_\_\_\_\_ number of fish longer than 14 inches

**QUESTIONS 17 – 19 ARE ABOUT THE AMOUNT OF TIME SPENT FISHING DURING A CALENDAR YEAR**

17. On average, how many times do you fish during each of the following seasons?

\_\_\_\_\_ Spring (March, April, May)

\_\_\_\_\_ Summer (June, July, August)

\_\_\_\_\_ Fall (September, October, November)

\_\_\_\_\_ Winter (December, January, February)

18. What percentage of all the time you spend fishing do you fish for:

**Percent**

- \_\_\_\_\_ cold freshwater fishing (trout)
- \_\_\_\_\_ warm freshwater fishing (bass, bream, etc.)
- \_\_\_\_\_ saltwater fishing
- \_\_\_\_\_ anadromous fishing (salmon, striped bass, shad, etc.)

19. Are you now, or have you ever been, a member of a fishing club or organization?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If YES, what is the name of the club or organization?

\_\_\_\_\_

**HUNTING**

20. If hunting, fill in the appropriate boxes below for your entire party. If you are not hunting, go to Q. 21.

Species hunted	Deer	Turkey	Elk	Dove	Quail	Waterfowl	Antelope	Other
Number sighted								
Number shot at								
Number bagged								

**CAMPING**

21. If camping, please identify the type of camping shelter you normally use at this recreation area (*please check [✓] one or more*). If you are not camping, please go to Q. 24.

- \_\_\_ Tent
- \_\_\_ Pop-up trailer
- \_\_\_ Screened shelter
- \_\_\_ Recreation motorhome
- \_\_\_ Truck camper
- \_\_\_ Van
- \_\_\_ Cabin
- \_\_\_ Travel trailer
- \_\_\_ Other (*specify*): \_\_\_\_\_

22. For this year, how many trips did you stay overnight at any campground? (Consider a trip as the time from leaving your residence to returning to your residence.)

\_\_\_\_\_ number of trips

23. For this year, how many times did you camp at this recreation area?

\_\_\_\_\_ number of times

### Section C Barriers and Constraints

24. In general, during all your trips to this recreation area what things have you experienced that have detracted from your enjoyment of participating in your **primary** activities (*rank the following things in the order that they detracted from your enjoyment, with the number 1 being the most distracting*).

\_\_\_\_\_ Crowded facilities

\_\_\_\_\_ Rowdy behavior by other visitors

\_\_\_\_\_ Expensive use fees

\_\_\_\_\_ Too many rules and regulations

\_\_\_\_\_ Long waits to use facilities

\_\_\_\_\_ Other \_\_\_\_\_

26. Generally, how satisfied were you with your recreational activities? *Please check (✓) only one.*

\_\_\_\_\_ Extremely satisfied

\_\_\_\_\_ Satisfied

\_\_\_\_\_ Neither satisfied nor dissatisfied

\_\_\_\_\_ Dissatisfied

\_\_\_\_\_ Extremely dissatisfied

If dissatisfied or extremely dissatisfied, why? \_\_\_\_\_

27. On a scale of 1 to 10 (with 10 being the perfect trip), how would you rate the quality of your recreational experience at this recreation area during this trip?

\_\_\_\_\_ rating

28. What were the **most enjoyable** aspects of your recent visit?

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29. What were the **least enjoyable** aspects of your visit?

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30. If, for some reason, you could not engage in your **primary** activity listed as number 1 in Q. 2, would you engage in another recreational activity instead?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If YES, what recreational activity would you do instead? \_\_\_\_\_

## Section D User Profile/Demographics

**Note:** The background information being collected below is needed to provide a profile of our study population to make sure it is representative of all the visitors to our recreation area. None of the information in this or other sections will be associated with any names or addresses.

31. Are you from in-state, out-of-state or another country? *Please check (✓) only one location.*

\_\_\_\_\_ In-State    \_\_\_\_\_ Out-of-State    \_\_\_\_\_ Another County

**Note:** The two questions below are designed to describe your ethnicity and race. Regardless of your answer to Q. 32, go to Q. 33.

32. Are you Hispanic or Latino (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No



33. Please select one or more racial categories with which you most closely identify. *Please check (✓) all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

— Thank you for your cooperation —