

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.

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

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

_____ |
|--|---|

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?

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

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 —