



West Coast Community Visitor Survey

NOAA Fisheries
Northwest Fisheries Science Center

We are conducting a quick survey to help determine how many visitors are coming to this community; may I ask you four short questions?

#	Question	Response
1.	Is your permanent residence located outside of this zip code?	<input type="checkbox"/> Yes – What is the zip code of your permanent residence? _____ - go to 2 <input type="checkbox"/> No – Thank you for your time
2.	Did you stay in a local hotel last night or will you tonight?	<input type="checkbox"/> Yes – Which night? <input type="checkbox"/> Last night <input type="checkbox"/> Tonight <input type="checkbox"/> Both - go to 3 <input type="checkbox"/> No – go to 3
3.	What is the primary purpose of your visit?	<input type="checkbox"/> To visit family/friends – Please go to 4 <input type="checkbox"/> To utilize a service (gas station, restaurant, store, etc.) in the town – Please indicate what type of service: _____ – Thank you for your time <input type="checkbox"/> Working or commuting to work – go to 3a <input type="checkbox"/> Just passing through to go somewhere else – go to 3a <input type="checkbox"/> Vacation/recreation (staying here for more than 2 hours) – go to 4 <input type="checkbox"/> Other (please specify): _____ _____ go to 4
3a.	What was the major reason you chose to take this route?	<input type="checkbox"/> View scenery – Thank you for your time <input type="checkbox"/> Utilize services of town – Thank you for your time <input type="checkbox"/> Quickest route – Thank you for your time <input type="checkbox"/> Other: _____ – Thank you for your time
4.	Is your visit to this community a day trip or an overnight visit?	<input type="checkbox"/> Day trip – Since you are a visitor, we would love to hear about your activities and opinions. Would you be willing to answer a short 10 minute survey on your activities while in this area? <input type="checkbox"/> Overnight visit – Since you are a visitor, we would love to hear about your activities and opinions. Would you be willing to answer a short 10 minute survey on your activities while in this area?

Coastal Community Visitor Survey

Visitor experience, preferences, and expenditure questionnaire

- If the primary purpose of your visit to this town is to visit family or friends, please proceed to question 6
- If your visit to this community is a day trip, please proceed to question 3
- If your visit to this community is an overnight trip, please proceed to question 1

#	Question	Response
1.	When did you arrive in this town?	_____ (MM/DD/YYYY)
2.	When will you (or did you) leave this town?	_____ (MM/DD/YYYY)
3.	Was your trip to this town: (check only one):	<input type="checkbox"/> the primary purpose or sole destination of your trip from home? <input type="checkbox"/> one of many equally important reasons or destinations for your trip from home? <input type="checkbox"/> just an incidental stop on a trip taken for other purposes or to other destinations?
4.	What was your primary reason for choosing this location for your recreation/vacation over other possible recreation/vacation locations? Please check only one.	<input type="checkbox"/> More natural beauty <input type="checkbox"/> Better fishing opportunities <input type="checkbox"/> Nicer beaches <input type="checkbox"/> More/better attractions in or near this town <input type="checkbox"/> Quieter/less people here <input type="checkbox"/> Better services (hotels, restaurants, shops, etc.) in this town <input type="checkbox"/> Other (please specify): _____
5.	Which of these activities was the primary reason for your visit ? Please check only one.	<input type="checkbox"/> Camping <input type="checkbox"/> Visiting resort/spa <input type="checkbox"/> Visiting the beach (picnicking, kite flying, relaxing) <input type="checkbox"/> Surfing <input type="checkbox"/> Fishing on a private/personal boat <input type="checkbox"/> Fishing on a charter boat <input type="checkbox"/> Fishing from the shore/pier <input type="checkbox"/> Visiting a local attraction (please specify): _____ <input type="checkbox"/> Recreational boating (sailing, cruising, water skiing, etc.) <input type="checkbox"/> Other (please specify): _____

#	Question	Response
6.	What activities will you participate in while visiting this town? Please check all that apply.	<input type="checkbox"/> Camping <input type="checkbox"/> Visiting resort/spa <input type="checkbox"/> Visiting the beach (picnicking, kite flying, relaxing) <input type="checkbox"/> Surfing <input type="checkbox"/> Fishing on a private/personal boat <input type="checkbox"/> Fishing on a charter boat <input type="checkbox"/> Fishing from the shore/pier <input type="checkbox"/> Visiting a local attraction (please specify): _____ <input type="checkbox"/> Recreational boating (sailing, cruising, water skiing, etc.) <input type="checkbox"/> Other (please specify): _____
7.	What is the most important thing that this community could improve to make your experience here better? Please check only one box.	<input type="checkbox"/> More fishing opportunities <input type="checkbox"/> Better services (hotels, restaurants, shops, etc.) <input type="checkbox"/> Cleaner beaches <input type="checkbox"/> More developed beaches <input type="checkbox"/> More attractions <input type="checkbox"/> Less noise/people <input type="checkbox"/> More budget alternatives <input type="checkbox"/> Other: _____
8.	NOT including this visit, about how many times have visited this town for vacation/recreation in the past 12 months?	
9.	How many people, including you, traveled here in the same vehicle?	
10.	How many of these people are less than 16 years old?	
11.	What is your age range? Please check the appropriate box.	<input type="checkbox"/> 16 to 19 <input type="checkbox"/> 20 to 29 <input type="checkbox"/> 30 to 39 <input type="checkbox"/> 40 to 49 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 60 to 69 <input type="checkbox"/> 70 to 79 <input type="checkbox"/> 80 and over

#	Question	Response
12.	For this trip, are you:	<input type="checkbox"/> Paying for yourself and others. If so how many others? _____ (in the next question, report what you spent for your entire party) <input type="checkbox"/> Sharing expenses with other people (in the next question, report just what you personally spent) <input type="checkbox"/> Paying for just your own expenses (in the next question, report just what you personally spent) <input type="checkbox"/> Someone else is paying for you (in the next question, report your portion of the total that person spent)
13.	Based on your response to question 12, please report the approximate amount you spent on this trip within approximately 10 miles of here (to the nearest dollar).	Camping/RV Park \$ _____ Hotels/Bed & Breakfast \$ _____ Restaurants and bars \$ _____ Grocery stores \$ _____ Gas and oil \$ _____ Fishing supplies/licenses \$ _____ Other recreation supplies \$ _____ Charter fishing \$ _____ Boat rentals \$ _____ Other activities \$ _____ Souvenirs/Clothes \$ _____ All other local trip expenses \$ _____
14.	Including all the costs associated with this trip and including amounts spent here, along the way, and at home; what was the approximate total cost of this trip to your household?	Total trip related expense: \$ _____
15.	As you know, some of the costs of travel such as gasoline and hotels often increase. If the total cost of this most recent trip to the recreation area where you were contacted had been \$ _____ higher , would you have made this trip to this town?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If you had not made this trip to this town, how would you have spent the money that you did spend here?	<input type="checkbox"/> Would have gone to a different town on the coast <input type="checkbox"/> Would have gone to a different town, not on the coast <input type="checkbox"/> Would have spent the money on recreation activities in your local town

#	Question	Response
17.	For the activity indicated in question 16, would the total trip/activity related expense be:	<input type="checkbox"/> More expensive than your trip to this town. Approximately how much more expensive? _____% <input type="checkbox"/> Less expensive than you trip to this town. Approximately how much less expensive? _____%
18.	What is the approximate range of your household income?	<input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,001 to \$25,000 <input type="checkbox"/> \$25,001 to \$40,000 <input type="checkbox"/> \$40,001 to \$60,000 <input type="checkbox"/> \$60,001 to \$75,000 <input type="checkbox"/> \$75,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$150,000 <input type="checkbox"/> \$150,001 to \$200,000 <input type="checkbox"/> > \$200,001

Thank you for your time. If you have any additional comments please include them here:

OMB Control #xxx-xxxx expires xx/xx/xx. Notwithstanding any other provisions of the law; no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirement of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. Public reporting burden for this survey is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Carl Lian, NWFSC FRAM, 2725 Montlake Blvd. E, Seattle, WA 98112-2097