

# CAMPGROUND VISITOR SURVEY

(Personal Interview)

OMB 0710-0001

Expires: 30 September 2012

The public report burden for this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please DO NOT RETURN your completed form to either of these offices



**US Army Corps of Engineers**

# Campground Visitor Survey

Recreation Area: \_\_\_\_\_

Lake: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:** Date: MM / DD / YYYY

Site No. \_\_\_\_\_ (enter)

No. departures scheduled for tomorrow: \_\_\_\_\_ (enter)

Check here if this interview is for group campsites:

No. sites in group occupied \_\_\_\_\_ (enter)

Nightly group campsite fee \$ \_\_\_\_\_ (enter)

## Your Recreation Plans For Tomorrow

1. Will you be checking out of this campground tomorrow?

(Choose one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

2. After you check out tomorrow, do you plan to stop at any other recreation area on this lake before leaving for home or your next destination? (Choose one)

3. What is your home postal (ZIP) \_\_\_\_\_ code?

4. Your home is located in: (Choose one)

<input type="checkbox"/> U.S.	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/> Other
-------------------------------	---------------------------------	---------------------------------	--------------------------------

## Your Current Stay At This Campground

5a. Including yourself, how many people are staying overnight at this campsite tonight? (Circle or enter number of people)

1	2	3	4	5	6	7	Other: _____
---	---	---	---	---	---	---	--------------

5b. How many of these people are: (Enter number)

a. Age 17 or under	<input type="text"/>	b. Age 62 or older	<input type="text"/>
--------------------	----------------------	--------------------	----------------------

6. How much are you paying for this campsite tonight?

(Enter dollar amount)

\$

7. Did you receive a senior citizen or disability discount when you paid the camping fee? (Choose one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
------------------------------	-----------------------------	-----------------------------------

8. Including tonight, how many total nights did you pay using each of these methods? (Enter total nights for each method)

Nights paid when making internet or phone reservations	<input type="text"/>
Nights paid to attendant at the gate house	<input type="text"/>
Nights paid into campground fee collection box	<input type="text"/>
<b>Total nights paid</b>	<input type="text"/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

9a. Did you visit any other recreation area on the lake during this trip? (Check one)

9b. If Yes, did you stay in another campground at this lake the night before you checked into this campground? (Check one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

## Use Of Park Facilities

10. Did anyone camping at this campsite do any of the following during your visit to this lake? (Check all that apply)

- Launch a boat
- Visit a marina
- Use swimming beach
- Use playground equipment
- Use a picnic table someplace other than at your campsite
- Use public restroom or shower
- Use a recreational trail
- None of the above

## Your Recreation Activities

Please do not leave any response items blank in this section. Enter 0 (zero) where appropriate.

11. How many people camping at this campsite boated during your visit to this lake? (Note that each person may have boated on more than one kind of watercraft)

In a powered craft such as a motor boat or jet ski	<input type="text"/>
In a non-powered craft such as a row boat, sail boat, canoe, kayak or sail board	<input type="text"/>
<b>Enter total number of different people who boated</b>	<input type="text"/>

12. How many people camping at this campsite fished during your visit to the lake? (Note that each person may have fished both from a boat and from shore)

Fished from a boat	<input type="text"/>
Fished from the lakeshore, dock, or pier	<input type="text"/>
<b>Enter total number of different people who fished</b>	<input type="text"/>

13. How many people camping at this campsite participated in the following additional activities while visiting this lake? (Note that each person may have participated in more than one activity)

Swimming	<input type="text"/>
Picnicking somewhere other than your campsite	<input type="text"/>
Fitness activity, such as running, jogging, or fitness walking	<input type="text"/>
Seasonal or Optional Activity 1	<input type="text"/>
Seasonal or Optional Activity 2	<input type="text"/>
Seasonal or Optional Activity 3	<input type="text"/>
Seasonal or Optional Activity 4	<input type="text"/>
Other: _____	<input type="text"/>

14. What improvements would you like to see in this area? (Describe)

15. Did you have guests from outside this campground visit you at your campsite during your stay here? (Choose one)

If you  Yes  No answered "Yes" above, please answer the questions about your guests on the reverse side. Otherwise, you are finished!

**If you had guests from *outside this campground* visit you during your stay here, please answer the following questions.**

16. How many guests did you have in total? Please count persons visiting on more than one day separately for each day they visited. (Enter number)

a. Guests staying at another campground on this lake	<input type="text"/>
b. Guests who are not camping anywhere on this lake	<input type="text"/>

17. On average, how many hours did these guests stay with you on the day(s) they visited? (Circle or enter number of hours)

1	2	3	4	5	6	7	Other: <input type="text"/>
---	---	---	---	---	---	---	-----------------------------

**The remaining 3 questions ask you about the activities of the non-camping guests you indicated in the shaded area above.**

Please do not leave any response items blank in the remaining questions. Enter 0 (zero) where appropriate.

18. How many of your non-camping guests boated during their stay with you? (Enter number: note that each guest may have boated on more than one kind of watercraft)

In a powered craft such as a motor boat or jet ski	<input type="text"/>
In a non-powered craft such as a row boat, sail boat, kayak or sail board	<input type="text"/>
Enter total number of different people who boated	<input type="text"/>

19. How many of your non-camping guests fished during their stay with you? (Enter number: note that each guest may have fished both from a boat and from shore)

Fished from a boat	<input type="text"/>
Fished from the lakeshore, dock, or pier	<input type="text"/>
Enter total number of different people who fished	<input type="text"/>

20. How many of your non-camping guests participated in the following additional activities during their visit with you? (Note that each guest may have participated in more than one activity)

Swimming	<input type="text"/>
Picnicking somewhere other than your campsite	<input type="text"/>
Fitness activity such as running, jogging, or fitness walking	<input type="text"/>
Seasonal or Optional Activity 1	<input type="text"/>
Seasonal or Optional Activity 2	<input type="text"/>
Seasonal or Optional Activity 3	<input type="text"/>
Seasonal or Optional Activity 4	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>

21. How many of your non-camping guests did not participate in any of the listed activities, including boating, fishing, and those listed above? (Enter number)



US Army Corps of Engineers

# Thank You !

The information you provided will be used to help determine whether available recreation facilities and services are adequate to meet the needs of you and other recreation visitors to this Corps of Engineers lake.

Are you interested in learning more about recreation opportunities on Corps of Engineers lakes? Visit our website at [www.CorpsLakes.us](http://www.CorpsLakes.us)

The public report burden for this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please DO NOT RETURN your completed form to either of these addresses.

