## LAKE 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.

L	AKE VISITOR SURVEY	Q. NO OMB NO Expires					
Interv	Time viewer tion	Gender of Respondent (CIRCLE):  Male Female					
Hello Engir take	, my name is We neers learn more about your visits here ar a few minutes of your time to ask you abo	e are conducting a survey to help the Corps of and how your visits might be improved. Could I but your experiences at (name) Lake today?					
IF RE	EFUSE TO PARTICIPATE, NOTE REASC	DN:					
1. 2.	How many years have you been coming About how many weekend days and we (year)?	to (name) Lake? Years ekdays did you visitLake in					
	WEEKEND DAYS IN (year) WEEKDAYS IN (year)						
3.	What time did you arrive at the lake toda	y? AM/PM					
4.	What time will you leave the lake today?	AM/PM					
5.	Did you do any boating on (name) Lake (IF NO, GO TO QUESTION 12 ON PAG						
6.	What type(s) of boat did you use on the	lake today (CHECK ALL THAT APPLY)					
	<ul> <li>( ) Runabout/Speedboat</li> <li>( ) Ski boat</li> <li>( ) Fishing boat/bass boat</li> <li>( ) Pontoon boat</li> <li>( ) Personal watercraft</li> </ul>	<ul><li>( ) House boat</li><li>( ) Cabin cruiser</li><li>( ) Row boat/canoe</li><li>( ) Sailboat/Sailboard</li><li>( ) Other</li></ul>					
7.	BORROW the boat used today?						
	OWN RI (IF More than One Boat Used, Al	ENTEDBORROWED nswer for the Boat Used Most Often)					
8.	How many years have you been boating	? YEARS					

9.	Which of these activities did you participate in while boating today? (HAND BOATER ACTIVITY LIST AND <u>CHECK</u> THOSE THAT APPLY)							
	Fishing Swimming from boat Water Skiing Relaxing/Sunning from boat Other activities (Please Describe:)							
10a.	Did you experience or see any unsafe conditions while boating on							
10b.	(IF YES) Please describe those conditions.							
11a.	Did you avoid any parts of (name) Lake while boating today? YES NO							
11b	(IF YES) What parts did you avoid and why?							
FROM	QUESTION 5							
12.	Was there anything that detracted from your visit today? (PROBE: Als there anythine else that might have bothered you?"							
13.	What specific kinds of THING(s) detracted from your visit and made your trip less enjoyable? Was it (CHECK ALL THOSE THAT APPLY)							
	Noise? A disruption of boating?							
	That you had to avoid (NAME AREA)?  Was it that you were afraid of a collision?  Seeing Others?							
	Other Complaints:							

14. W			ng(s) that detra THAT APPLY		enjoyment o	ccurred?		
	On lake Picnic area Beach		Boat launch Campground Other location:					
15.	-	[REFER RESPONDENT TO SCALE ON CARD] How often today did you hear ( <u>SOURCE OF NOISE</u> )? (CIRCLE NUMBER)						
	NEVER (0)	ONCE (1)	OCCASION (2)	ALLY	OFTEN (3)	VERY OFTEN (5)		
16.	Did hearing (SOURCE OF NOISE) (CIRCLE NUMBER)							
	<ol> <li>DETRACT from your enjoyment?</li> <li>ADD to your enjoyment?</li> <li>NEITHER ADD NOR DETRACT from your enjoyment?</li> </ol>							
17.	[REFER RESPONDENT TO SCALE ON CARD] How often today did you SEE ( <u>NAME THING IMPACTING ENJOYMENT</u> )? (CIRCLE ONE NUMBER)							
	NEVER (0)	ONCE (1)	OCCASION (2)	ALLY	OFTEN (3)	VERY OFTEN (5)		
18.	Did seeing (THING IMPACTING ENJOYMENT) (CIRCLE ONE NUMBER)							
	DETRACT from your enjoyment?     ADD to your enjoyment?     NEITHER ADD NOR DETRACT from your enjoyment?							
19.	Where is you	ur permanent l	nome?					
		CITY		<u>/</u> STATE	/ ZIP			
20.	20. [Ask if STATE is state where Project is located.] Is the place of your permanent home on Lake (PROJECT LAKE)?							
					YES	NO		
21.	Are there an Lake?	y additional cc	omments you w	ould like to ma	ake concernin	g ( <u>PROJECT</u> )		