

# RECREATION ACTIVITIES

(Personal Interview)

OMB 0710-0001

Expires: 30 September 2012

The public report burden this information collection is estimated to average 15 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.

# RECREATION ACTIVITIES

## A. SCREENING QUESTIONS

1. Did you [activity] at [site name] during [time unit]?

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

If yes, where did you participate in [activity]? \_\_\_\_\_  
(The tense of this question should be changed to inquire about future behavior)

2. Have you finished [activity] for today?

YES\_\_NO\_\_

If no, what time do you plan to start [activity] again?

\_\_\_\_\_ (time)

When do you plan to stop [activity] for the day?

\_\_\_\_\_ (time)

3. What was the primary purpose of your trip to [activity site]? (Circle one)

1. [activity]
2. [activity]
3. [activity]
4. [activity]
5. No main activity

Another approach to the question above is to use a list of possible activities which is given to the respondent from which the respondent identifies activities.

## B. ACTIVITY BEHAVIOR

### BOATING

4. Did you use a boat today? \_\_\_ YES \_\_\_ NO

Questions contained in this section deal with three aspects of the respondent's involvement in an activity. These three aspects are (1) current activity, which contains questions regarding a specific activity trip; (2) past activity, which contains questions about the respondent's historical patterns of activity involvement; and (3) general activity characteristics, which are more general questions about the respondent's involvement in the activity.

5. How many [time unit] do you plan to/ did you spend [activity] on this trip? [time unit matching above]

6. Please answer these questions for the boat you used most on the lake today.

a. Please mark (x) the boat type below that best describes the boat you used most today

\_\_\_ Cabin Cruiser

\_\_\_ Runabout

\_\_\_ Bass boat

\_\_\_ Houseboat

\_\_\_ Pontoon

\_\_\_ Sailboat

\_\_\_ Rowboat

\_\_\_ Canoe

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

b. What type of power does your boat use? (please mark only the best answer)

\_\_\_ Outboard

\_\_\_ Inboard

\_\_\_ Inboard/Outboard

\_\_\_ Sail only; no auxiliary engine

\_\_\_ Sail with auxiliary engine

\_\_\_ Paddle/oar only

c. How long is your boat? \_\_\_\_\_ feet

d. What is the total horsepower of your boat? \_\_\_\_\_ Horsepower

e. In what state is your boat registered? \_\_\_\_\_ State

Here is a list of boating activities you might have participated in today. Please rank them according to how long you did them.

7. Write a number 1 in front of the 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 it blank.

- \_\_\_ Still fishing
- \_\_\_ Trolling
- \_\_\_ Swimming from your boat
- \_\_\_ Waterskiing
- \_\_\_ Pleasure cruising
- \_\_\_ Sailing
- \_\_\_ Jet skiing
- \_\_\_ Other (please describe) \_\_\_\_\_
- \_\_\_ Other (please describe) \_\_\_\_\_

FISHING

8. Which of the following did you use most frequently on this fishing trip?

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

(This question could be modified to request respondent to answer in percentages as opposed to a forced choice.)

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

- \_\_\_ Fish

(This question could be broken down into species types)

10. How many fish did you catch that were at/or above the legal limit? (longer than 14 inches)

- \_\_\_ Fish

11. 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)

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

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

13. About how many times in [specified year] did you:

- 1. Fish streams or rivers \_\_\_ times
- 2. Fish lakes \_\_\_ times
- 3. Fish reservoirs \_\_\_ times
- 4. Ice fish \_\_\_ times

14. If you could fish as much as you wanted, how often would you fish? (please check only one)

- A lot more than I do now
- A little more than I do now
- As often as I do now
- A little less than I do now
- A lot less than I do now

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

YES  NO

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

\_\_\_\_\_

**HUNTING**

16. If hunting, fill in the appropriate boxes below for your entire party.

	Deer	Turkey	Squirrel	Dove	Quail	Waterfowl	Other
Check game hunted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number sighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number shot at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number bagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CAMPING**

17. Please identify the type of camping shelter you normally use at [site name(s)].

(Check one or more)

- Less than tent
- Tent
- Tent trailer
- Screened shelter
- Recreation motor home
- Other (specify) \_\_\_\_\_
- Pickup camper
- Van
- Cabin
- Travel trailer

18. During [time unit] how many trips did you stay overnight at a campground in [site name]? (Consider a trip as the time from leaving your residence to returning to your residence).

\_\_\_\_\_ Trips

19. During [time period] on how many trips did you camp at:

- National Forest campgrounds
- Corps of Engineer campgrounds
- State Park campgrounds
- County park campgrounds
- Privately operated camps
- Don't know who owns

## General Activity Characteristics

20. Is the number of times/days/hours you spent (in) [activity] [time unit] more, less, or about the same as the past few [matching time unit]? (Check only one)

\_\_\_\_ More \_\_\_\_ Less \_\_\_\_ About the same

21. How many days per trip, on average, do you spend [activity]?

\_\_\_\_ Days

22. How many times a year, on average, do you [activity]? \_\_\_\_ Times

(The use of categorical responses may make answering to the above question easier for respondents if the activity is one in which they participate frequently.)

23. How would you rate yourself as a [Boater, Camper, Angler, etc]?

1. Novice      2. Intermediate      3. Advanced      4. Expert

24. How many years have you been [activity]? \_\_\_\_ Years

25. How old were you when you first [activity]? \_\_\_\_ Years old

26. Including all the [activity] you did, how many days did you [activity] in [specified year]?

\_\_\_\_ Days

27. How many days did you [activity] at [site name] in [specified year]?

\_\_\_\_ Days

28. How many days did you and other members of your household [activity] during each of the following seasons last year?

<u>Season</u>	<u>Months</u>	<u>Number of Days</u>
Spring	March, April, May	_____
Summer	June, July, August	_____
Fall	Sept., Oct., Nov.	_____
Winter	Dec., Jan., Feb.	_____

29. Including this trip, how many years have you engaged in [activity]?

\_\_\_\_ Years



C. BARRIERS AND CONSTRAINTS

30. In general, what things have you experienced that have detracted from your enjoyment of [activity]? (rank in order of importance, with 1 being the most important)

- Crowded facilities
- Rowdy behavior by other visitors
- Expensive use fees
- Too many rules and regulations
- Long waits to use facilities
- Other \_\_\_\_\_

31. Generally, how satisfied was your group with their recreational activities? (circle one)

- a) Extremely satisfied
- b) Satisfied
- c) Neither satisfied nor dissatisfied
- d) Dissatisfied
- e) Extremely dissatisfied

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

32. On a scale of 1 to 10 (with 10 being the perfect trip), how would you rate the quality of your [activity] experience?

\_\_\_\_\_ Rating

33. What were the MOST ENJOYABLE aspects of your [activity] trip today?

\_\_\_\_\_  
\_\_\_\_\_

34. What were the LEAST ENJOYABLE aspects of your [activity] trip today?

\_\_\_\_\_  
\_\_\_\_\_

35. How enjoyable was your (activity) trip today?

Not at All Enjoyable	Slightly Enjoyable	Somewhat Enjoyable	Quite Enjoyable	Extremely Enjoyable
-------------------------	-----------------------	-----------------------	--------------------	------------------------

36. How well did your (activity) trip compare to your expectations?

Very Poorly	Poorly	Met My Expectations	Exceeded My Expectations	Far Exceeded My Expectations
-------------	--------	------------------------	-----------------------------	---------------------------------



37. Was your (activity) trip worth the money that you spent to take it?

Not at All Worth It	Slightly Worth It	Somewhat Worth It	Quite Worth It	Extremely Worth It
---------------------	-------------------	-------------------	----------------	--------------------

38. Were you disappointed with some aspects of your (activity) trip?

Not at All Disappointed	Slightly Disappointed	Somewhat Disappointed	Quite Disappointed	Exceedingly Disappointed
-------------------------	-----------------------	-----------------------	--------------------	--------------------------

39. Do you want to go on any more [activity] trips like this one?

Never	Seldom	Sometimes	Frequently	Very Frequently
-------	--------	-----------	------------	-----------------

40. If for some reason you could not engage in [activity] would you engage in another recreational activity instead? \_\_\_YES\_\_\_NO

IF YES, what recreational activity would you do instead?(circle one)

- a) [activity]
- b) [activity]
- c) [activity]
- d) [activity]
- e) [activity]
- f) Other (specify)\_\_\_\_\_

**E. ACTIVITY CHECKLISTS**

41. The following is a list of recreational activities that many people enjoy doing at [site name]. Please indicate the number of people in your group participating in any activity(s) and how long they spent doing the activity today.

Recreational Activities	Number of People	Hours Spent in Activity
Pleasure Boating		
Trapping/Hunting		
Walking/Strolling		
Nature Study		
Collecting (rocks, Driftwood, etc.)		
Hiking		
Picnicking		
Other (Specify: _____)		

42. In what other recreation activities did you participate while at this area? (check all that apply)

Power boating

Hiking

Water skiing

Backpacking

Swimming

Sightseeing

Camping

Nature study

Sailing

Birdwatching

Canoeing/rafting/kayaking

Other: \_\_\_\_\_