

Visitor Center Comment Card

(Personal Interview or Mail Survey)

OMB 0710-0001

Expires: 30 September 2012

The public report burden this information collection is estimated to average 5 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.

Thank You !

Your thoughtful feedback today will help
make future visits here more enjoyable and worthwhile for everyone.

Are you interested in learning more about recreation opportunities on Corps of Engineers lakes?
Visit our website at www.CorpsLakes.us



US Army Corps
of Engineers

Visitor Center Comment Card

OMB Approval 0710-0001, Exp 30 Nov
2009

Survey : Scheduled Solicited
 Self-service Tour Rep

Season: Primary Secondary

Please help us serve you better at the _____ Visitor Center!

Today's Date: ___/___/_____
(MM DD YYYY)

About your visit here today:

1. Have you ever been to this Visitor Center before? (Choose one)

Yes No Not Sure

2. What was your *primary* reason for coming here today? (Choose one)

- View the exhibits
 Take a guided tour
 Attend special program or event
 Use the restroom
 Take a break from travel
 Obtain information or brochures
 Purchase recreation area pass
 Browse the bookstore
 Other: _____

3. Did you come here today with any children 5 to 16 years old?

Yes No

How important were each of the following to your visit? (Check one box for each feature)

| Visitor Center Feature | Very Important | Important | Somewhat Important | Not Important | NA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Facilities: | | | | | |
| Exhibits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accessibility to persons with disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Programs and Services: | | | | | |
| Interpretive presentations and films | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guided tours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pamphlets and brochures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Having staff available for assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bookstore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall: | | | | | |
| Learning opportunities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits and activities for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How satisfied were you with each of the following today? (Check one box for each feature)

| Visitor Center Feature | Very Good | Good | Not Good Not Poor | Poor | Very Poor | NA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Facilities: | | | | | | |
| Exhibits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accessibility to persons with disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Programs and Services: | | | | | | |
| Interpretive presentations / films | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guided tours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pamphlets and brochures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of visitor center staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Helpfulness of visitor center staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Items for sale in the bookstore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall: | | | | | | |
| Learning experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibits and activities for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall satisfaction with the visitor center | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About Yourself:

1. Home postal (ZIP) Code: (Write In) _____

2. You live in: (Choose one)
 U. S. Canada Mexico
 Other

3. Age: (Choose one)
 under 25 25-44
 45-61 62+

4. Gender: (Choose one)
 Female Male

5. Ethnic affiliation: (Choose one)
 Hispanic Non-Hispanic

6. Racial affiliation: (Choose one)
 American Indian or Alaska Native
 Asian or Asian American
 Black or African American
 Native Hawaiian or other Pacific Islander
 White or Caucasian
 Bi-racial or Multi-racial
 Other

What did you **like most** about the visitor center? (Describe)

What **improvements** would you like to see here? (Describe)