

## Boundary Waters Canoe Area Wilderness COMPARISON STUDY 2007, 1991, 1969

Entry Point Name and Number: \_\_\_\_\_ Group ID Number: \_\_\_\_\_

Date of Entry: \_\_\_\_ / \_\_\_\_ /2007 Permit Issuing Location/Office: \_\_\_\_\_

Interview Location: \_\_\_\_\_ Previously interviewed this season? NO \_\_\_\_ YES \_\_\_\_

Date of Interview: \_\_\_\_ / \_\_\_\_ /2007 Time of interview: \_\_\_\_\_ Interviewer (initials): \_\_\_\_\_

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1. How many people are in the party? \_\_\_\_\_
- How many are under 5 years old? \_\_\_\_\_
- How many are between 5 and 17 years old? \_\_\_\_\_
- How many are female? \_\_\_\_\_

2. What type of group are they? (Circle one response)
1. Family (immediate family and relatives)
  2. Friends
  3. Family and Friends
  4. Alone
  5. Organization or club – please give type \_\_\_\_\_
  6. Other

3. **HOW MANY** of each type of watercraft are they using on this trip? (Enter "0" where appropriate)
- \_\_\_\_\_ Nonmotorized Watercraft
- \_\_\_\_\_ Motorized Watercraft  
(If **NOT** a motor route enter **N/A = Not Applicable**)

4. How many **NIGHTS** will / did they spend in the US (BWCAW) and Canada (Quetico Provincial Park)?  
(Enter "0" where appropriate)
- \_\_\_\_\_ Nights in US
- \_\_\_\_\_ Nights in Canada

5. Did they use the services of an outfitter on this trip? (check only one)
- \_\_\_\_\_ No, not at all
- \_\_\_\_\_ Yes, for **ALL** (or nearly all) services or supplies
- \_\_\_\_\_ Yes, for **SOME** services or supplies (rented equipment, purchased food, used a shuttle / tow service)

Did they hire the services of a guide on this trip? (Circle one)

1. Yes                      2. No

6. Please complete the following information for **each person in the party**:
- How many times, **excluding this visit**, has each person in the party visited the Boundary Waters Canoe Area Wilderness?
  - What **Year** was each person's first visit to BWCAW?

Please **print** the name and address of **each** party member on the back. We may be sending a questionnaire to each person to get their views about the management of the Boundary Waters.

**(OVER)**  
**(PLEASE PRINT)**

Person	Previous Visits to <b>BWCAW</b>	Year of First Visit	Name	Mailing Address & Zip
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Permit  
Holder

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Person  
#2

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Person  
#3

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Person  
#4

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Person  
#5

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Person  
#7

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Person  
#8

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