Lost Coast Trail On-Site Interview 2013

	e Research Technician:
1.	Group ID number:
2.	
3.	Date:
4.	Time::(24 hour clock)
5.	Location (circle one):
	1. Mattole Trailhead
	2. Black Sands Beach Trailhead
1.	What is your primary activity on this visit to the Lost Coast Trail? (see card) #
2.	Was this your first trip to the Lost Coast Trail?
	() Yes () No
3.	How many people are in your group, including yourself?
4.	Did your group sign the trail register at the trailhead? () Yes () No
	Will you/did you overnight camp, away from your vehicle, along the Lost Coast ail? () Yes () No
6.	About how many miles did you drive from home to the Lost Coast Trail? miles
7.	For exiting parties, please show me your route through the Lost Coast Trail on the attached map for this visit. Please indicate: 1. Your entrance point to the Lost Coast: (mark with an arrow) 2. Your route through the area: (trace with solid line) 3. Your camping spots: (mark with Xs) 4. Your exit point: (mark with an arrow)
8.	Are you now entering or leaving the Lost Coast Trail? () entering,: time (24 hour clock) How many days do you plan to spend?
	() leaving,: time (24 hour clock) How many days did you spend?

9. We would like to send you a questionnaire to your home to get information on your use, enjoyment and management preferences for the Lost Coast Trail. Could we do that? The BLM is trying to protect the Lost Coast and also provide the best possible recreational experiences. To do this we need your help. If we sent a questionnaire to you, would you be willing to fill it out and mail it back in the postage-paid envelope?

Collect up to two names and addresses from different households.

Name	Address (Street, City, State, Zip)
1.	
	Zip
2	
	Zip

Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to U.S. Department of the Interior, Bureau of Land Management (1004-XXXX), 1849 C Street, NW, Room 2134LM, Attention: Bureau Information Collection Clearance Officer (WO-630), Washington, D.C. 20240.

[Card for responses to Question 1]

Please select your primary activity from this list:

1)	fishing
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2) backpack camping

3) hiking

4) horseback riding5) wildlife viewing

6) nature study/enjoying scenery

7) collecting (e.g. shells)

8) photography

9) hunting

10) scouting places to hunt

11) partying

12) socializing

13) visiting lighthouse

14) abalone diving

15) tidepool exploration

16) surfing

17) boating

Script: Hi, my name is (Name of student) and I am a student at Humboldt State. I am working with my professor to gather some visitor information for the BLM, which manages the Lost Coast Trail. We are studying visitor satisfaction levels to learn how we can improve the visitor experience here at the Lost Coast Trail. Could I have just a few minutes of your time for a few questions?

[Complete on-site form]