OMB Control No. <u>1006-0028</u> Expiration Date: <u>XX/XX/2017</u>

Recreation Activities Survey

Paperwork Reduction Act

The purpose of this survey is to provide information to the Bureau of Reclamation for evaluating and improving the recreation services and programs that it provides to the public. Response to this survey is voluntary. No action may be taken against you for refusing to supply the information requested. The reporting burden for this form is estimated to average 25 minutes, which includes the time for reviewing instructions and completing and reviewing the form. 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 Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Policy and Administration, Asset Management Division, 84-57000, P.O. Box 25007, Denver, CO 80225.

Privacy Act Statement

No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this survey will be available. Information collected will be compiled to produce statistics.

RECREATION ACTIVITIES SURVEY

	For agency use only
Recreation area being surveyed:	

Section A Screening Questions

1. What activity or activities do you plan on participating in at the recreation area during your current visit? Check () all the activities you will be participating in on your current visit.

 Tent camping	 Swimming
 RV / trailer camping	 Hiking
 Day use / picnicking	 Kayaking
 Pleasure boating	 Canoeing
 Bicycling	 Horseback riding
 Interpretive Program	 Hunting
 Boat fishing	 Sightseeing
 Water skiing / tubing	 Wakeboarding
 Sailing	 Other activities (please list below):
 Fishing from shore	
 Wildlife viewing	

2. What were the **five** primary activities during this trip? *In the order of importance, list the activity or activities you checked in Q. 1, the number of people in your group participating in that activity, and the percent of time spent doing that activity.*

	List the 5 primary activities in order of importance	Number of people participating in activity	Percent of time spent participating.
1.			
2.			
3.			
4.			
5.			

Section B

GENERAL ACTIVITY CHARACTERISTICS

Please answer questions 3-7 for the **primary** activity in which you most frequently participate. This should be for the recreation activity listed first in Q. 2.

	more	less about the sam	e	
-	more		C	
		ys or hours per trip, on average, do recreation area?	you spend participa	ting in your primar
-	days	hours		
	How many tim	nes a year, on average, do you spearea?	nd participating in yo	our primary activity
_	times			
]	How would vo	u rate yourself when participating	in your primary act	tivity? <i>Please</i>
(•	most appropriate rating.		
-	check (✓) the Novice How many day	most appropriate rating. Intermediate Advs or hours did you and other men	nbers of your househo	
-	check () the Novice How many day primary activity	most appropriate rating. Intermediate Advisor hours did you and other mentity during each of the following se	abers of your househousens last year?	old participate in the
]	check () the Novice How many day primary active Season	most appropriate rating. Intermediate Adverse or hours did you and other mentity during each of the following set. Month	nbers of your househo	
]	check () the Novice How many day primary active Season Spring	most appropriate rating. Intermediate Adverse or hours did you and other mentity during each of the following set Month March, April, May	abers of your househousens last year?	old participate in the
-	check () the Novice How many day primary active Season	most appropriate rating. Intermediate Adverse or hours did you and other mentity during each of the following set. Month	abers of your househousens last year?	old participate in the

9.	On this trip, how many days or hours do you plan on boating?					
	days boating on this trip hours boating on this trip					
10.	Please answer these questions for the boat you will use most on the lake during your visit.					
	 a. Please check (✓) the boat type below that best describes the boat you will use during this trip. 					
			Cabin cruiser		Sailboat	
			Runabout		Rowboat	
			Bass boat		Canoe	
			Houseboat		Other (please describe):	_
			Pontoon			
	b.	What	type of power does your boat u	se? <i>I</i>	Please check (\checkmark) the best answer.	
			Outboard		Sail only, no auxiliary engine	
			Inboard		Sail with auxiliary engine	
			Inboard/outboard		Paddle / oar only	
	c. How long is your boat?					
			feet			
d. What is the total horsepower of your boat?						
	horsepower					
11.	Write a number 1 in front of the boating 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 the activity blank.					
		_ Tr	olling		Sailing	
		Sv	vimming from your boat		Jet skiing	
		_ W	ater skiing		Other (please describe):	
	Pleasure cruising					

FISHING – QUESTIONS 12-16 ARE ABOUT THE FISH YOU CAUGHT DURING THIS VISIT

If you are not fishing, go to Q. 20. 12. If fishing, which of the following did you use most frequently on this fishing trip? *Please* check (\checkmark) all that apply. Lures Bait Flies All about the same If you are not fishing during this trip, please go to Q 16. 13. Did you boat fish or bank fish? *Please check* (✓) *one answer*. Boat fish Bank fish Both boat and bank fish 14. What was your **primary** method of fishing? *Please check* (\checkmark) *one answer*. _____ Boat fishing _____ Bank fishing 15. How many fish did you catch on this (or most recent) fishing trip? ____ fish 16. How many fish did you catch that were longer than 14 inches? ____ number of fish longer than 14 inches **QUESTIONS 17 – 19 ARE ABOUT THE AMOUNT OF TIME SPENT FISHING DURING A CALENDAR YEAR** 17. 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)

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

Percent	
	cold freshwater fish (trout)
	warm freshwater fish (bass, bream, etc.)
	saltwater fish
	anadromous fish (salmon, striped bass, shad, etc.)

19.	Are you now, or have you ever been, a member of a fishing club or organization?
	Yes No
	If YES, what is the name of the club or organization?

HUNTING

20. If hunting, fill in the appropriate boxes below for your entire party. If you are not hunting, go to Q. 21.

Species hunted	Deer	Turkey	Elk	Dove	Quail	Waterfowl	Antelope	Other
Number sighted								
Number shot at								
Number bagged								

CAMPING

21. If camping, please identify the type of camping shelter you normally use at this recreation area (*please check* [✓] *one or more*). If you are not camping, please go to Q. 24.

 Tent	 Van
 Pop-up trailer	 Cabin
 Screened shelter	 Travel trailer
 Recreation motorhome	 Other (specify):
 Truck camper	

22.	For this year, how many trips did you stay overnight at any campground? (Consider a trip as the time from leaving your residence to returning to your residence.)
	number of trips
23.	For this year, how many times did you camp at this recreation area?
	number of times
Bar	riers and Constraints
24.	In general, during all your trips to this recreation area, what things have you experienced that have detracted from your enjoyment of participating in your primary activities (<i>rank the following things in the order that they detracted from your enjoyment, with the number 1 being the most distracting</i>).
	Crowded facilities Rowdy behavior by other visitors Expensive use fees
	Too many rules and regulations Long waits to use facilities Other
26.	Generally, how satisfied were you with your recreational activities? <i>Please check</i> (✓) <i>only one</i> .
	Extremely satisfied
	Satisfied
	Neither satisfied nor dissatisfied
	Dissatisfied
	Extremely dissatisfied
	If dissatisfied or extremely dissatisfied, why?
27.	How would you rate the quality of your recreational experience at this recreation area during this trip?
	Excellent
	Good
	Fair
	Poor
	Very Poor

28.	What were the most enjoyable aspects of your recent visit?
29.	What were the least enjoyable aspects of your visit?
30.	If, for some reason, you could not engage in your primary activity listed as number 1 in Q. 2, would you engage in another recreational activity instead?
	Yes No
	If YES, what recreational activity would you do instead?
	ion D · Profile/Demographics
study	e: The background information being collected below is needed to provide a profile of our population to make sure it is representative of all the visitors to our recreation area. None e information in this or other sections will be associated with any names or addresses.
31.	Are you from in-state, out-of-state or another country? <i>Please check (✓) only one location</i> .
	In-StateOut-of-StateAnother County
Note	: The two questions below are designed to describe your ethnicity and race. Regardless of your answer to Q. 32, go to Q. 33.
32.	Are you Hispanic or Latino (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?
	Yes No

33.	Please select one or more racial categories with which you most closely identify. <i>Please check</i> (\checkmark) <i>all that apply</i> .
	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
	— Thank you for your cooperation —