

BEACH INTERVIEW FORM

	If Interview is Not Conducted, Provide Reason:	Respondent Gender
Interviewers Initials: _____	<input type="checkbox"/> Refusal	<input type="checkbox"/> Male
Date: _____ Time: _____	<input type="checkbox"/> Under 18	<input type="checkbox"/> Female
Beach: _____ City: _____	<input type="checkbox"/> Language Barrier	
Sampling Fraction for Day Trips: _____	<input type="checkbox"/> Other _____	

1. Hello, my name is _____. I am doing research on beach recreation for the federal government. Is your visit here today part of a trip away from home lasting more than one day?

No Yes → 1a. How many days will your trip last in total? _____ days
 1b. How many days will you spend time at the beach? _____ days
 1c. Is going to the beach the main reason for your trip?
 Yes No

2. Could you tell me how many hours in total you will spend at the beach today? _____ hours

3. What is your age? _____ years

4. What is the highest degree or level of school you have completed?

Less than high school graduate Some college or Associate's degree
 High school graduate (includes GED) Bachelor's degree
 Graduate or professional degree, beyond a bachelor's degree

5. How many adults and children live in your household?

_____ Adults (18 and older) _____ Children (Under 18)

6. Would you be willing to take part in a short mail survey that we will send to your home?

Yes → Could I get your name and address?
 _____ First and last name
 _____ Street address
 _____ City and State
 _____ ZIP code
 Could I get your email address?
 Yes → _____ No
 No → Could I get your ZIP code?
 Yes → _____ ZIP code No

The National Oceanic and Atmospheric Administration (NOAA) is authorized by 33 U.S.C. 1951 et seq. to conduct this survey. The information collected will be used by NOAA to estimate economic impacts associated with marine debris on beaches.

Public reporting burden for this collection of information is estimated to average 4 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 suggestions for reducing this burden to Amy V. Uhrin, NOAA NOS, 1305 East-West Hwy, SSMC4, Room 10240, Silver Spring, MD 20910.

The questionnaire has an identification number for mailing purposes only. Your name, street address, and email address will be deleted after we receive your completed questionnaire. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

OMB Control Number XXXX | Current Expiration Date: XX/XX/2018