BEACH INTERVIEW FORM

| | If Interview is Not (| Conducted, Provide Reason: | Respondent Gender | |
|---|--|---|--------------------|--|
| Interviewers Initials: | Refusal | | Male | |
| Date: Time: | Under 18 | | Female | |
| Beach: City: | Language Barrier | | | |
| Sampling Fraction for Day Trips: | Other | | | |
| Is your visit here today part of a trip a No Yes → 1a. Ho 1b. Ho | away from home las w many days will yo w many days will yo oing to the beach th | ur trip last in total? u spend time at the beach ne main reason for your trip | days ? days | |
| 2. Could you tell me how many hours in | ı 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 co | mpleted? | | |
| Less than high school graduate | | Some college or Associ | ate's degree | |
| High school graduate (includes | GED) | Bachelor's degree | | |
| | | Graduate or profession a bachelor's degree | nal degree, beyond | |
| 5. How many adults and children live in | your household? | | | |
| Adults (18 and older) | Childr | en (Under 18) | | |
| 6. Would you be willing to take part in a | short mail survey th | nat we will send to your ho | me? | |
| Yes → Could I get your nam | e and address? | | | |
| | First and last name | | | |
| | Street address | | | |
| City and State | | | | |
| | ZIP cod | de | | |
| Could I get your ema | il address? | | | |
| Yes → | | No | | |
| No → Could I get your ZIP o | :ode? | | | |
| 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.

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