

RECLAMATION

Managing Water in the West

OMB Control No. 1006-0028
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Campground 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.



U.S. Department of the Interior
Bureau of Reclamation

CAMPGROUND SURVEY

Section A

In this section we are interested in learning about **your** camping activities during the **last 12 months** and the factors that influence where you go camping.

1. Including this trip, about how many **camping trips** did **you** personally take during the **last 12 months**? *Please check (✓) only one item.*

<input type="checkbox"/>	1 trip	<input type="checkbox"/>	4 to 6 trips
<input type="checkbox"/>	2 trips	<input type="checkbox"/>	7 to 10 trips
<input type="checkbox"/>	3 trips	<input type="checkbox"/>	more than 10 trips

2. About how many **total nights** did **you** personally spend camping during the **last 12 months**? *Please check (✓) only one item.*

<input type="checkbox"/>	1 to 2 nights	<input type="checkbox"/>	11 to 20 nights
<input type="checkbox"/>	3 to 5 nights	<input type="checkbox"/>	21 to 30 nights
<input type="checkbox"/>	6 to 10 nights	<input type="checkbox"/>	more than 30 nights

3. What **recreational activities** did **you or other members of your camping party** participate in while camping during the **last 12 months**? *Please check (✓) all items that apply.*

<input type="checkbox"/>	Relaxing	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Walking / hiking	<input type="checkbox"/>	Boat fishing
<input type="checkbox"/>	Driving for pleasure	<input type="checkbox"/>	Bank fishing
<input type="checkbox"/>	Sunbathing	<input type="checkbox"/>	Softball / baseball / frisbee
<input type="checkbox"/>	Picnicking	<input type="checkbox"/>	Soccer / football
<input type="checkbox"/>	Observing / photographing wildlife or nature	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Hunting
<input type="checkbox"/>	Horseback riding	<input type="checkbox"/>	Using playgrounds
<input type="checkbox"/>	Canoeing / kayaking	<input type="checkbox"/>	Houseboating
<input type="checkbox"/>	Jet skiing	<input type="checkbox"/>	Other activities (<i>please list below</i>):
<input type="checkbox"/>	Windsurfing / sailboarding		
<input type="checkbox"/>	Motorboating		

4. How important was **each** item, listed below, for **you** personally when deciding where to camp during the **last 12 months**? *Please circle the number that applies for each item.*

	Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Very Unimportant
Campground facilities					
1. Controlled access to campground (i.e., gatehouse with attendant)	1	2	3	4	5
2. Flush toilets	1	2	3	4	5
3. Hot showers	1	2	3	4	5
4. Dumping station	1	2	3	4	5
5. Beach	1	2	3	4	5
6. Boat ramp	1	2	3	4	5
7. Playground	1	2	3	4	5
8. Group shelter	1	2	3	4	5
9. Fish cleaning station	1	2	3	4	5
10. Accessible to persons with disabilities	1	2	3	4	5
11. Courtesy dock	1	2	3	4	5
Campground services					
12. Self-guided interpretive programs	1	2	3	4	5
13. Naturalist-led hikes	1	2	3	4	5
14. Amphitheater programs	1	2	3	4	5
15. Firewood for sale in campground	1	2	3	4	5
16. Campsite reservation system	1	2	3	4	5
17. Ice for sale in campground	1	2	3	4	5
18. Security patrols	1	2	3	4	5
Campsite amenities					
19. Waterfront campsites	1	2	3	4	5
20. Well-spaced campsites	1	2	3	4	5
21. Large, individual campsites	1	2	3	4	5
22. Shady campsites	1	2	3	4	5
23. Campsite privacy	1	2	3	4	5
24. Level site for tent or RV	1	2	3	4	5
25. Scenic water views from campsite	1	2	3	4	5
26. Tent pads at campsite	1	2	3	4	5
27. Sewer hookups at campsite	1	2	3	4	5
28. Electrical hookups at campsite	1	2	3	4	5
29. Potable water hookups for RV / trailer	1	2	3	4	5
30. Potable water at campsite	1	2	3	4	5
31. TV / cable hookups at campsite	1	2	3	4	5
32. Low or no campsite fee	1	2	3	4	5
Campground location					
33. Near my home	1	2	3	4	5
34. Near friends' or relatives' homes	1	2	3	4	5
35. Near places I want to visit	1	2	3	4	5
36. Located on my travel route	1	2	3	4	5
37. Away from populated area	1	2	3	4	5
38. Near good fishing	1	2	3	4	5
39. Close to lake	1	2	3	4	5
Customer service					
40. Friendliness of staff	1	2	3	4	5
41. Staff response to problems	1	2	3	4	5
42. Knowledgeable staff	1	2	3	4	5
43. Cleanliness of facilities	1	2	3	4	5
44. Registration procedures	1	2	3	4	5

Section B

For agency use only

Name of campground where information is being collected: _____

1. Is the campground where you received the questionnaire your primary lodging destination **on this trip**? *Please check (✓) one.*

_____ Yes _____ No

If YES, name the campground. _____

2. What is the one-way travel distance from your home to the campground where you received the questionnaire?

_____ miles (one way)

3. On this trip, how many nights did you stay at the campground where you received this questionnaire?

_____ nights

4. On the trip, with whom were you camping? *Please check (✓) only one item.*

___	Alone
___	With members of your immediate family
___	With other relatives
___	With friends
___	With both friends and family
___	With members of an organized group (e.g., Scouts, Nature Group, Camping Clubs, etc.)
___	None of the above (<i>specify</i>): _____

5. What type of **camping shelter** did you and your camping party use at the campground where you received the questionnaire? *Please check (✓) all that apply.*

___	Tent	___	RV / motorhome
___	Pop-up trailer	___	Truck with camper shell
___	Truck camper (slide-in)	___	Van
___	Travel trailer	___	Other (<i>please list</i>): _____

6. What types of **recreational** equipment did your camping party take to the campground where you received the questionnaire? Do **not** include standard camping equipment such as stoves, lanterns, coolers, etc. *Please check (✓) all items that apply.*

<input type="checkbox"/>	We did not have any recreational equipment	<input type="checkbox"/>	Jet ski
<input type="checkbox"/>	Boat with motor	<input type="checkbox"/>	Windsurfer / sailboard
<input type="checkbox"/>	Canoe / kayak	<input type="checkbox"/>	Bicycle
<input type="checkbox"/>	Rowboat	<input type="checkbox"/>	Fishing equipment
<input type="checkbox"/>	Sailboat	<input type="checkbox"/>	Other (<i>please list</i>): _____

7. What **recreational activities** did you or other members of your camping party participate in while staying at the campground where you received the questionnaire? *Please check (✓) all items that apply.*

<input type="checkbox"/>	Relaxing	<input type="checkbox"/>	Motorboating
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Walking / hiking	<input type="checkbox"/>	Water skiing
<input type="checkbox"/>	Driving for pleasure	<input type="checkbox"/>	Boat fishing
<input type="checkbox"/>	Sunbathing	<input type="checkbox"/>	Bank fishing
<input type="checkbox"/>	Picnicking	<input type="checkbox"/>	Softball / baseball / frisbee
<input type="checkbox"/>	Observing / photographing wildlife or nature	<input type="checkbox"/>	Soccer / football
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Horseback riding	<input type="checkbox"/>	Using playgrounds
<input type="checkbox"/>	Canoeing / kayaking	<input type="checkbox"/>	Houseboating
<input type="checkbox"/>	Jet skiing	<input type="checkbox"/>	Other activities (<i>please list below</i>):
<input type="checkbox"/>	Windsurfing / sailboarding	<input type="checkbox"/>	

8. Overall, how would **you** personally rate the **quality** of the facilities at the campground where you received the questionnaire? *Please check [✓] only **one** item.*

- Poor
 Below average
 Average
 Above average
 Excellent

9. How would you personally rate the **quality** of **each** item, listed below, for the campground where you received the questionnaire? *Please circle **one** number for **each** factor.*

Item	Excellent	Above average	Average	Below average	Poor	Not available or cannot judge
Campground facilities						
1. Controlled access to campground (i.e., gatehouse with attendant)	1	2	3	4	5	6
2. Flush toilets	1	2	3	4	5	6
3. Hot showers	1	2	3	4	5	6
4. Dumping station	1	2	3	4	5	6
5. Beach	1	2	3	4	5	6
6. Boat ramp	1	2	3	4	5	6
7. Playground	1	2	3	4	5	6
8. Group shelter	1	2	3	4	5	6
9. Fish cleaning station	1	2	3	4	5	6
10. Universal accessibility	1	2	3	4	5	6
11. Courtesy dock	1	2	3	4	5	6
Campground services and amenities						
12. Amphitheater programs	1	2	3	4	5	6
13. Campsite reservation system	1	2	3	4	5	6
14. Security patrols	1	2	3	4	5	6
15. Waterfront campsites	1	2	3	4	5	6
16. Well-spaced campsites	1	2	3	4	5	6
17. Large, individual campsites	1	2	3	4	5	6
18. Shady campsites	1	2	3	4	5	6
19. Campsite privacy	1	2	3	4	5	6
20. Level site for tent or RV	1	2	3	4	5	6
21. Scenic water views from campsite	1	2	3	4	5	6
22. Tent pads available at campsite	1	2	3	4	5	6
23. Sewer hookups at campsite	1	2	3	4	5	6
24. Electrical hookups at campsite	1	2	3	4	5	6
25. Potable water at campsite						
26. Potable water hookups for RV / trailer	1	2	3	4	5	6
Customer service						
27. Friendliness of staff	1	2	3	4	5	6
28. Staff response to problems	1	2	3	4	5	6
29. Knowledgeable staff	1	2	3	4	5	6
30. Cleanliness of facilities	1	2	3	4	5	6
31. Registration procedures	1	2	3	4	5	6

10. How important was each reason, listed below, for you personally when **planning** your visit to the campground where you received the questionnaire? *Please circle **one** number for **each** reason.*

	Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Very Unimportant
1. Relaxing near the water	1	2	3	4	5
2. Spending time on a boat	1	2	3	4	5
3. Opportunity to fish	1	2	3	4	5
4. Being together with family and friends	1	2	3	4	5
5. Being physically active	1	2	3	4	5
6. Staying close to home	1	2	3	4	5
7. Being out-of-doors	1	2	3	4	5
8. Returning to my favorite campground	1	2	3	4	5
9. Change in daily routine	1	2	3	4	5

11. Which of the following statements best describes how well **you** personally like the campground where you received the questionnaire? *Please check (✓) only **one** item.*

- _____ I would not camp elsewhere in this region.
 _____ I would camp elsewhere, but I prefer camping here.
 _____ It makes no difference to me whether I use this camping area or another area.
 _____ I would camp here again, but I would prefer to camp elsewhere.
 _____ I would not camp here again.

Section C

In this section we are interested in your attitudes about paying fees at campgrounds.

1. How important is cost to **you** personally when you choose a recreation sites? *Please circle the **one** number that applies.*

Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Very Unimportant
1	2	3	4	5

2. We are interested in **your** personal views on camping fees. Please **circle** the **number** that best describes how much you personally agree or disagree with each statement. *Circle one number for each statement.*

	Strongly agree	Slightly agree	Neutral	Slightly disagree	Strongly disagree
1. I should not pay a fee to camp in a campground.	1	2	3	4	5
2. I am willing to pay a campsite fee	1	2	3	4	5
3. Day visitors who visit registered guests at a campsite should be charged a fee.	1	2	3	4	5
4. The fee I paid for the campsite where I received this questionnaire was proper.	1	2	3	4	5
5. I should pay a campsite fee that covers operation and maintenance costs.	1	2	3	4	5
6. I support fees if they are used to maintain my favorite campground.	1	2	3	4	5
7. I expect to pay higher fees when using renovated campgrounds.	1	2	3	4	5
8. I expect to pay higher fees when using campsites near the water.	1	2	3	4	5
9. Elderly visitors should receive discounts when camping.	1	2	3	4	5
10. Higher fees on weekends and holidays would encourage me to camp more often during the week.	1	2	3	4	5
11. I would support higher fees for increased services and more campground amenities.	1	2	3	4	5

Section D

Note: The background information being collected below is needed to provide a profile of our study population to make sure it is representative of all the visitors to our recreation area. None of the information in this or other sections will be associated with any names or addresses.

1. Are you from in-state, out-of-state or another country? *Please check (✓) only one location.*

_____ In-State _____ Out-of-State _____ Another County

Note: The two questions below are designed to describe your ethnicity and race. Regardless of your answer to Q. 1, go to Q. 2.

2. 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

3. Please select one or more racial categories with which you most closely identify. *Please check (✓) all that apply.*

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

— Thank you for your cooperation —