

RECLAMATION

Managing Water in the West

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

River Instream Flow 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

RIVER INSTREAM FLOW SURVEY

For agency use only

River being surveyed: _____

Today's date: _____

1. What would you consider the river flow to be today? Please refer to the descriptions listed below to help you answer this question. Please *check [✓] one* of the flow descriptors listed below or, if you are familiar with the actual cubic feet per second (cfs), please enter the cfs below.

___ **Very high** ___ **High** ___ **Medium** ___ **Low** ___ **Very low** **OR**
 ___ **cfs**

Very high flow: Very fast-moving deep water, some very big rapids, water bank high or over banks, a few exposed large rocks.

High flow: Fast-moving moderately deep water, many big rapids, water close to bank high, a number of big exposed rocks.

Medium flow: Steady-moving moderately deep water, many large and smaller exposed rocks in rapids, water slightly down from high water line.

Low flow: Water slow moving, many exposed rocks, river bottom exposed for a few feet out from high water shoreline.

Very low flow: Very slow-moving shallow water, exposed mud flats and river rocks, and bottom often exposed, water barely covering bottom in rapids, must choose floatable areas carefully, bottom exposed for several feet out from high water shoreline.

2. How satisfied are you with the river water level today? Please check (✓) the one that applies.

Very satisfied	Mostly satisfied	An even mix of satisfied and dissatisfied	Mostly dissatisfied	Very dissatisfied	No opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. For your **primary** (main) river recreation activities, please describe what contributes to and makes for an enjoyable recreation experience.

What detracts from your river recreation experience?

4. In Column 1 of the following table, check **all** the recreation activities that you are doing on this trip.

5. In Column 2 of the following table, check the **one** activity that is your **primary** (main) activity for your current visit.

Activities	Column 1 (Q. 4) ✓ Activities this trip	Column 2 (Q. 5) ✓ Primary activity this visit
Scenic floating		
Rafting		
Boat fishing (guided)		
Boat fishing (private)		
Trail use		
Bank fishing		
Camping		
Kayaking / canoeing		
Swimming / wading		
Day use /picnicking		
Other		
Other		

6. In Column 1 of the following table, check **all** the **primary** activities you have participated in over the past 12 months.
7. In Column 2 of the following table, write in the percent of time that you participated in each of the **primary** activities listed in Column 1 by season over the past 12 months.

Activities	Column 1 (Q. 6) <input checked="" type="checkbox"/> Primary activities past 12 months	Column 2 (Q. 7) Percent of time by season for primary activities			
		Spring March 1 to May 31	Summer June 1 to August 31	Fall September 1 to November 30	Winter December 1 to February 28
Scenic floating		%	%	%	%
Rafting		%	%	%	%
Boat fishing (guided)		%	%	%	%
Boat fishing (private)		%	%	%	%
Trail use		%	%	%	%
Bank fishing		%	%	%	%
Camping		%	%	%	%
Kayaking / canoeing		%	%	%	%
Swimming / wading		%	%	%	%
Day use /picnicking		%	%	%	%
Other		%	%	%	%
Other		%	%	%	%

8. In the table below, record the number of visits that you made to this river for each **primary** activity you participated in over the past 12 months. The number of visits should be for those activities checked in Column 1 in Q. 6.
9. In the table below, give the average number of days or hours you spent per visit. The average number of days or hours should only be for the **primary** activities checked in Column 1 in Q. 6.

Primary recreation activities over the past 12 months	(Q. 8) Number of visits for each primary activity over the past 12 months	(Q. 9) Average number of days or hours per visit (Indicate whether it is days or hours)
Scenic floating		
Rafting		
Boat fishing (guided)		
Boat fishing (private)		
Trail use		
Bank fishing		
Camping		
Kayaking / canoeing		
Swimming / wading		
Day use /picnicking		
Other		
Other		

10. What facilities do you use along the river corridor? *Check (✓) all that apply.*

	✓ Facility type	Facility name or location
Campsites		
Parking areas		
Boat launches		
Picnic sites		
Sand bars / beaches		
Trails		
Restrooms		
Other		

11. On average, how much money do you spend per visit on the following items? Please enter the average total dollars spent per visit getting to and from the recreation area in **Column 1** and the average dollars spent in the local area once you arrive in **Column 2**.

Items	Column 1 Enter average total dollars spent per visit traveling to and from the local area	Column 2 Enter average dollars spent in the local area per visit
Camping fees		
License fees		
Hotel and motel		
Restaurant		
Groceries and alcohol		
Gas		
Recreation supplies		
Guide services		
Car rentals		
Other rentals (<i>list</i>)		
Public transportation fares (plane, etc.)		
Other (<i>list</i>)		

12. In the table below, how much do you estimate that you spent each day on average for each visit to the river for each of your **primary** activities you listed in Column 1, Q. 6?

Activity	(Q. 12) – Dollars spent per visit
Scenic floating	
Rafting	
Boat fishing (guided)	
Boat fishing (private)	
Trail use	
Bank fishing	
Camping	
Kayaking / canoeing	
Swimming / wading	
Day use /picnicking	
Other (<i>list</i>)	

13. Do you have a preferred river flow for all your **primary** activities? In Column 1 of the table below, please give this preferred flow in cubic feet per second, feet, or write in a preferred flow level of **very high, high, medium, low, very low** for each **primary** activity you participate in (see Q. 1 for flow descriptions).
14. In the appropriate columns in the table below, give the additional number of annual visits (Column 2) and the additional number of days (Column 3) or hours per visit (Column 4) that you would spend for each **primary** activity if your preferred flows were met.

Primary recreation activity	Column 1 (Q. 13) Preferred cfs or flow level for each activity	(Q. 14) Additional number of visits per year and days or hours per visit if flows were met		
		Column 2 Visits per year	Column 3 Days spent per visit	Column 4 Hours spent per visit
Scenic floating				
Boat fishing (guided)				
Boat fishing (private)				
Trail use				
Bank fishing				
Camping				
Kayaking / canoeing				
Swimming / wading				
Day use /picnicking				
Other				
Other				

15. Are there upper and lower flow levels and/or other flow conditions such as fluctuating flows that would stop you from pursuing your **primary** activities on the river? In the appropriate columns in the table below, write a check (✓) mark indicating a flow level of **very high, high, medium, low, very low, or other** for each activity you participated in (refer to Q. 1 for flow descriptions).

Primary recreation activity	(Q. 15) – Below, write a check (✓) mark indicating the flow level when you would stop an activity					
	Very high	High	Medium	Low	Very low	Other
Scenic floating						
Rafting						
Boat fishing (guided)						
Boat fishing (private)						
Trail use						
Bank fishing						
Camping						
Kayaking / canoeing						
Swimming / wading						
Day use /picnicking						
Other						

16. Have you had any conflicts with certain types of users while recreating here? *Check (✓) all that apply.* Please skip to Q. 19 if you have not encountered any conflicts.

<input type="checkbox"/>	Kayakers / canoers	<input type="checkbox"/>	Partiers	<input type="checkbox"/>	Rafters
<input type="checkbox"/>	Shoreline anglers	<input type="checkbox"/>	Picnickers	<input type="checkbox"/>	Boat anglers
<input type="checkbox"/>	Wildlife viewers	<input type="checkbox"/>	Campers	<input type="checkbox"/>	Others (<i>specify</i>): _____

17. What types of conflicts have you experienced on the river? *Check (✓) all that apply.*

<input type="checkbox"/>	Noise
<input type="checkbox"/>	Crowding
<input type="checkbox"/>	Inconsiderate groups or individuals
<input type="checkbox"/>	Too many boats on the river at any one time
<input type="checkbox"/>	Other (list)

18. What did you do about each conflict? *Check (✓) all that apply.*

<input type="checkbox"/>	Went to another area	<input type="checkbox"/>	Complained to a manager	<input type="checkbox"/>	Did nothing
<input type="checkbox"/>	Went home	<input type="checkbox"/>	Left the area	<input type="checkbox"/>	Other (<i>specify below</i>):

19. Did you feel crowded by the number of people at each of the following locations? *Circle the number that best represents your response.*

	Not at all crowded	Slightly crowded	Moderately crowded	Extremely crowded
When you started your activity	1	2	3	4
While participating in your activity	1	2	3	4
While ending your activity	1	2	3	4

20. When on the river, on average, how many people are within eyesight of you at any given time? _____

Is this number: (*Check [✓] only one.*)

Way too many Too many About the right number Too few Way too few

21. What is an acceptable number of other people to see in the following places?

At the access point where you first start your activity	It is OK to see as many as _____ people
While participating in your activity	It is OK to see as many as _____ people
At the end of your activity	It is OK to see as many as _____ people

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.

22. 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. 23, go to Q. 24.

23. 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

24. 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 —