

# RECLAMATION

*Managing Water in the West*

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

## Recreation Management 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 20 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, and complete anonymity is guaranteed. Information collected will be compiled in a statistical database; therefore, no direct link to the individual(s) filling out this survey will be available.



**U.S. Department of the Interior**  
**Bureau of Reclamation**

## RECREATION MANAGEMENT SURVEY

*Note:* Some of the questions in this survey deal with the amount of fees collected at the recreation area. You can be assured that the fees will not be raised based on the answers you provide.

<p><b>For agency use only</b></p> <p>Recreation area being surveyed: _____</p>
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### Section A Activity Participation

1. What activity or activities are you participating in at the recreation area today? *Check (✓) all the activities you are 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 ( <i>please list below</i> ):
___	Fishing from shore		
___	Wildlife viewing		

2. How many times during the last calendar year did you visit this recreation area? A **visit** can be defined as a one time visit to the recreation area no matter how much time was spent at any one time. For example, a one hour visit would be considered the same as a three day visit. *Circle the appropriate number of visits during the past calendar year or check (✓) the space on the appropriate line below if it is your first visit to the recreation area.*

Number of visits during the last calendar year										
Less than 1	1	2	3	4	6	7	8	9	10	More than 10

\_\_\_\_\_ First visit

**Section B**  
**Fees for use of Facilities**

3. Overall, was the fee(s) you paid today: *(Please check [✓] one.)*

Too high     Too low     Appropriate

4. Overall, are you satisfied with the value you received for the fee(s) paid? *Please check (✓) one.*

Extremely satisfied  
 Satisfied  
 Neither satisfied nor dissatisfied  
 Dissatisfied  
 Extremely dissatisfied

If you checked dissatisfied or extremely dissatisfied, why?


5. If you used one of the America the Beautiful Passes, The National Parks or Federal Recreational Lands Passes, what type of pass was it?

Annual  
 Senior  
 Access  
 Volunteer  
 Site-specific Agency Pass  
 Regional Multi-Entity Pass  
 Other (list) \_\_\_\_\_

**Section C**  
**Park Ranger**

6. During this visit have you talked to or seen a park ranger? *Check (✓) the appropriate lines.*

Talked to a ranger:  Yes  No

Seen a ranger:  Yes  No

**Section D**  
**Management Issue Areas**

7. For the following questions, use response categories that range from “not an issue (1)” to “very serious issue (5).” *Please circle the number for how serious the issue is for each potential issue or circle the number 6 if you don’t know.*

Issue	Not an issue	Slight issue	Moderate issue	Serious issue	Very serious issue	Don't know
<b>Facilities</b>						
Toilet facilities	1	2	3	4	5	6
Drinking fountains	1	2	3	4	5	6
Hot Showers	1	2	3	4	5	6
Fish cleaning station	1	2	3	4	5	6
Number of garbage cans	1	2	3	4	5	6
Multiple use trails	1	2	3	4	5	6
Number of campgrounds	1	2	3	4	5	6
Boat ramps	1	2	3	4	5	6
Day use areas	1	2	3	4	5	6
Group use areas	1	2	3	4	5	6
<b>Services</b>						
Making reservations with the National Recreation Reservation Service	1	2	3	4	5	6
Number of camp hosts	1	2	3	4	5	6
Information services (signs, displays)	1	2	3	4	5	6
Brochures showing map of site, access points, hazards, etc.	1	2	3	4	5	6
Information about things to do and see	1	2	3	4	5	6
Availability of interpretive programs	1	2	3	4	5	6
General facility maintenance	1	2	3	4	5	6
<b>Health and Safety</b>						
Obstructions in the water	1	2	3	4	5	6
Law enforcement	1	2	3	4	5	6
Cleanliness of restrooms	1	2	3	4	5	6
Rules and regulations	1	2	3	4	5	6
Number of park rangers to assist visitors	1	2	3	4	5	6
Waterway hazard markings	1	2	3	4	5	6
Navigational buoys	1	2	3	4	5	6
Erosion of banks	1	2	3	4	5	6
Litter	1	2	3	4	5	6
Vandalism	1	2	3	4	5	6

<b>Crowding</b>						
Number of homes / cottages along the banks	1	2	3	4	5	6
Number of off-road vehicle users in the area	1	2	3	4	5	6
People being inconsiderate	1	2	3	4	5	6
Number of boats	1	2	3	4	5	6
Number of campers	1	2	3	4	5	6
Number of hunters	1	2	3	4	5	6
<b>Concession Services</b>						
Availability to rent mooring slips	1	2	3	4	5	6
Availability of marina docks	1	2	3	4	5	6
Availability of gas for boats	1	2	3	4	5	6
Availability of groceries	1	2	3	4	5	6

## Section E Management Performance

8. In the following table, indicate how satisfied you are with our management of the following items. *Please circle the number that applies.*

<b>Item</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neither satisfied nor unsatisfied</b>	<b>Somewhat unsatisfied</b>	<b>Very unsatisfied</b>	<b>Don't know</b>
<b>Facilities</b>						
Campsites	1	2	3	4	5	6
Showers	1	2	3	4	5	6
Roads	1	2	3	4	5	6
Play ground	1	2	3	4	5	6
Cleanliness of restrooms	1	2	3	4	5	6
Levelness of campsite	1	2	3	4	5	6
Accessible facilities	1	2	3	4	5	6
Boat ramp	1	2	3	4	5	6
Non-motorized vessel launch sites	1	2	3	4	5	6
Trails	1	2	3	4	5	6
<b>Location of facilities</b>						
Distance to comfort station	1	2	3	4	5	6
Distance to water hydrant	1	2	3	4	5	6
Distance to lake shore	1	2	3	4	5	6
Picnic tables near beach	1	2	3	4	5	6
Campsites situated so campers seldom see or hear other groups	1	2	3	4	5	6

Item	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
<b>Amenities</b>						
Flush toilets instead of vault	1	2	3	4	5	6
Hot water in comfort station	1	2	3	4	5	6
Electrical hookups available to campers	1	2	3	4	5	6
Amount of shade at campsite	1	2	3	4	5	6
Available parking areas	1	2	3	4	5	6
Extra vehicle parking for campers	1	2	3	4	5	6
<b>Services</b>						
Use of National Recreation Reservation Service	1	2	3	4	5	6
Availability of interpretive programs	1	2	3	4	5	6
Well-maintained trails	1	2	3	4	5	6
Marina services	1	2	3	4	5	6
<b>Health, Security, and Safety</b>						
Frequent security patrols on land	1	2	3	4	5	6
Safety and security	1	2	3	4	5	6
Park rangers to provide assistance	1	2	3	4	5	6
Waterway hazards marked	1	2	3	4	5	6
Navigational buoys in place	1	2	3	4	5	6
Store selling food or camping supplies	1	2	3	4	5	6
Cleanliness of campsites	1	2	3	4	5	6

## Section F User Profile/Demographics

**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.

9. 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. 10, go to Q. 11.

10. 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

11. 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 —