

RECLAMATION

Managing Water in the West

OMB Control No. 1006-0028

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Reclamation Visitor Use Available Survey Questions

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 of 45 seconds per question, which includes the time for reviewing instructions and completing and reviewing the form. The last page concerning demographic information must be completed with each customized survey. 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 control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Policy and Administration, Land Resources 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

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CAMPGROUND

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"/>	Windsurfing / sailboarding
<input type="checkbox"/>	Motorboating	<input type="checkbox"/>	Other activities (<i>please list below</i>)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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. Wifi	1	2	3	4	5
33. Low or no campsite fee	1	2	3	4	5
Campground location					
34. Near my home	1	2	3	4	5
35. Near friends' or relatives' homes	1	2	3	4	5
36. Near places I want to visit	1	2	3	4	5
37. Located on my travel route	1	2	3	4	5
38. Away from populated area	1	2	3	4	5
39. Near good fishing	1	2	3	4	5
40. Close to lake	1	2	3	4	5
Customer service					
41. Friendliness of staff	1	2	3	4	5
42. Staff response to problems	1	2	3	4	5
43. Knowledgeable staff	1	2	3	4	5
44. Cleanliness of facilities	1	2	3	4	5
45. Registration procedures	1	2	3	4	5

5. 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. _____

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

_____ miles (one way)

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

_____ nights

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

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

9. 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.*

<input type="checkbox"/>	Tent	<input type="checkbox"/>	RV / motorhome
<input type="checkbox"/>	Pop-up trailer	<input type="checkbox"/>	Truck with camper shell
<input type="checkbox"/>	Truck camper (slide-in)	<input type="checkbox"/>	Van
<input type="checkbox"/>	Travel trailer	<input type="checkbox"/>	Other (<i>please list</i>):

10. 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>):

11. 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"/>	

12. 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

13. 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	1	2	3	4	5	6
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

14. 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

15. 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.

16. 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

17. 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

Lake and River Visit Expenditure

Part I

Lake or Rivers Trips Worksheet

18. Please think about the recreation trips you or other members of your household take in an average year to the lakes or rivers listed in the table below. In the table below, please write the average number of day and overnight trips per year you or other members of household take to each lake or river and the average number of people in your group per trip.

Name of lake or river (to be completed by agency)	Average number of day trips per year	Average number of people per trip	Average number of overnight trips per year	Average number of people per trip

Part II

This section of the survey involves a few questions about the recreation trips you listed in the Lake or Rivers Trips Worksheet (Part I).

19. On average, how many hours did your day trips last? Please do not include time to and from the site.

_____ hours

20. On average, how many nights did your overnight trips last?

_____ nights

21. Which of the activities below did you or other members of your party participate in during any trip you listed in the lakes or rivers worksheet (Part I)? *Please check (✓) each activity you or other members of your party did at least once.*

- Fishing from a boat
- Fishing from the shore
- Boating, but not fishing
- Water skiing or jet skiing
- Sightseeing (including hiking)
- Camping
- Swimming
- Day use / picnicking
- Hunting
- Others (*list*): _____

Part III

Expenses Worksheet

22. The table below asks how and where you spent money **on your most recent trip** to a lake or river. Please estimate how much money you spent **on your most recent trip** in each expense category.

Expense category	Dollars spent on your most recent trip to a lake or river
Trip costs for your car, truck, or RV (i.e., gas and oil)	
Trip cost for your boat (i.e., gas and oil)	
Hotel and motel costs	
Private campgrounds (i.e., KOA)	
Public campgrounds (i.e., State, county, or Federal park)	
Groceries	
Restaurants	
Park fees	
Fishing licenses	
Equipment rental fees	
All other merchandise and trip costs (i.e., clothing and souvenirs)	

23. How do the expenses you listed in the worksheet compare with your typical recreational trip? *Please check (✓) your answer.*

- I (we) normally spend more money than this on a typical recreation trip.
 I (we) normally spend about this amount on a typical recreation trip.
 I (we) normally spend less money than this on a typical recreation trip.
 I (we) don't know.

Marina

24. Do you own a boat? *Please check (✓) one.*

Yes No

25. Is your boat registered? *Please check (✓) one.*

Yes No

26. Please describe the pleasure boats you own in the blanks provided below. *Please ask for an extra form if you have additional boats to describe.*

Boat # 1		Boat # 2	
Length: _____ feet		Length: _____ feet	
<i>Check (✓) one:</i>		<i>Check (✓) one:</i>	
<input type="checkbox"/>	Cabin Cruiser	<input type="checkbox"/>	Cabin Cruiser
<input type="checkbox"/>	Canoe	<input type="checkbox"/>	Canoe
<input type="checkbox"/>	Houseboat – pontoon hull	<input type="checkbox"/>	Houseboat – pontoon hull
<input type="checkbox"/>	Houseboat – cruiser hull	<input type="checkbox"/>	Houseboat – cruiser hull
<input type="checkbox"/>	Pontoon	<input type="checkbox"/>	Pontoon
<input type="checkbox"/>	Rowboat	<input type="checkbox"/>	Rowboat
<input type="checkbox"/>	Runabout	<input type="checkbox"/>	Runabout
<input type="checkbox"/>	Sailboat	<input type="checkbox"/>	Sailboat
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

27. Have you ever rented space for your boat at a marina for **one month** or **more**?

_____ Yes _____ No

If YES, are you **now** renting marina space for your boat?

_____ Yes _____ No

If YES, on what lake / river? _____

28. How often have you boated this year at this lake / river? *Please check (✓) one response below.*

<input type="checkbox"/>	I have never boated at this lake before
<input type="checkbox"/>	I will not boat at this lake this year
<input type="checkbox"/>	1–5 times this year
<input type="checkbox"/>	6–10 times this year
<input type="checkbox"/>	11–15 times this year
<input type="checkbox"/>	16–20 times this year
<input type="checkbox"/>	21 times or more this year

29. In total, how many boating trips do you plan to make to this lake / river this year?

_____ planned boating trips

30. Please name the two places where you most often go boating **and** the number of trips you make to each during the season.

(a) Boat **most** often at: _____
Lake / river

Nearest town: _____ State: _____

Average number of trips per year: _____

(b) Boat **next** most often at: _____
Lake / river

Nearest town: _____ State: _____

Average number of trips per year: _____

31. How many people go with you on a **typical** or **average** boating trip?

____ people

32. Would you consider renting a mooring space at the marina if a space was available for your boat and the price was comparable to marina mooring space rental prices at other lakes/reservoirs?

____ Yes

____ No (*check [✓] one box below*)

If you answered NO, would you: (*Please check [✓] one.*)

____ Use the launch ramp(s) at this lake / river?

____ Use rental mooring space at another lake / river?

If so, where? _____
Lake / river

Nearest town: _____ State: _____

____ Use the launch ramps at another lake / river?

If so, where? _____
Lake / river

Nearest Town: _____ State: _____

____ Other (*what and where?*): _____

33. Would you rent a **mooring buoy** at the marina if the cost per season were comparable to other marina rentals at other lakes / rivers?

____ Yes ____ No

34. Would you rent an **open slip** at the marina if the cost per season were comparable to other marina rentals at other lakes / rivers?

____ Yes ____ No

35. Would you rent a **covered slip** at the marina if the cost per season were comparable to other marina rentals at other lakes / rivers?

____ Yes ____ No

36. Would you rent **dry storage** for your boat at the marina if the cost per season were comparable to other marina rentals at other lakes / rivers?

_____ Yes _____ No

37. If you were to rent marina space at this lake / river, which type would you prefer?
Check (✓) only one.

- _____ Mooring buoy
- _____ Open slip
- _____ Covered slip
- _____ Dry storage

38. Which goods or services did you purchase or rent during your **last** boating trip?
Check (✓) all that apply.

- _____ Boat launching ramp access
- _____ Restaurant or snack bar
- _____ Groceries
- _____ Beer or other alcoholic beverages
- _____ Boat fuel
- _____ Boat and / or motor rental
- _____ Boat repairs
- _____ Bait, tackle, fishing supplies
- _____ Campsite, motel, etc.
- _____ Boating and water sports equipment (*specify*): _____
- _____ Other (*specify*): _____
- _____ Other (*specify*): _____

39. What goods and services would you like to have if a marina were provided at this lake / river? *Check (✓) all that apply.*

- _____ Boat launching ramp access
- _____ Restaurant or snack bar
- _____ Groceries
- _____ Beer or other alcoholic beverages
- _____ Boat fuel
- _____ Boat and / or motor rental
- _____ Boat repairs
- _____ Bait, tackle, fishing supplies
- _____ Lodging such as campsite, motel, etc.
- _____ Boating and water sports equipment (*specify*): _____
- _____ Other (*specify*): _____
- _____ Other (*specify*): _____

RECREATION ACTIVITIES

SCREENING QUESTIONS

40. What activity or activities do you plan on participating in at the recreation area during your current visit? Check (✓) **all** the activities you will be 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 or pier		
	Wildlife viewing		

What were the **five** primary activities during this trip? *In the order of importance, list the activity or activities you checked above, the number of people in your group participating in that activity, and the percent of time spent doing that activity.*

List the 5 primary activities in order of importance	Number of people participating in activity	Percent of time spent participating.
1.		
2.		
3.		
4.		
5.		

GENERAL ACTIVITY

Please reference the **primary** activity in which you most frequently participate.

41. Is the number of times you spent participating in your **primary** activity more, less, or about the same as the past 3 years? *Please check (✓) only one.*

_____ more _____ less _____ about the same

42. How many days or hours per trip, on average, do you spend participating in your **primary** activity at this recreation area?

_____ days _____ hours

43. How many times a year, on average, do you spend participating in your **primary** activity at this recreation area?

_____ times

44. How would you rate yourself when participating in your **primary** activity? *Please check (✓) the most appropriate rating.*

_____ Novice _____ Intermediate _____ Advanced _____ Expert

45. How many days or hours did you and other members of your household participate in the **primary** activity during each of the following seasons last year?

Season	Month	Number of days	Number of hours
Spring	March, April, May		
Summer	June, July, August		
Fall	September, October, November		
Winter	December, January, February		

Activity Behavior

BOATING

46. Are you boating during this visit?

_____ Yes _____ No

47. On this trip, how many days or hours do you plan on boating?

_____ days boating on this trip _____ hours boating on this trip

48. Please answer these questions for the boat you will use most on the lake during your visit.

a. Please check (✓) the boat type below that best describes the boat you will use during this trip.

	Cabin cruiser		Sailboat
	Runabout		Rowboat
	Bass boat		Canoe
	Houseboat		Kayak
	Pontoon		Other (<i>please describe</i>): _____

b. What type of power does your boat use? *Please check (✓) the best answer.*

	Outboard		Sail only, no auxiliary engine
	Inboard		Sail with auxiliary engine
	Inboard/outboard		Paddle / oar only

c. How long is your boat?

_____ feet

d. What is the total horsepower of your boat?

_____ horsepower

49. Write a number 1 in front of the boating activity you did the longest, a number 2 in front of the activity you did second longest, and so on. If you did not do one or more of the activities listed, just leave the space in front of the activity blank.

	Trolling		Sailing
	Swimming from your boat		Jet skiing
	Water skiing		Kayaking
	Pleasure cruising		Other (<i>please describe</i>): _____

FISHING

50. If fishing, which of the following did you use most frequently on this fishing trip? *Please check (✓) all that apply.*

_____ Lures _____ Bait _____ Flies _____ All used about the same

51. Did you boat fish, bank fish, or pier fish? *Please check (✓) one answer.*

_____ Boat fish _____ Bank fish _____ Both boat and bank fish _____ Pier fish

52. What was your **primary** method of fishing? *Please check (✓) one answer.*

_____ Boat fishing _____ Bank fishing _____ Pier Fishing

53. How many fish did you catch on this (or most recent) fishing trip?

_____ fish

54. How many fish did you catch that were within the slot limit (i.e., the regulated size of fish that can legally be harvested from this particular body of water).

_____ number of fish caught within the slot limit

55. On average, how many times do you fish during each of the following seasons in a calendar year?

_____ Spring (March, April, May)

_____ Summer (June, July, August)

_____ Fall (September, October, November)

_____ Winter (December, January, February)

56. What percentage of all the time you spend fishing do you fish for:

Percent	
	cold freshwater fish (trout)
	warm freshwater fish (bass, bream, etc.)
	saltwater fish
	anadromous fish (salmon, striped bass, shad, etc.)

57. Are you now, or have you ever been, a member of a fishing club or organization?

_____ Yes _____ No

If YES, what is the name of the club or organization?

HUNTING

58. If hunting, fill in the appropriate boxes below for your entire party.

Species hunted	Deer	Turkey	Elk	Dove	Quail	Waterfowl	Antelope	*Other
Number sighted								
Number shot at								
Number bagged								
*If Other please list								

CAMPING

59. If camping, please identify the type of camping shelter you normally use at this recreation area (*please check [✓] one or more*).

<input type="checkbox"/>	Tent	<input type="checkbox"/>	Van
<input type="checkbox"/>	Pop-up trailer	<input type="checkbox"/>	Cabin
<input type="checkbox"/>	Screened shelter	<input type="checkbox"/>	Travel trailer
<input type="checkbox"/>	Recreation motorhome	<input type="checkbox"/>	Other (<i>specify</i>): _____
<input type="checkbox"/>	Truck camper	<input type="checkbox"/>	

60. For this year, how many trips did you stay overnight at any campground? (Consider a trip as the time from leaving your residence to returning to your residence.)

_____ number of trips

61. For this year, how many times did you camp at this recreation area?

_____ number of times

Barriers and Constraints

62. In general, during all your trips to this recreation area, what things have you experienced that have detracted from your enjoyment of participating in your **primary** activities (*rank the following things in the order that they detracted from your enjoyment, with the number 1 being the most distracting*).

_____ Crowded facilities

_____ Rowdy behavior by other visitors

_____ Expensive use fees

_____ Too many rules and regulations

_____ Long waits to use facilities

_____ Other _____

63. Generally, how satisfied were you with your recreational activities? *Please check (✓) only one.*

_____ Extremely satisfied

_____ Satisfied

_____ Neither satisfied nor dissatisfied

_____ Dissatisfied

_____ Extremely dissatisfied

If dissatisfied or extremely dissatisfied, why? _____

64. On a scale of 1 to 10 (with 10 being the perfect trip), how would you rate the quality of your recreational experience at this recreation area during this trip?

_____ rating

65. What were the **most enjoyable** aspects of your recent visit?

66. What were the **least enjoyable** aspects of your visit?

67. If, for some reason, you could not engage in your **primary** activity, would you engage in another recreational activity instead?

_____ Yes _____ No

If YES, what recreational activity would you do instead? _____

RECREATION DEVELOPMENT

[This statement is not to be included in the survey but used for survey development: Select one of the following instructional paragraphs to use in the survey, indicating what type of proposal (Reclamation or Consumer based) is being proposed. Remove the “Please indicate in the blank” if using this section as a Reclamation proposal as the survey developer will have filled in the blank.]

User Proposal/Suggestion:

As Reclamation strives to continue to improve our recreation areas to meet the changing needs and desires of our recreation consumers, it is important that your input and suggestions be recognized.

In the following blank space provided, please describe the type of development that you feel would be beneficial to the recreation area users.

Reclamation Proposal (Survey developer to fill in the blank with suggested proposal):

As Reclamation strives to continue to improve our recreation areas to meet the changing needs of our recreation consumers, it is important that your input is recognized.

Please respond to the subsequent questions to demonstrate your future usage based on the following development that is currently being considered.

Proposed Development _____ *(please indicate in the blank)*

68. If you would begin using this proposed development, would you likely decrease use of or stop using another recreation area development you currently use? *Check (✓) the most appropriate answer.*

_____ No, would not change usage of other recreation area developments.

_____ Yes, would decrease use of other recreation area developments.

_____ Yes, would stop using other recreation area developments.

Please indicate the other development _____

69. In the following table, indicate to what extent you would be willing to pay for increased services which would be provided at the proposed development. *Please circle the appropriate number that applies.*

Very willing to pay	Somewhat willing to pay	Neutral	Somewhat unwilling to pay	Very unwilling to pay
1	2	3	4	5

If you circled either number 4 or 5, please choose the statement below that best describes your reason for not willing to pay for increased services provided at the proposed development. *Check (✓) the most appropriate answer.*

_____ I already pay enough fees for the use of this area.

_____ The proposed development is not needed for this recreation area.

_____ There are other areas that have the same type of development that I would visit rather than pay for increased services.

_____ I object to paying for a new development.

_____ Not enough information was provided to make a decision.

RECREATION MANAGEMENT

Activity Participation

70. 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.*

<input type="checkbox"/>	Tent camping	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	RV / trailer camping	<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Day use / picnicking	<input type="checkbox"/>	Kayaking
<input type="checkbox"/>	Pleasure boating	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Bicycling	<input type="checkbox"/>	Horseback riding
<input type="checkbox"/>	Interpretive Program	<input type="checkbox"/>	Hunting
<input type="checkbox"/>	Boat fishing	<input type="checkbox"/>	Sightseeing
<input type="checkbox"/>	Water skiing / tubing	<input type="checkbox"/>	Wakeboarding
<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Other activities (<i>please list below</i>):
<input type="checkbox"/>	Fishing from shore	<input type="checkbox"/>	
<input type="checkbox"/>	Wildlife viewing	<input type="checkbox"/>	

71. 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

Fees for use of Facilities

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

_____ Too high _____ Too low _____ Appropriate

73. 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?

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

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

Park Ranger

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

Talked to a ranger: Yes No

Saw a ranger: Yes No

Management Issue Areas

76. 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
Facilities						
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
Services						
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
Health and Safety						
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

Issue	Not an issue	Slight issue	Moderate issue	Serious issue	Very serious issue	Don't know
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
Crowding						
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
Concession Services						
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

Management Performance

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

Item	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
Facilities						
Campsites	1	2	3	4	5	6
Showers	1	2	3	4	5	6
Roads	1	2	3	4	5	6

Item	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
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
Location of facilities						
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
Amenities						
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
Services						
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
Health, Security, and Safety						
Frequent security patrols on land	1	2	3	4	5	6
Safety and security	1	2	3	4	5	6

Item	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
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

RESERVOIR PREFERRED WATER LEVEL/WATER-BASED ACTIVITIES

78. What would you consider the reservoir water level to be today? Please refer to the water level descriptions below to help you answer this question. Please check [✓] one of the descriptors listed below or, if you know the actual water level in feet, you may enter that below.

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

___ Water level in feet

Very high water: Reservoir full to overfull, some flooding occurring, trees and bushes in the water, no exposed shoreline or mudflats, water way up on boat ramps, docks high, and water often muddy and with floating sticks, logs, and other debris.

High water: Reservoir full to nearly full, all facilities are usable, water usually clear, and likely no exposed underwater hazards.

Medium water: Reservoir water below full, high water line exposed, some sandbars and mud areas exposed, underwater hazards may begin to appear (i.e., tree stumps, rocks, etc.)

Low water: Reservoir has exposed shoreline area, mudflats and sandbars, exposed rocks and tree stumps, water low on the boat ramp, and rocks, tree stumps, and other hazards abundant.

Very low water: Reservoir has lots of exposed shoreline, mudflats, rocks, and tree stumps fully exposed, water very low on boat ramps and docks and mostly unusable, difficult to get to water from the shore, coves are dry, and a good part of the reservoir bottom is dry with only a stream showing.

79. How satisfied are you with the reservoir 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

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

--

What detracts from your reservoir recreation experience?

--

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

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

Activities	Column 1 ✓ Activities this trip	Column 2 ✓ Primary activity this visit
Motorboating		
Boat fishing (guided)		
Boat fishing (private)		
Bank fishing		
Kayaking / canoeing		
Sailing		
Water skiing		
Jet skiing		
Swimming / wading		
Camping		
Sightseeing		
Wildlife viewing		
Houseboating		
Day use / picnicking		
Other		
Other		

82. In Column 1 of the following table, check **all** the **primary** activities you have participated in over the past 12 months.

In column 2 of the following table, write in the percent of time that you participated in each of the **primary** activities listed by season over the past 12 months.

Activities	Column 1 ✓ Primary activities past 12 months	Column 2 Percent of time by season (primary activities only!)			
		Spring March 1 to May 31	Summer June 1 to August 31	Fall September 1 to November 30	Winter December 1 to February 28
Motorboating		%	%	%	%
Boat fishing (guided)		%	%	%	%
Boat fishing (private)		%	%	%	%
Bank fishing		%	%	%	%
Kayaking / canoeing		%	%	%	%
Sailing		%	%	%	%
Water skiing		%	%	%	%
Jet skiing		%	%	%	%
Swimming / wading		%	%	%	%
Camping		%	%	%	%
Sightseeing		%	%	%	%
Wildlife viewing		%	%	%	%
Houseboating		%	%	%	%
Day use / picnicking		%	%	%	%
Other		%	%	%	%
Other		%	%	%	%

83. In column 1 of the following table, record the number of visits that you made to this reservoir for each **primary** activity you participated in over the past 12 months.

In column 2 of the following table, 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 you provided in Column 1.

Primary recreation activities over the past 12 months	Column 1 Number of visits for each primary activity over the past 12 months	Column 2 Average number of days or hours per visit (Indicate whether it is days or hours)
Motorboating		
Boat fishing (guided)		
Boat fishing (private)		
Bank fishing		
Kayaking / canoeing		

Sailing		
Water skiing		
Jet skiing		
Swimming / wading		
Camping		
Sightseeing		
Wildlife viewing		
Houseboating		
Day use / picnicking		
Other		
Other		

84. What facilities do you use at the reservoir? Check (✓) all that apply.

	✓ Facility type	Facility name or location
Boat ramps		
Campgrounds		
Picnic sites		
Beaches		
Floating docks		
Marinas		
Boat camps		
Parking lots		
Restrooms		
Fish cleaning station(s)		
Sanitary dump station(s)		
Other		

85. 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.)		

86. In the table below, on average, how much do you estimate that you spent **each day of each visit** to the reservoir, for each of your **primary** activities?

Activity	Dollars spent per visit per day
Motorboating	
Boat fishing (guided)	
Boat fishing (private)	
Bank fishing	
Kayaking / canoeing	
Sailing	
Water skiing	
Jet skiing	
Swimming	
Camping	
Sightseeing	
Wildlife viewing	
Houseboating	
Day use / picnicking	
Other (<i>list</i>)	

87. Do you have a preferred reservoir water level for all your **primary** activities? In Column 1 of the following table, please give this preferred water level in feet or write in a preferred water level of **very high, high, medium, low, very low** for each **primary** activity you participate in.

Also, for each activity that you completed in column 1 please indicate, in the appropriate columns, how many additional visits you would make to the recreation area (column 2), and how many days (column 2) or hours (column 3) you would spend per visit given that your preferred water levels were met.

Primary recreation activity	Column 1 Preferred water level in feet or water level description for each activity	Additional number of visits per year and days or hours per visit if preferred water levels were met		
		Column 2 Visits per year	Column 3 Days spent per visit	Column 4 Hours spent per visit
Motorboating				
Boat fishing (guided)				
Boat fishing (private)				
Bank fishing				
Kayaking / canoeing				
Sailing				
Water skiing				
Jet skiing				
Swimming				
Camping				
Sightseeing				
Wildlife viewing				
Houseboating				
Day use / picnicking				
Other				
Other				

88. Are there upper and lower water levels and / or other conditions such as fluctuating water levels that would stop you from pursuing your **primary** activity on the reservoir? In the

appropriate blank columns below, write the water level in feet or check (✓) a water level of **very high, high, medium, low, very low**, or **other** for each activity you participate in.

Primary recreation activity	Write the water level in feet or check (✓) the water level description when you would stop activity					
	Very high	High	Medium	Low	Very low	Other
Motorboating						
Boat fishing (guided)						
Boat fishing (private)						
Bank fishing						
Kayaking / canoeing						
Sailing						
Water skiing						
Jet skiing						
Swimming						
Camping						
Sightseeing						
Wildlife viewing						
Day use / picnicking						
Houseboating						
Other						

89. Have you had any conflicts with other users while recreating here? Check (✓) all that apply.

<input type="checkbox"/>	Kayakers / canoers	<input type="checkbox"/>	Partiers	<input type="checkbox"/>	Boat anglers
<input type="checkbox"/>	Shoreline anglers	<input type="checkbox"/>	Picnickers	<input type="checkbox"/>	Motorboaters
<input type="checkbox"/>	Wildlife viewers	<input type="checkbox"/>	Campers	<input type="checkbox"/>	Other (specify) _____
<input type="checkbox"/>	Houseboaters	<input type="checkbox"/>	Jet skiers	<input type="checkbox"/>	

90. What types of conflicts have you experienced on the reservoir? 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 reservoir at any one time
<input type="checkbox"/>	Other (list) _____

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

<input type="checkbox"/>	Left the area and went to another area	<input type="checkbox"/>	Complained to a manager	<input type="checkbox"/>	Other (<i>specify</i>) _____
<input type="checkbox"/>	Left the area and did not go to another area	<input type="checkbox"/>	Did nothing	<input type="checkbox"/>	

92. Did you feel crowded by the number of people during each of the following periods? *Circle the number that best represents your response.*

	Not at all crowded	Slightly crowded	Neutral	Moderately crowded	Extremely crowded
When you started your activity	1	2	3	4	5
While participating in your activity	1	2	3	4	5
While ending your activity	1	2	3	5	5

93. When on the reservoir, 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

94. What is an acceptable number of other outdoor recreationists 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

RIVER INSTREAM FLOW

95. 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.

96. 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"/>

97. 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?

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

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

Activities	Column 1 ✓ Activities this trip	Column 2 ✓ 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		

99. In Column 1 of the following table, check **all** the **primary** activities you have participated in over the past 12 months.

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 ✓ Primary activities past 12 months	Column 2 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		%	%	%	%

100. 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.

Also, in the table below, give the average number of days or hours you spent per visit.

Primary recreation activities over the past 12 months	Number of visits for each primary activity over the past 12 months	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		

101. 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		

102. 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?

Activity	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>)	

103. 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.

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.

		Additional number of visits per year and days or hours per visit if flows were met		
Primary recreation activity	Column 1 Preferred cfs or flow level for each activity	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				

104. 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.

Primary recreation activity	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						

105. Have you had any conflicts with certain types of users while recreating on the river? Check (✓) all that apply.

<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 (specify): _____

106. 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)

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

<input type="checkbox"/>	Left the area and went to another area	<input type="checkbox"/>	Complained to a manager	<input type="checkbox"/>	Other (specify below):
<input type="checkbox"/>	Left the area and did not go to another area	<input type="checkbox"/>	Did nothing	<input type="checkbox"/>	

108. 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

109. 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

RIVER RECREATION QUALITY

110. In the table below, circle the number to indicate your feelings about this river for each item.

The river is . . .							
Important	1	2	3	4	5	6	Unimportant
Means a lot to me	1	2	3	4	5	6	Means nothing to me
Beneficial	1	2	3	4	5	6	Not beneficial
Boring	1	2	3	4	5	6	Interesting
Appealing	1	2	3	4	5	6	Unappealing

111. How familiar are you with each segment of this river indicated on the enclosed map (**agency will supply map**)? *Circle one number for each river stretch.*

	Very unfamiliar	Unfamiliar	Somewhat Unfamiliar	Somewhat familiar	Familiar	Very familiar
River Stretch 1	1	2	3	4	5	6
River Stretch 2	1	2	3	4	5	6
River Stretch 3	1	2	3	4	5	6
River Stretch 4	1	2	3	4	5	6
River Stretch 5	1	2	3	4	5	6
River Stretch 6	1	2	3	4	5	6
River Stretch 7	1	2	3	4	5	6
River Stretch 8	1	2	3	4	5	6

112. For each of the following statements about this river, please circle the number that shows how much you agree or disagree with each. If you do not know, please circle “DK.”

	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree	Do not know
The water quality is good	1	2	3	4	5	6	DK
The area along and near the river is safe	1	2	3	4	5	6	DK
The river is inviting to use	1	2	3	4	5	6	DK
Erosion of the river’s banks is a serious issue	1	2	3	4	5	6	DK
Commercial outfitter use of the river is important to the economy of the area	1	2	3	4	5	6	DK
There are many conflicts between local residents and recreation users of the river	1	2	3	4	5	6	DK
There are many conflicts between different recreation users of the river	1	2	3	4	5	6	DK
River recreation use is important to the economy of the area	1	2	3	4	5	6	DK

113. Rate both the **availability** and **quality** of the following opportunities and facilities that occur along or near the river. For each item, circle the number on the right that best describes its availability and the number that best describes its quality. (If you do not know, circle “DK.”)

ITEMS	AVAILABILITY RATING					QUALITY RATING				
	Not at all	Low	Med.	High	Do not know	Very poor	Poor	Good	Very good	Do not Know
OPPORTUNITIES AND FACILITIES:										
Opportunities to attend concerts, festivals, and arts performances	1	2	3	4	DK	1	2	3	4	DK
Boat access sites	1	2	3	4	DK	1	2	3	4	DK
Trails for walking, hiking, and biking	1	2	3	4	DK	1	2	3	4	DK
Scenic area	1	2	3	4	DK	1	2	3	4	DK
Educational displays and programs	1	2	3	4	DK	1	2	3	4	DK
Undeveloped (natural) public land	1	2	3	4	DK	1	2	3	4	DK
Residential developments	1	2	3	4	DK	1	2	3	4	DK
Public facilities (restroom, water fountains)	1	2	3	4	DK	1	2	3	4	DK
Historical attractions	1	2	3	4	DK	1	2	3	4	DK
Marinas	1	2	3	4	DK	1	2	3	4	DK
Quiet areas to sit and view the river	1	2	3	4	DK	1	2	3	4	DK
Recreation-based small businesses (shops, restaurants)	1	2	3	4	DK	1	2	3	4	DK

114. Listed below are potential management actions for the river. *Circle one number for each, to indicate your degree of **opposition** or **support** for each potential management action.*

Management action	DEGREE OF OPPOSITION OR SUPPORT						
	Strongly oppose	Oppose	Oppose somewhat	Support somewhat	Support	Strongly support	Do not know
Environmental Actions							
Develop new programs to improve water quality	1	2	3	4	5	6	DK
Increase efforts to restore the natural environment of the river	1	2	3	4	5	6	DK
Speed up implementation of water quality programs	1	2	3	4	5	6	DK
Control shoreline erosion	1	2	3	4	5	6	DK
Development Actions							
Develop additional public access sites for boating	1	2	3	4	5	6	DK
Create areas for scenic vistas along or near the river	1	2	3	4	5	6	DK
Develop additional picnic areas along or near the river	1	2	3	4	5	6	DK
Provide increased parking at existing boat access sites	1	2	3	4	5	6	DK
Encourage development of tourism / recreation-based small businesses along or near the river	1	2	3	4	5	6	DK
Develop historic attractions along or near the river	1	2	3	4	5	6	DK
Health and Safety Actions							
Improve the safety of facilities, trails, and access points (railings, lighting)	1	2	3	4	5	6	DK
Increase law enforcement presence	1	2	3	4	5	6	DK
Create speed zones for recreational boats on the river	1	2	3	4	5	6	DK

Management action	DEGREE OF OPPOSITION OR SUPPORT						
	Strongly oppose	Oppose	Oppose somewhat	Support somewhat	Support	Strongly support	Do not know
Actions to Increase Opportunities							
Provide more visitor education on the commercial uses of the river	1	2	3	4	5	6	DK
Encourage more concerts, festivals, and art performances along the river	1	2	3	4	5	6	DK
Accommodate increased use on the river	1	2	3	4	5	6	DK

115. As a recreation area, how would you rate the river compared to other river recreation areas you have visited? *Circle one number.*

1	2	3	4	5	6
Much better	Better	Somewhat better	Somewhat worse	Worse	Much worse

116. People may or may not benefit from the river running through this area. *Circle one number for each type of benefit listed below to indicate to what degree the river in this area (and its various facilities, activities, and services) has benefited you. For benefits you do not receive at all, simply circle 1.*

Benefit	DEGREE OF BENEFIT RECEIVED					
	No benefit	Slight benefit	Moderate benefit	Significant benefit	Very significant benefit	No Opinion
A high quality of life	1	2	3	4	5	6
Recreational opportunities	1	2	3	4	5	6
Scenic enjoyment	1	2	3	4	5	6
Improved community services (police protection, roads)	1	2	3	4	5	6
High property values	1	2	3	4	5	6
Employment	1	2	3	4	5	6
Increased access to parks	1	2	3	4	5	6

and hike / bike trails						
Access to natural areas	1	2	3	4	5	6
Good access to amenities in local area	1	2	3	4	5	6
Meeting people from other areas	1	2	3	4	5	6

117. People may or may not experience the types of issues listed below because of recreational use of the river. *Please circle **one** number for **each** item below to indicate the degree to which you find it to be an issue. For items that are not an issue for you, simply circle 1.*

Type of Issue	DEGREE OF PROBLEM					
	Not at all	Slight	Moderate	Serious	Very serious	No Opinion
Litter	1	2	3	4	5	6
Noise	1	2	3	4	5	6
Fear for safety	1	2	3	4	5	6
Crowding of hiking trails, parks, and other recreational facilities	1	2	3	4	5	6
People trespassing on your property	1	2	3	4	5	6
Vandalism	1	2	3	4	5	6
Higher property taxes	1	2	3	4	5	6
Traffic congestion on roads along, or leading to, the river	1	2	3	4	5	6
Higher cost of goods and services	1	2	3	4	5	6
Alcohol and drug use along the river	1	2	3	4	5	6
Conflicts between users	1	2	3	4	5	6

WATER LEVEL IMPACT ON RECREATION BOATING USE

118. How many visits to the lake have you taken with your boat in the past 12 months? A **visit** can be defined as a one-time visit to the recreation area no matter how much time is spent at any one time. For example, a one hour visit would be considered the same as a three day visit.

_____ visits

On average, how many days per visit or hours per visit did you spend at the lake in the past 12 months? Please circle below.

Number of days per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of hours per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

Scenario 1: Please think of a situation in which the water level of this lake was reduced by _____ feet (**agency enters feet**) lower than the normal water level (as indicated in the attached photographs – **agency supplies photos**). This would result in additional sandbars or islands, submerged hazards, and relocated marinas requiring shuttles to and from them. At this lake level, some of the boat ramps and boat docks may be out of the water.

Suppose that the conditions described above existed for the next year. How many visits would you then take to this lake to go boating during that period?

_____ visits

On average, how many days per boating visit or hours per boating visit would you spend during lower water levels?

Number of days per boating visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of hours per boating visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

119. Suppose that you had known at the time you decided to take your last visit to this lake that the previously described conditions existed. What would you have done? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would make a boating visit to the same access point on this lake.
Name of access point? _____
- (2) Would still make a boating visit to this lake, but would use a different access point.
Name of access point? _____
- (3) Would still make a boating visit, but would visit another lake or river.
Name of other lake / river? _____
- (4) Would still make a visit, but would participate in another activity.
Type of activity? _____
- (5) Would not make a visit.
- (6) Other (*specify*): _____

120. If you still would make a visit (if you circled 1, 2, 3, or 4 in previous question), approximately how many days or hours would you spend at your destination? If you did not circle 1, 2, 3, or 4 above, please go to the next question.

Number of days per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of hours per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

121. If **none** of the access points on this lake were usable due to the low water conditions described, what would you do? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would still make a boating visit, but would visit another lake or river.
Name of other lake / river? _____
- (2) Would still make a visit, but would participate in another activity.
Type of activity? _____
- (3) Would not make a visit.
- (4) Other (*specify*): _____

122. If you would make a visit to another lake or river based on the conditions of this visit, approximately how many days or hours would you spend there?

Number of days per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of hours per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

Scenario 2: Picture A on the back of this page shows this lake at its normal water level. Picture B shows what the lake would look like if the water level were reduced by _____ feet (**agency enters feet and provides pictures**).

123. How many visits would you have taken to this lake with your boat in the past 12 months if the conditions depicted in picture B had existed?

_____ number of visits taken for boating

124. If you answered 1 or more visits in the previous question, approximately how many days or hours would you have spent on each visit?

Number of days per visit	Less than 1 day	2 days	3 days	4 days	5 days	6 days	7 days	More than 7 days
Number of hours per visit	Less than 1 hour	2 hrs.	3 hrs.	4 hrs.	5 hrs.	6 hrs.	7 hrs.	More than 7 hrs.

125. Suppose that you had known at the time you decided to take **your last visit** to this lake that the conditions described in Picture B existed. What would you have done? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would have made a boating visit to the same access point at this lake.
Name of access point? _____
- (2) Would still have made a boating visit there, but would have used a different access point.
Name of access point? _____
- (3) Would still have made a boating visit, but would have visited another lake or river.
Name of other lake / river? _____
- (4) Would still have made a visit, but would have participated in another activity.
Type of activity? _____

- (5) Would not have made the visit.
- (6) Other (*specify*): _____

126. If **none** of the access points on this lake were usable due to the low water conditions described, what would you do? *Circle the number below and fill in the appropriate blank line for the number you circled, if appropriate.*

- (1) Would still make a boating visit, but would visit another lake or river.
Name of other lake / river? _____
- (2) Would still make a visit, but would participate in another activity.
Type of activity? _____
- (3) Would not make the visit.
- (4) Other (*specify*): _____

Visitor Satisfaction

127. On a scale from 1-5 with (1) being very dissatisfied and (5) being extremely satisfied, how satisfied are you with the recreation facilities? Please indicate your response in the table below.

Recreation Facilities						
	Very Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Not Used or Not Available (Indicate with an X)
Exhibits (indoor and outdoor)	1	2	3	4	5	
Restrooms and comfort stations	1	2	3	4	5	
Walkways, trails, and roads	1	2	3	4	5	
Visitor Center	1	2	3	4	5	
Campgrounds (including tent and/or RV sites)	1	2	3	4	5	
Day Use (e.g., picnic and fishing areas, wildlife viewing, outfitters and guides, etc.)	1	2	3	4	5	
Boating facilities (e.g., launch ramps, courtesy docks, etc.)	1	2	3	4	5	

Please specify the type of recreation facilities used:

Is there anything else you would like to tell us about the recreation facilities?

128. On a scale from 1-5 with (1) being very dissatisfied and (5) being extremely satisfied, how satisfied are you with the visitor services? Please indicate your response in the table below.

Visitor Services						
	Very Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Not Used or Not Available (Indicate with an X)
Assistance from employees	1	2	3	4	5	
Park maps and brochures	1	2	3	4	5	
Ranger programs	1	2	3	4	5	
Value for fees paid	1	2	3	4	5	
Commercial services (e.g., restaurants, lodging, stores, rentals, merchandise, etc.)	1	2	3	4	5	

Please specify the type of visitor services used:

Is there anything else you would like to tell us about the visitor services?

129. On a scale from 1-5 with (1) being very dissatisfied and (5) being extremely satisfied, how satisfied are you with the facilitated programs? Please indicate your response in the table below.

Facilitated Programs						
	Very Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Not Used or Not Available (Indicate with an X)
Facilitated Programs (e.g., interpretive programs, educational programs, etc.)	1	2	3	4	5	

Please indicate the type of facilitated program(s) you participated in:

Is there anything else you would like to tell us about the facilitated program(s)?

130. On a scale from 1-5 with (1) being very dissatisfied and (5) being extremely satisfied, how satisfied are you with the recreation opportunities? Please indicate your response in the table below.

Recreation Opportunities						
	Very Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Not Used or Not Available (Indicate with an X)
Outdoor recreation (e.g., sightseeing, camping, bicycling, boating, hiking, etc.)	1	2	3	4	5	

Please indicate the type of recreation opportunities you experienced:

Is there anything else you would like to tell us about your recreation opportunity?

131. On a scale from 1-5 with (1) being very dissatisfied and (5) being extremely satisfied, how satisfied are you with the overall quality of recreation facilities, visitor services, and recreation opportunities? Please indicate your response in the table below.

Overall Visitor Satisfaction						
	Very Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied	Not Used or Not Available (Indicate with an X)
Overall quality of recreation facilities, visitor services, and recreation opportunities	1	2	3	4	5	

Is there anything else you would like to tell us about your overall visitor satisfaction?

Demographics

Survey Items to be used on each survey

For agency use only

Recreation Area and Opportunity being surveyed:

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.

Note: The five questions below are designed to describe demographic information

1. 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

2. 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

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

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

4. Gender: _____

5. Age: _____