

Guided Wildlife Viewing Tour Operator Survey
Stellwagen Bank National Marine Sanctuary and New England

This is a voluntary survey.

The public reporting burden for this collection of information is estimated to average 1.75 hours including the time for reviewing instructions, searching for existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to: Dr. Danielle Schwarzmann, NOAA National Ocean Service, Office of National Marine Sanctuaries, 1305 East-West Highway, Silver Spring, MD 20910. Responses provided for this survey will be anonymous. No personally identifiable information is being collected with this survey; responses will not be attributed to individual businesses. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply, with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

Privacy Act Statement

Authority: The collection of this information is authorized under 5 U.S.C. § 301, Departmental regulations and 15 U.S.C. 1512, Powers and duties of Department.

Purpose: Your business's name may be collected for those requesting data. The purpose of this information collection is to obtain the information necessary to calculate estimates and build tools that can be used by natural resource managers at the SBNMS to evaluate the value of whales, pinnipeds, sea otters, and seabirds within the sanctuary, as well as estimating potential impacts of alternative management options on the local tourism industry. Socioeconomic data will be gathered from commercial whale and marine wildlife observation operations and will be used to develop social and demographic profiles of business owners/operators. Spatial data documenting, where commercial, non-consumptive marine wildlife viewing activities occur in the region, will be used to enhance management and monitor any conflicting potential uses.

Routine Uses: Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Initial data collection will be conducted by Emerson College students and volunteers, whose contract with the National Marine Sanctuaries Foundation will include thorough instructions on protection of personally identifiable and proprietary data. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice [COMMERCE/NOAA-11](#), Contact Information for Members of the Public Requesting or Providing Information Related to NOAA's Mission.

Disclosure: Furnishing this information is voluntary; NOAA cannot currently guarantee that personal and sensitive data will not be disclosed.

GENERAL INFORMATION

Respondent ID Number _____
(assigned by interviewer)

All questions should be answered by the business owner, unless the owner has specified someone better suited to provide a response.

Questions 1-5 are regarding the business owner.

1. Which of the following includes your age?
 18-30 31-40 41-50 51-60 over 60

2. Are you Hispanic or Latino?
 YES NO

3. What is your race? (Mark all that apply)
 White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander
 Other: _____

4. What is your gender?
 Male Female Decline to state

5. How many family members do you support (including yourself)?
Myself only 2 3 4 5 6 7 Greater than 7

6. Are you the owner of the business you are representing?
 YES NO, my role is _____

7. What is the businesses primary port/marina/location?

- 7a. Do you have a secondary port/marina/location from where the business?
 YES NO

- 7b. If YES, which one? _____

8. How many years have you been an ocean recreation business owner?
____ (number of years)

9. How many years have you been an ocean recreation business owner in the New England Region
____ (number of years)

10. Do you visit federal, state and/or local marine protected area (reserves/conservation areas) specifically during your tours? (Interviewer—please show state MPA map to identify specific quadrants)

YES NO Unsure

10a. Why or why not?

10b. How often?

Every trip A few times per week once or twice per week
 once per month Never

10c. If YES, how many years have you conducted guided wildlife tours in state marine protected areas? (number of years)

Question 11 is for whale watching operators only:

11. Do you currently have a dedicated naturalist on board during whale watching trips?

YES NO

11a. If NO, would you be interested in having one on board if you had more information about the role they play with whale watching operators? YES NO Unsure

11b. If NO to question 11, would you be interested in having a sanctuary certified naturalist on board? YES NO Unsure

12. Are customers expecting particular wildlife species when they go on a guided tour?

YES NO

12a. If YES, please list: _____

13. How would you describe the wildlife viewing operation? (Mark one or more)

- Full-time whale watching operation Part-time whale watching operation
 Seasonal whale watching operation
- Full-time seal watching operation Part-time seal watching operation
 Seasonal seal watching operation
- Full-time white shark watching operation
 Part-time white shark watching operation
 Seasonal white shark watching operation
- Full-time kayaking operation Part-time kayaking watching operation
 Seasonal kayaking operation
- Full-time dive/snorkeling operation Part-time dive/snorkeling operation
 Seasonal dive/snorkeling operation
- Full-time seabird viewing operation Part-time seabird viewing operation
 Seasonal seabird viewing operation
- Full-time sailing/boating operation Part-time sailing/boating operation
 Seasonal sailing/boating operation
- Full-time charter fishing operation Part-time charter fishing operation
 Seasonal charter fishing operation
- Full-time combination whale watching, recreational cruises, kayaking,
diving/snorkeling, and wildlife observation operation
- Part-time combination whale watching, recreational cruises, kayaking,
diving/snorkeling, and wildlife observation
- Seasonal combination whale watching, recreational cruises, kayaking,
diving/snorkeling, and wildlife observation.

13a. If part time or seasonal, which months?

14. Number of boats/vessels at the operation:

_____ (number of vessels)

Question 15-20 are for specific types of operators:

15. Average number of whale watching participants per vessel in operation:

Vessel 1: _____ watchers Vessel 2: _____ watchers
Vessel 3: _____ watchers Vessel 4: _____ watchers

16. Average number of seal watching participants per vessel in operation:
Vessel 1: ___ watchers Vessel 2: ___ watchers
Vessel 3: ___ watchers Vessel 4: ___ watchers
17. Average number of white shark watching participants per vessel in operation:
Vessel 1: ___ watchers Vessel 2: ___ watchers
Vessel 3: ___ watchers Vessel 4: ___ watchers
18. Average number of participants per vessel in recreational fishing cruise operation:
Vessel 1: ___ participants Vessel 2: ___ participants
Vessel 3: ___ participants Vessel 4: ___ participants
19. Average number of kayakers and kayaks per guided tour:
___ kayakers ___ kayaks
20. Average number of divers/snorkelers per vessel in operation:
Vessel 1: ___ divers/snorkelers Vessel 2: ___ divers/snorkelers
Vessel 3: ___ divers/snorkelers Vessel 4: ___ divers/snorkelers
21. Average number of wildlife observers (seabirds and other) per vessel in operation (capacity):
Vessel 1: ___ seabird observers ___ other wildlife observers
Vessel 2: ___ seabird observers ___ other wildlife observers
Vessel 3: ___ seabird observers ___ other wildlife observers
Vessel 4: ___ seabird observers ___ other wildlife observers
22. Number of employees at the operation:
Full time _____
Part time _____
Seasonal _____
23. Number of vessel trips/guided tours per day (primary purpose):
Whale watching _____
Seal watching _____
White shark watching _____
Recreational cruise (sailing, boating) _____
Fishing _____
Kayaking _____
Diving/snorkeling _____
Seabird viewing _____

Question 24 should be answered only if the person responding has been in the guided wildlife tour industry for 10 years or more.

24. In your opinion, on a scale of 1 to 5, how has the quality of the guided wildlife tour industry changed in the last 10 years?

- 1 – Much worse
- 2 – Somewhat worse
- 3 – No change
- 4 – Somewhat better
- 5 – Much better
- No opinion

24a. If you believe that the quality of guided tours has changed, could you tell us how it's changed?

25. Are you aware that wildlife in the region are sometimes unintentionally harassed?

YES NO (continue to 25c)

25a. If YES, how concerned are you that harassment to wildlife (whales, dolphins, seals, and seabirds) may be having a negative impact on your business, with 1 being not concerned and 5 being extremely concerned?

- 1 – Not at all concerned
- 2 – Slightly concerned
- 3 – Somewhat concerned
- 4 – Moderately concerned
- 5 – Extremely concerned
- No opinion

25b. Please explain your answer _____

25c. Are you concerned about vessel speeds impact on wildlife? Yes No

25d. If yes to 25c, please explain your answer _____

26 With the exception of Right Whales, there are no regulations in SBNMS that require an "approach distance" to whales. However, there are official NOAA Fisheries voluntary guidelines that recommend wildlife-viewing vessels maintain a minimum distance of 100 feet from whales. Does your operation have any kind of established policy regarding a minimum distance your vessels maintain from whales?

YES NO

26a. If YES, what is your company's approach distance policy for whales?

- can approach closer than 100 feet
- stay at least 100-150 feet away
- stay 151-300 feet away
- stay More than 300 feet away

27. Any sighting of an entangled whale should be reported to the NOAA's Greater Atlantic Marine Animal Reporting Hotline HOTLINE 1-866-7555 NOAA (6622) or call on VHF CH-16 to USCG.

27a. Have you ever heard of the Reporting HOTLINE?

YES NO

27b. Have you/any of your employees ever called the Disentanglement HOTLINE?

YES NO

27c. Please explain your response (i.e. reason why you called, did not call because you were not aware of program, did not call because you never encountered an entangled whale, etc.)

27d. Have you/any of your employees ever called another number or organization about entangled whales?

YES NO

27e. If yes to 26d, which organization or number did you call? _____

27f. Does your company have a policy about responding to injured or entangled wildlife?

YES NO

27g. If YES, what is your company's policy about responding to injured or entangled wildlife?

28. Would you be interested in learning more about how your company can report injured or entangled wildlife?

YES NO

28a. If YES, how would you like to receive information? (Check all options that apply)

Attend a seminar during business hours with other interested local wildlife tour operators

___ Attend a seminar after business hours with other interested local wildlife tour operators

___ Attend a webinar/online seminar with other interested local wildlife tour operators

___ Receive physical pamphlets/handouts/reading materials that are mailed to the business

___ Receive electronic pamphlets/handouts/reading materials that are emailed to the business

___ Receive an in-person training from an trained expert during business hours at your business

29. Have you heard of Whale Alert? ___ Yes (continue to 28a) ___ No (skip to Q29)

29a. Have you ever used Whale Alert?

___ Yes (continue to 28b) ___ No (skip to Q29)

29b. How have you used Whale Alert? _____

30. Have you heard of Whale SENSE? ___ Yes (continue to 29a) ___ No (skip to Q31)

30a. Have you ever used Whale SENSE?

___ Yes (continue to 29b) ___ No (skip to Q29c)

30b. Please tell us what you think about Whale SENSE _____

30c. Please tell us why you have not used Whale SENSE _____

31. If you have been operating a wildlife viewing business in or around SBNMS for at least 10 years, please answer the following questions. To the best of your knowledge, please rank the how the status/condition of the following resources in Stellwagen Bank National Marine Sanctuary has changed over the past 10 years, where 1 is much better and 5 is much worse.

RESOURCE	Better	Not Much Change				Worse		
		2	3	4	5			
a. Water Quality	1	2	3	4	5	N/A	Unsure	
b. Marine Debris/Ocean Pollution	1	2	3	4	5	N/A	Unsure	
c. Marine Mammals (whales, turtles, seals)	1	2	3	4	5	N/A	Unsure	
d. Habitats	1	2	3	4	5	N/A	Unsure	
e. Introduced Species	1	2	3	4	5	N/A	Unsure	
f. Seabirds	1	2	3	4	5	N/A	Unsure	
g. Recreational Fish	1	2	3	4	5	N/A	Unsure	
h. Forage Fish	1	2	3	4	5	N/A	Unsure	

32. If you have been operating a wildlife viewing business in or around SBNMS for at least 5 years, please answer the following questions. To the best of your knowledge, please rank the how the status/condition of the following items in Stellwagen Bank National Marine Sanctuary have improved over the past five years as a result of sanctuary management. 1 is strongly agree and 5 is strongly disagree

	Strongly Agree	Neutral				Strongly Disagree		
		2	3	4	5			
a. Enforcement	1	2	3	4	5	N/A	Unsure	
b. Research	1	2	3	4	5	N/A	Unsure	
c. Natural Resource Protection	1	2	3	4	5	N/A	Unsure	
d. Maritime Heritage Resource Protection	1	2	3	4	5	N/A	Unsure	
e. Education	1	2	3	4	5	N/A	Unsure	
f. Community Engagement	1	2	3	4	5	N/A	Unsure	

33. In this section, we want to learn the best ways that SBNMS can communicate with you by understanding the sources of information you use and which sources of your information you trust.

For each of the following potential sources of information please indicate your level of trust for each one that use.

	No Trust at all	Very little trust	Neutral	Very much trust	Completely trust	Do not use
a. SBNMS Staff	1	2	3	4	5	N/A

						OMB Control #	Expiration Date:
b.	SBNMS Website	1	2	3	4	5	N/A
c.	SBNMS Advisory Council	1	2	3	4	5	N/A
d.	National Marine Sanctuary Foundation	1	2	3	4	5	N/A
e.	NOAA's National Marine Fisheries Service	1	2	3	4	5	N/A
f.	State of Massachusetts (Coastal Zone Management, Division of Marine Fisheries)	1	2	3	4	5	N/A
g.	Newspaper	1	2	3	4	5	N/A
h.	Radio	1	2	3	4	5	N/A
i.	Television	1	2	3	4	5	N/A
j.	Internet	1	2	3	4	5	N/A
k.	SBNMS Facebook Page	1	2	3	4	5	N/A
l.	SBNMS Twitter Feed	1	2	3	4	5	N/A
m.	Other Social Media (YouTube, Flickr, Instagram, etc.)	1	2	3	4	5	N/A
n.	Word of Mouth	1	2	3	4	5	N/A
o.	Whale SENSE	1	2	3	4	5	N/A
p.	SBNMS Events	1	2	3	4	5	N/A
q.	Sanctuary Publications	1	2	3	4	5	N/A

34. Intensity of Use: For each Activity, please answer the following questions.

1. In what part of the year (months) did you participate or operate in trips for this activity
2. For each month how many trips did you go on?
3. On average, how many days long area each of the trips for each activity? Does this vary by month?
4. On average, how many passengers do you carry per trip for each activity? Does this vary by month?
5. Calculate person days (passenger/trips * average days/trips)
6. In what time-period do you operate, if is less than all month? (i.e. two weeks, one week)
7. What percent of activity (person-days) occurs within the sanctuary? (show map if need too) Does this vary by month?

Activity 1: _____

Month	Trips	Days/Trips	Passengers/Trip	Person Days	Time Period	% Sanctuary
JAN	_____	_____	_____	_____	_____	_____
FEB	_____	_____	_____	_____	_____	_____
MAR	_____	_____	_____	_____	_____	_____
APR	_____	_____	_____	_____	_____	_____
MAY	_____	_____	_____	_____	_____	_____
JUN	_____	_____	_____	_____	_____	_____
JUL	_____	_____	_____	_____	_____	_____
AUG	_____	_____	_____	_____	_____	_____
SEP	_____	_____	_____	_____	_____	_____
OCT	_____	_____	_____	_____	_____	_____
NOV	_____	_____	_____	_____	_____	_____
DEC	_____	_____	_____	_____	_____	_____

Activity 2: _____

Month	Trips	Days/Trips	Passengers/Trip	Person Days	Time Period	% Sanctuary
JAN	_____	_____	_____	_____	_____	_____
FEB	_____	_____	_____	_____	_____	_____
MAR	_____	_____	_____	_____	_____	_____
APR	_____	_____	_____	_____	_____	_____
MAY	_____	_____	_____	_____	_____	_____
JUN	_____	_____	_____	_____	_____	_____
JUL	_____	_____	_____	_____	_____	_____
AUG	_____	_____	_____	_____	_____	_____
SEP	_____	_____	_____	_____	_____	_____
OCT	_____	_____	_____	_____	_____	_____
NOV	_____	_____	_____	_____	_____	_____
DEC	_____	_____	_____	_____	_____	_____

Activity 3: _____

Month	Trips	Days/Trips	Passengers/Trip	Person Days	Time Period	% Sanctuary
JAN	_____	_____	_____	_____	_____	_____
FEB	_____	_____	_____	_____	_____	_____
MAR	_____	_____	_____	_____	_____	_____
APR	_____	_____	_____	_____	_____	_____
MAY	_____	_____	_____	_____	_____	_____
JUN	_____	_____	_____	_____	_____	_____
JUL	_____	_____	_____	_____	_____	_____
AUG	_____	_____	_____	_____	_____	_____
SEP	_____	_____	_____	_____	_____	_____
OCT	_____	_____	_____	_____	_____	_____
NOV	_____	_____	_____	_____	_____	_____
DEC	_____	_____	_____	_____	_____	_____

Activity 4: _____	Month	Trips	Days/Trips	Passengers/Trip	Person Days	Time Period	% Sanctuary
	JAN	_____	_____	_____	_____	_____	_____
	FEB	_____	_____	_____	_____	_____	_____
	MAR	_____	_____	_____	_____	_____	_____
	APR	_____	_____	_____	_____	_____	_____
	MAY	_____	_____	_____	_____	_____	_____
	JUN	_____	_____	_____	_____	_____	_____
	JUL	_____	_____	_____	_____	_____	_____
	AUG	_____	_____	_____	_____	_____	_____
	SEP	_____	_____	_____	_____	_____	_____
	OCT	_____	_____	_____	_____	_____	_____
	NOV	_____	_____	_____	_____	_____	_____
	DEC	_____	_____	_____	_____	_____	_____

35. Mapping Exercise: Map the Distribution of Each Activity

Respondents will be advised to provide information on their anticipated spatial use of the New England region. This anticipated spatial use may be the same as their current use or it may be different. Respondents will be given a 100 penny budget, meaning one penny equals one percent of passenger activity. The respondent will allocate his or her budget across all map cells. Codes will be recorded on the coding sheet. The map cells will be referenced by column and row: For example, C1R1 1% means 1% of activity is in cell Column 1 Row 1. The percent of each activity must add up to 100.

Does this map reflect where you presently operate?

YES NO

35a. If NO, please explain why future operations may be different than where you have historically operated.
