

Bureau of Land Management
Planning and Management for Recreation
On-Site Survey (Interactive interview with Research Assistant)

ID#: _____

Dear Public Lands Visitor:

We are conducting this survey to learn more about visitors to Bureau of Land Management public lands in [insert name of state or recreation area], so that public land managers can improve their recreational service to you. You are one of a small number of people randomly chosen for this survey, so your opinions are important to us. Although we would greatly appreciate your help, you are free to decline this survey. Your name will not be associated with your responses. The data will be analyzed and results reported to the BLM; data will be combined with other studies, archived and used to analyze broader trends, with results published. Data may be shared with other researchers. Your responses will be considered your consent to participate. Would you be willing to take 4-5 minutes to answer a few short questions about your visit today? At the end of this short survey, I will ask if you would like to participate in a follow-up survey. Should you choose to do this, your name and contact information will only be used to contact you for this study and will not be shared. You must be over 18 to complete this survey. (read by interviewer)

Interviewer: Before I begin, here is the Office of Management and Budget Privacy Act and Paperwork Reduction Act statement, which explains your rights as a participant and an estimate of the length of time you will spend completing the survey. (Hand all respondents the card with the statement.) [if applicable] This survey was also approved by [insert institution's name] Intuitional Review Board. The IRB reviews research to ensure human rights are protected. The IRB statement and contact information is on the back of the OMB card.

1. How many people are in your group today, including yourself? _____ (enter number)
2. Which of the following statements best describes your visit to this area? (✓ one)
 - This area is the main destination for this trip.
 - This area is one of multiple other destinations for the trip.
3. As shown on the included map, we have divided the (name) resource area into eight recreation zones. Please check the boxes for all of the zones that you plan/have visited during this trip:
 - Zone 1 (name)
 - Zone 2 (name)
 - Zone 3 (name)
 - Zone 4 (name)
 - Zone 5 (name)
 - Zone 6 (name)
 - Zone 7 (name)
 - Zone 8 (name)
4. If you plan to visit more than one zone, which zone do you consider to be your primary destination? (from map provided)
Zone # _____

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5. What activities did you participate in (or plan to participate in) during this trip to the [insert name of resource area].
(✓ all that apply) **Interviewer: show respondent list of activities.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Day hiking | <input type="checkbox"/> Camping | <input type="checkbox"/> Rafting/
canoeing/kayaking |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Rock climbing |
| <input type="checkbox"/> Mountain biking | <input type="checkbox"/> OHV riding/driving | <input type="checkbox"/> Photography |
| <input type="checkbox"/> e/motor biking | <input type="checkbox"/> Hunting | <input type="checkbox"/> Bird watching |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Target shooting/practice | <input type="checkbox"/> Watching wildlife |
| <input type="checkbox"/> Backpacking (overnight) | <input type="checkbox"/> Recreational gold panning | <input type="checkbox"/> [Add region specific
activities] |
| <input type="checkbox"/> Trail running | <input type="checkbox"/> Cross-country skiing | <input type="checkbox"/> [Add site specific
activities] |
| <input type="checkbox"/> Driving and sightseeing | <input type="checkbox"/> Snowshoeing | |
| <input type="checkbox"/> Picnicking | <input type="checkbox"/> Snowmobiling | |
| <input type="checkbox"/> Rockhounding/mineral
collection | <input type="checkbox"/> Snow biking (motorized) | |
| <input type="checkbox"/> Viewing cultural sites | <input type="checkbox"/> Fat tire biking (on snow, non-
motorized) | |
| <input type="checkbox"/> Other: _____ | | |

6. Next, please tell me which activity from the list above is your primary activity for this visit. (circle the activity box or write activity below)

7. What type of group are you with during this visit? (✓ one)

- I am visiting alone
 Family only
 Friends only
 Family and friends
 Organized Group (e.g. church, scouts, etc.)
 Commercially outfitted group

Interviewer: explain you will ask demographic questions, that answers will only be used for statistical purposes, are optional and anonymous, and that “Prefer not to answer” is an available option for all of these questions. Show respondent the card with responses and explain they can answer in words or using the number associated with their response.

8. What is your zip code (or country if you are not a U.S. resident)? (1) _____

(2) Prefer not to answer

9. With which racial group(s) do you identify? (please ✓ all that apply)

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- (1) American Indian or Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Native Hawaiian or other Pacific Islander
- (5) White
- (6) Prefer not to answer

10. Do you consider yourself to be Hispanic or Latino/a/x (please ✓ one)

- (1) Yes (2) No (3) Prefer not to answer

11. What is your gender? (please ✓ one)

- (1) Male (2) Female (3) Self-identify as _____ (4) Prefer not to respond

13. In what year were you born? (1) _____ (2) Prefer not to answer

Your Opinions Are Important to us!

Would you be willing to complete a more detailed survey on the internet or take home a paper survey and mail it back? The results will help public land managers to improve the recreation opportunities at this site. Again, your participation in this study is completely voluntary. Your name and email (or name and address) will only be used to contact you for this study and will not be shared; your name will not be associated with your responses. We will send you a reminder in about 10 days. Are you willing to complete an internet survey or take a mail survey home and fill it?) If respondent agrees to the follow-up survey, record their name and email address in the separate log.(or name and address) and confirm accuracy by reading it back to them. If applicable, provide respondent with the mail survey, map and pre-paid postage envelope to take home.

Name (first and last) _____

Street Address _____

City _____ State _____ Zip Code _____

OR

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Name (first and last) _____

Email Address _____

Thank you very much!

NOTICES

PRIVACY NOTICE: The Bureau of Land Management (BLM) is authorized by 43 U.S.C. 1711 and 1712 to collect this information. This information will be used by BLM managers to better understand recreational visits to public lands managed by the BLM. Your response to this request is voluntary and completely anonymous. Your name will never be associated with your answers, and all contact information will be destroyed when the information collection is concluded. No action may be taken against you for refusing to supply the information requested. DOI will not share this information unless authorized or as required by Federal law for security or law enforcement purposes.

PAPERWORK REDUCTION ACT STATEMENT: 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 OMB control number and expiration date. The OMB control number for this survey is 1004-XXXX (expiration date: xx/xx/20xx).

BURDEN ESTIMATE STATEMENT: Public reporting for this form is estimated to average 5 minutes per response. Please direct comments regarding the burden estimate or any other aspect of this information collection to: U.S. Department of the Interior, Bureau of Land Management, Bureau Information Collection Clearance Officer (WO-630), 1849 C St., N.W., Room 2134LM, Washington, DC 20240.

This information will be used by public land managers to better serve the public. Your response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed

Office Use Only: ID #: _____

Date _____ Time _____ Location (zone) _____ Staff Initials _____

Outcome of Follow-up Request:

- Refused follow-up survey Internet follow-up survey
 Mail follow-up survey Mail follow-up survey (no address provided)