

**Bureau of Land Management
Planning and Management for Recreation
DRAFT Master Mail/Take Home Survey**

Dear (name of visitor):

Thank you for recently visiting public lands administered by the Bureau of Land Management, and for agreeing to participate in this study. This survey is the follow-up to the onsite survey you completed at (name of management area). Please answer the questions in this survey that reference “your visit” or “this trip” with respect to the visit in which you completed the onsite survey. We are conducting this survey to learn more about visitors to public lands so that the Bureau of Land Management can improve their management of the area and enhance recreation opportunities.

You have been chosen randomly to represent visitors to public lands, so your participation is of great importance to us. Your survey has an identification number so that we can keep track of distribution. All the information we collect will be used for our statistical purposes and at no time will your name be identified with any results. You are free to withdraw from the study at any time. Returning the survey will be considered as your consent to participate in the study. All results will be analyzed in such a way that your answers cannot be identified with you. When finished, please mail your survey in the postage-free business reply envelope provided to you (if your envelope was misplaced, the address is provided below).

If you have any questions about the survey, please feel free to (contact name of research manager) at (name of affiliation organization) (telephone number). **Thank you for participating in this survey!!**

This study is being conducted by [insert name of affiliated organization or BLM Field office]. (Field survey assistance by [insert name of organization])

Topic Area 1: TRIP PLANNING AND ACCOMMODATIONS

PART 1- First, we would like to begin by asking you some questions about your recent visit to the (name of management area).

1. PRIMARY REASON (PRIREA) G

PRIREA1: Was visiting BLM lands where you were contacted the primary reason for taking your trip away from home? (please ✓ one)

- Yes No

OTHDEST1. If you visited areas other than [insert name], please tell us what other areas (general areas) you visited and the activities in which you participated.

Areas	Activities

OTHDEST2: Why did you choose these other areas?

2. OVERNIGHT ACCOMMODATIONS (ACCOM) G

ACCOM1: If you stayed overnight in the area, what type of overnight accommodations did you use while in the area? (please ✓ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I live in the area full-time and was visiting the [insert name] for the day | <input type="checkbox"/> Commercial campground |
| <input type="checkbox"/> I live in the area part-time/seasonally and was visiting the [insert name] for the day (go to Question 3) | <input type="checkbox"/> Hotel/motel/resort |
| <input type="checkbox"/> I didn't stay overnight in the area (go to Question 3) | <input type="checkbox"/> Short-term rental (e.g., AirBnB, VRBO) |
| <input type="checkbox"/> Camped in a BLM designated campground | <input type="checkbox"/> Other paid accommodations |
| <input type="checkbox"/> Camped on BLM public lands (no campground) | <input type="checkbox"/> Friends or family |
| <input type="checkbox"/> Camped in another public campground | <input type="checkbox"/> [Add site specific accommodation types] |
| <input type="checkbox"/> Camped on other public lands (no campground) | <input type="checkbox"/> Other (please specify) _____ |

ACCOM1a. If you did stay overnight, how many nights did you stay? _____

ACCOM1b. Where were the above accommodations located? (please ✓ all that apply)

- | | |
|---|---|
| <input type="checkbox"/> In the (name of management area) | <input type="checkbox"/> name of other public lands |
| <input type="checkbox"/> name of community 1 | <input type="checkbox"/> name of other public lands |
| <input type="checkbox"/> name of community 2 | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> name of community 3 | |

3. INFORMATION SOURCES (INFO) G

INFO1: Which of the following information sources did you use for this trip? First, check all the boxes that apply in section A. Next, for each information source you used, in section B circle how helpful each was.

	Section A –	Section B –				
	Used	Helpfulness				
		Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful
Map(s) of area	<input type="checkbox"/>	1	2	3	4	5
BLM brochure	<input type="checkbox"/>	1	2	3	4	5
Past personal experience	<input type="checkbox"/>	1	2	3	4	5
Travel books/guides	<input type="checkbox"/>	1	2	3	4	5
Outdoor magazines	<input type="checkbox"/>	1	2	3	4	5
Visitor center	<input type="checkbox"/>	1	2	3	4	5
BLM office/Visitor Center	<input type="checkbox"/>	1	2	3	4	5
BLM website	<input type="checkbox"/>	1	2	3	4	5
Other government website (please specify) _____	<input type="checkbox"/>	1	2	3	4	5
Other private website (please specify) _____						
Signs/roadside displays	<input type="checkbox"/>	1	2	3	4	5
Rangers/BLM staff	<input type="checkbox"/>	1	2	3	4	5
Commercial guides	<input type="checkbox"/>	1	2	3	4	5
Local business	<input type="checkbox"/>	1	2	3	4	5
Friends/relatives	<input type="checkbox"/>	1	2	3	4	5
[Add site specific info sources]	<input type="checkbox"/>	1	2	3	4	5
Other (please specify): _____	<input type="checkbox"/>	1	2	3	4	5

Topic Area 2: TRIP BEHAVIOR AND PAST EXPERIENCE

PART 2 - Now we would like to ask you some questions about the zone that was your primary destination, past experience, and the recreation activities you participated in during your visit.

4. ZONES VISITED (ZONE) NA and EM

ZONE1: As shown on the included map, we have divided the survey area into (#) recreation zones. Please check the boxes for all of the zones that you visited during this trip. (please ✓all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Zone 1: (name) | <input type="checkbox"/> Zone 5: (name) |
| <input type="checkbox"/> Zone 2: (name) | <input type="checkbox"/> Zone 6: (name) |
| <input type="checkbox"/> Zone 3: (name) | <input type="checkbox"/> Zone 7: (name) |
| <input type="checkbox"/> Zone 4: (name) | <input type="checkbox"/> Zone 8: (name) |

5. PRIMARY DESTINATION ZONE (PRIMZONE) NA and EM

PRIMZONE1: Which zone was the primary destination for this trip? _____

PRIMZONE2. If you were not able to visit your primary destination zone, please check the box below and tell us why - then skip to PART 6 of the survey.

I was not able to visit my primary destination zone.

Why were you not able to visit your primary destination zone? _____

6. YEARS EXPERIENCE AT SITE (YEARSITE) G

YEARSITE1: How long have you been visiting your primary destination zone?

(if this was your first visit, please check box)

_____ Month(s) and/or _____ Year(s) This is my first visit

7. PREVIOUS VISITS (PREVIS) G

Note to BLM managers. Please select only one of the following questions.

PREVIS1: Approximately how many times did you visit your primary destination in the last year?

_____ times

PREVIS2: If this was not your first visit, on average, how many times per year have you visited your primary destination zone over the past 5 years?

_____ times

8. RECREATION ACTIVITIES (ACTIV) NA and EM

ACTIV1: Please check each activity in which you participated in your primary destination zone during this trip. (please all that apply) EM

- | | | |
|---|---|---|
| <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"/> Picnicking |
| <input type="checkbox"/> Trail running | <input type="checkbox"/> Rockhounding/mineral collection | <input type="checkbox"/> Driving and sightseeing |
| <input type="checkbox"/> Viewing cultural sites | <input type="checkbox"/> [Add region specific activities] | <input type="checkbox"/> Cross-country skiing |
| <input type="checkbox"/> [Add site specific activities] | | <input type="checkbox"/> Snowshoeing |
| | | <input type="checkbox"/> Snowmobiling |
| | | <input type="checkbox"/> Snow biking (motorized) |
| | | <input type="checkbox"/> Fat tire biking (on snow, non-motorized) |

Other (please list): _____

8a. If you participated in any motorized recreational activities, what type of vehicle did you use the most? (please one) [Note this question only applies to areas with predominate motorized use]

- | | | |
|---|---|---|
| <input type="checkbox"/> UTV, SxS (Razor), etc. | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> 4x4 truck, Jeep, SUV, etc. |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Rock crawling rig or buggy | <input type="checkbox"/> 2wd drive truck or car |

Other (please list): _____

9. PRIMARY ACTIVITY (PRIMACT) NA and EM

PRIMACT1: From the activities marked in question 8, which one was your primary activity during your recent visit to your primary destination zone?

9a. [use only if 8a is used] From the activities marked in question 8, which one was your primary activity? (please write one activity; please use the activities from Q 8, and not only a vehicle type from 8a)

10. ACTIVITY EXPERIENCE (ACTEXP) NA and EM

ACTEXP1: How many years have you participated in your primary activity? _____ years

ACTEXP2: About how many times have you participated in your primary activity over the past 12 months?
_____ times

11. ACTIVITY SKILL (ACTSKL) NA and EM

ACTSKL1: Comparing yourself to others who participate in your primary activity, how would you evaluate your current level of skill in this activity on the following scale? (please circle one)

	Novice / very low skill level	Low skill level	Moderate skill level	High skill level	Advanced / expert skill level
12.	1	2	3	4	5

ACTIVITY CENTRALITY TO LIFE (ACTCENT) NA and EM

ACTCENT1: How would you rate this activity as compared with your other recreational activities: (please ✓ one)

- This is my favorite recreational activity.
- This is among my favorite recreational activities.
- I have other recreational activities that are preferred over this activity.

13. RESOURCE DESTINATIONS (RESDEST) G

RESDEST1: In your primary destination zone, which of the following did you visit during this trip? (please ✓ all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> (name) River | <input type="checkbox"/> (name) Visitor Center | <input type="checkbox"/> (name) Campground |
| <input type="checkbox"/> (name) Overlook | <input type="checkbox"/> (name) Pass | <input type="checkbox"/> (name) Campground |
| <input type="checkbox"/> (name) Trail | <input type="checkbox"/> (name) Lake | <input type="checkbox"/> (name) boat launch |
| <input type="checkbox"/> [Add site specific destinations] | <input type="checkbox"/> Interpretive site | <input type="checkbox"/> Historic or cultural site |
| <input type="checkbox"/> [Add region specific destinations] | | |
| <input type="checkbox"/> Other (please list): _____ | | |

14. UNMET DEMAND (ACTIV) NA and EM

UNMET1: Please check each activity in which you would have liked to participate, in your primary destination zone, but could not. (please ✓ all that apply) NA

- | | | |
|--|--|--|
| <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"/> Picnicking |
| <input type="checkbox"/> Trail running | <input type="checkbox"/> Rockhounding/mineral | <input type="checkbox"/> Driving and sightseeing |

Viewing cultural sites
 [Add site specific activities]

collection
 [Add region specific activities]

Cross-country skiing
 Snowshoeing
 Snowmobiling
 Snow biking (motorized)
 Fat tire biking (on snow, non-motorized)

Other (*please list*): _____

UNMET2: Why couldn't you participate in this (these) activity(ies)? _____

Topic Area 3: TRIP EXPERIENCES AND BENEFITS

PART 3 - Now we would like to ask you some questions about the experiences and benefits you received from your visit to your primary destination zone (as indicated in question 5) and primary activity (as answered in question 9).

15. OVERALL SATISFACTION (SAT) EM

SAT1: Overall, how satisfied were you with your visit to your primary destination zone? (*circle one*)

Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
1	2	3	4	5

16. SATISFACTION CONTRIBUTORS (SATCON) NA

SATCON1: To what extent did each of the following contribute to your satisfaction while visiting your primary destination zone? (*circle one number for each*)

Contribution to satisfaction...					
	Not at all	Low	Moderate	High	Very high
a. the natural places (e.g., mountains, streams)	1	2	3	4	5
b. the historic or cultural places	1	2	3	4	5
c. the activities (e.g., four-wheeling, hiking)	1	2	3	4	5
d. the companionship of the people in my group	1	2	3	4	5
e. the towns (e.g., [add site specific towns])	1	2	3	4	5
f. the opportunity to think and reflect	1	2	3	4	5
g. wilderness values	1	2	3	4	5
h. [add site specific characteristics]	1	2	3	4	5

17. RECREATION EXPERIENCES (EXPER) NA and EM

EXPER1: We would like to know about your experiences at your primary destination. **First**, indicate how desirable it was to you, as you planned your trip, that you achieved each of the following experiences during your trip. **Then**, rate the degree to which you were able to attain each experience during the trip to your primary destination zone. (circle appropriate numbers for the experience’s desirability to you and your level of attainment)

Desirability to you					Personal experiences	Your level of attainment				
Not at all	Low	Moderate	High	Very high		Not at all	Low	Moderate	High	Very high
1	2	3	4	5	Developing my skills and abilities	1	2	3	4	5
1	2	3	4	5	Enjoying the area’s wildlife	1	2	3	4	5
1	2	3	4	5	Enjoying the scenery	1	2	3	4	5
1	2	3	4	5	Enjoying risk-taking adventure	1	2	3	4	5
1	2	3	4	5	Doing something with my family	1	2	3	4	5
1	2	3	4	5	Being with my friends	1	2	3	4	5
1	2	3	4	5	Experiencing the natural surroundings	1	2	3	4	5
1	2	3	4	5	Learning more about the [insert name of management area]	1	2	3	4	5
1	2	3	4	5	Being contemplative	1	2	3	4	5
1	2	3	4	5	Getting physical exercise	1	2	3	4	5
1	2	3	4	5	Experiencing adventure and excitement	1	2	3	4	5
1	2	3	4	5	Reducing stress	1	2	3	4	5
1	2	3	4	5	Escaping everyday responsibilities for a while	1	2	3	4	5
1	2	3	4	5	Enjoying the solitude	1	2	3	4	5
1	2	3	4	5	Enjoying teaching others about the outdoors	1	2	3	4	5
1	2	3	4	5	Gaining a greater sense of self-confidence	1	2	3	4	5
1	2	3	4	5	Testing my equipment	1	2	3	4	5
1	2	3	4	5	Being with others who enjoy the same things I do	1	2	3	4	5
1	2	3	4	5	[Add site specific experiences]	1	2	3	4	5

* other onsite experience items can be found on the Experience and Benefits Checklist list in Appendix 2 of the 8320-1 Handbook.

Recreation taking place in [insert name of management area] can result in benefits that occur beyond the recreation area. Such benefits could be attained by:

- you personally,
- your household, and
- communities in the [insert name of management area] area (e.g, [list local towns]).

We are also interested in understating these benefits.

18. PERSONAL BENEFITS (PERBEN) NA and EM

PERBEN1: Below are benefits you and your household may have received from your recent trip to [name of management area]. **First**, please indicate how desirable it was to you that the following benefits result from this trip, specifically to your primary destination as indicated in question 5. **Second**, rate the degree to which you and your household were able to attain each benefit as a result of your recent trip to your primary destination zone. (circle appropriate numbers for the benefit’s desirability to you, and for your and your household’s level of attainment)

Desirability to you					Benefits to you	Your level of attainment				
Not at all	Low	Moderate	High	Very high		Not at all	Low	Moderate	High	Very high
1	2	3	4	5	Rest from mental stress/tension/anxiety	1	2	3	4	5
1	2	3	4	5	Improved physical fitness	1	2	3	4	5
1	2	3	4	5	Improved/maintained health	1	2	3	4	5
1	2	3	4	5	Increased work productivity	1	2	3	4	5
1	2	3	4	5	Stronger ties with my family	1	2	3	4	5
1	2	3	4	5	Greater self-reliance	1	2	3	4	5
1	2	3	4	5	Improved sense of control over my life	1	2	3	4	5
1	2	3	4	5	Greater freedom from urban living	1	2	3	4	5
1	2	3	4	5	Increased personal accountability to act responsibly on public lands	1	2	3	4	5
1	2	3	4	5	Greater respect for private property	1	2	3	4	5
1	2	3	4	5	Greater aesthetic appreciation	1	2	3	4	5
1	2	3	4	5	[Add/allow for site specific personal benefits]	1	2	3	4	5

* other personal benefit items can be found on the Experience and Benefits Checklist list in Appendix 2 of the 8320-1 Handbook.

19: HOUSEHOLD BENEFITS (HHBEN) NA and EM

HHBEN1: [same question instructions as above]

Desirability to your household					Household benefits	Your household's attainment				
Not at all	Low	Moderate	High	Very high		Not at all	Low	Moderate	High	Very high
1	2	3	4	5	Strengthened relationships with family	1	2	3	4	5
1	2	3	4	5	Improved health	1	2	3	4	5
1	2	3	4	5	Greater recreation opportunities for my family	1	2	3	4	5
1	2	3	4	5	Reduced health maintenance costs	1	2	3	4	5
1	2	3	4	5	Greater family bonding	1	2	3	4	5
1	2	3	4	5	Greater appreciation for our cultural heritage	1	2	3	4	5
1	2	3	4	5	Greater awareness and appreciation of natural landscapes	1	2	3	4	5
1	2	3	4	5	Reduced health maintenance costs	1	2	3	4	5
1	2	3	4	5	Greater awareness of methods to minimize recreation impacts	1	2	3	4	5
1	2	3	4	5	More well-rounded development for my children	1	2	3	4	5
1	2	3	4	5	Improved parenting skills	1	2	3	4	5
1	2	3	4	5	[Add/allow for site specific household benefits]	1	2	3	4	5

* other household benefit items can be found on the Experience and Benefits Checklist list in Appendix 2 of the 8320-1 Handbook.

20. COMMUNITY, ENVIRONMENTAL AND ECONOMIC BENEFITS (CEEEN) NA and EM

CEEEN1: Below are benefits that the local communities/region may have received from recreation taking place at (name of management area). **First**, please indicate how desirable it is to you that the following benefits result from recreation taking place . **Second**, indicate the degree to which the benefits were attained by the local communities/region actually. (circle appropriate numbers for the benefit's desirability to you and your perception of the communities/region's attainment)

Note, if you feel you do not have enough information to determine the local communities' level of attainment, circle "dk."

Desirability to you					Community, environmental, and economic benefits	Local community's attainment					
Not at all	Low	Moderate	High	Very high		Not at all	Low	Moderate	High	Very high	DK
1	2	3	4	5	Improved desirability as a place to live	1	2	3	4	5	dk
1	2	3	4	5	Greater community engagement in recreating on public lands	1	2	3	4	5	dk
1	2	3	4	5	Maintenance/preservation of distinctive community atmosphere	1	2	3	4	5	dk
1	2	3	4	5	Heightened sense of community pride	1	2	3	4	5	dk
1	2	3	4	5	Improved desirability as a place to retire	1	2	3	4	5	dk
1	2	3	4	5	Heightened sense of community satisfaction	1	2	3	4	5	dk
1	2	3	4	5	Improved respect for privately-owned lands	1	2	3	4	5	dk
1	2	3	4	5	Increased awareness and protection of natural landscapes	1	2	3	4	5	dk
1	2	3	4	5	Greater community stewardship of recreation and natural resources	1	2	3	4	5	dk
1	2	3	4	5	Greater protection of fish, wildlife, and plant habitat from growth, development, and public use impacts	1	2	3	4	5	dk
1	2	3	4	5	More positive contribution to the local economy	1	2	3	4	5	dk
1	2	3	4	5	Maintenance/preservation of distinctive public land recreation character	1	2	3	4	5	dk
1	2	3	4	5	Increased local work productivity	1	2	3	4	5	dk
1	2	3	4	5	Increased local tourism revenue	1	2	3	4	5	dk
1	2	3	4	5	Reduced local health maintenance cost	1	2	3	4	5	dk
1	2	3	4	5	[Add/allow for site specific community benefits]	1	2	3	4	5	dk

* other community/environmental/economic benefit items can be found on the Experience and Benefits Checklist list in Appendix 2 of the 8320-1 Handbook.

Topic Area 4: YOUR EVALUATIONS AND PREFERENCES CONCERNING RECREATION SETTINGS, FACILITIES, AND MANAGEMENT

PART 4 - Now we would like to ask you to provide some evaluations and share your preferences about the recreation settings, facilities and management provided in your primary destination zone.

21. MANAGEMENT AND SETTING PREFERENCES (PREF) NA

PREF1: For your primary destination zone, please indicate your preference for how each of the following recreation features should be managed. Please base your answer on the condition of the feature that would best enhance the experiences and benefits you desire. (please ✓ one answer for each of the nineteen setting conditions)

- | | | | |
|---|---|--------------------------------------|---|
| 1. Remoteness: | <input type="checkbox"/> Improve ease of access to area | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Make area more isolated |
| 2. Naturalness: | <input type="checkbox"/> Allow more man-made landscape alterations | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Make a more natural appearing area |
| 3. Facilities: | <input type="checkbox"/> Remove some facilities (e.g., restrooms) | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Develop more facilities (e.g., restrooms) |
| 4. Campgrounds: | <input type="checkbox"/> Reduce campgrounds | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Create/provide more campgrounds |
| 5. Foot trails: | <input type="checkbox"/> Reduce/limit foot trails | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Create/allow more foot trails |
| 6. Mountain bike trails: | <input type="checkbox"/> Reduce/limit mountain bike trails | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Create/allow more mountain bike trails |
| 7. Motorized routes: | <input type="checkbox"/> Reduce/limit motorized routes | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Create/allow more motorized routes |
| 8. Group size: | <input type="checkbox"/> Limit the group size allowed | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide for larger groups |
| 9. Contacts: | <input type="checkbox"/> Lower interaction with others | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Allow more interaction with others |
| 10. Evidence of use: | <input type="checkbox"/> Rehab and reduce signs of others' use | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Allow more evidence of other visitors |
| 11. Visitor services: | <input type="checkbox"/> Reduce services, staff contact, and assistance | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide more services, staff contact, and assistance |
| 12. Directional signs: | <input type="checkbox"/> Reduce/limit directional signs | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide more directional signs |
| 13. Interpretive signs: | <input type="checkbox"/> Reduce/limit interpretive signs | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide more interpretive signs |
| 14. BLM staff presence: | <input type="checkbox"/> Reduce/limit BLM staff presence | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide more BLM staff presence |
| 15. Visitor information: | <input type="checkbox"/> Provide fewer maps and brochures | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide more maps and brochures |
| 16. Management control: | <input type="checkbox"/> Use a more "hands-off" management style | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Exercise more visitor and land use controls |
| 17. Availability of guides/outfitters | <input type="checkbox"/> Reduce/limit number of guides/outfitters | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Provide/allow for more guides/outfitters |
| 18. Marketing focus: | <input type="checkbox"/> Focus more on local visitors | <input type="checkbox"/> Leave as is | <input type="checkbox"/> Focus more on national/international visitors |
| 19. [Add site specific setting characteristics] | | | |

22. SATISFACTION WITH SERVICE AND FACILITIES (SATSERV) EM

SATSERV1: Please rate the quality of each of the following items that you observed in your primary destination zone on this trip. (circle the most appropriate answer or ✓ did not observe)

<i>For these facilities:</i>	<i>The quality was...</i>					
	Poor	Low	Moderate	High	Very high	Did not observe/used
Developed Campgrounds	1	2	3	4	5	<input type="checkbox"/>
Visitor Centers	1	2	3	4	5	<input type="checkbox"/>
Restroom Facilities	1	2	3	4	5	<input type="checkbox"/>
Access to BLM Staff	1	2	3	4	5	<input type="checkbox"/>
Interpretive signs/panels	1	2	3	4	5	<input type="checkbox"/>
Organized Tour Opportunities	1	2	3	4	5	<input type="checkbox"/>
Trailheads	1	2	3	4	5	<input type="checkbox"/>
River Access	1	2	3	4	5	<input type="checkbox"/>
Trails	1	2	3	4	5	<input type="checkbox"/>
Roads	1	2	3	4	5	<input type="checkbox"/>
BLM provided information	1	2	3	4	5	<input type="checkbox"/>
[Add site specific facilities]	1	2	3	4	5	<input type="checkbox"/>

SATSERV12. [Used for surveys focused on hunting] If you selected any hunting activities in Question 8, the following statements refer to your hunting experience on your recent trip in [insert name of management area]. Please indicate how strongly you agree or disagree. (please circle one number for each statement, or skip this question if you did not hunt on your recent trip)

	Your level of agreement				
	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
There were too many other hunters nearby	1	2	3	4	5
I had good opportunities to bag game / hunt birds	1	2	3	4	5
I was not able to access good hunting sites	1	2	3	4	5
I was pleased with my level of harvesting success	1	2	3	4	5
I was disappointed with some aspects of the hunting trip	1	2	3	4	5
<input type="checkbox"/> I did not hunt					

Topic Area 5: ENCOUNTERS AND EXPECTATIONS

PART 5 - Now we would like to ask you some questions about the number of other visitors you encountered in your primary destination zone.

23. OVERALL CROWDING (CROWD) EM

CROWD1: Please circle the number that best represents the level of crowding you experienced in your primary destination zone during your visit. (*please circle one*)

Not at all	Low	Moderate	High	Very high
1	2	3	4	5

CROWD2: If you felt crowded, rate the degree to which that crowding level negatively impacted the attainment of your desired experiences and benefits. (*please circle one, or indicate you did not feel crowded*)

I did not feel crowded.

If you felt crowded, the negative impact on attaining your desired experiences and benefits was:

Not at all	Low	Moderate	High	Very high
1	2	3	4	5

24. NUMBER OF GROUPS SEEN (SEEGR) EM

SEEGR1: Estimate the number of other groups of people you saw in your primary destination zone during your recent visit.

_____ groups

SEEGR2: What was the approximate size of the largest group you encountered?

_____ people

25. ENCOUNTER EXPECTATION (EXPECT) EM

EXPECT2: Was the number of encounters with other groups in your primary destination zone below or above your expected number of encounters? (*circle the number that best describes your number of expected encounters compared to actual encounters*)

Significantly below	Below	About what I expected	Above	Significantly above
1	2	3	4	5

Topic Area 6: OVERALL TRIP CHARACTERISTICS & EVALUATION

PART 6 – This sections asks questions about your overall trip to (insert name to describe general area).

26. ECONOMIC IMPACT (EIMPACT) G

EIMPACT1: Please estimate the amount of money you (and other members of your party) spent for your entire trip within xx miles of [insert name of management area]. *(Enter the amount for each category.)*

[If applicable for field office, add:]

For **local residents** (e.g., [add cities/towns]), enter the amount spent specifically for this trip beyond what you normally would have spent (on food, etc.) during that time.

Seasonal residents (> 2 months in the [add area description]), follow instructions for local residents.

Non-local visitors, include all spending within xx miles of [add site time] during your entire visit to the area.

Motel, lodge, cabin, bed & breakfast, etc.	\$ _____
Camping	\$ _____
Restaurants and bars	\$ _____
Groceries	\$ _____
Gasoline and oil	\$ _____
Local transportation (bus, shuttles, etc.)	\$ _____
Entry, parking or recreation use fees	\$ _____
Recreation & entertainment (include guide fees, equipment rental)	\$ _____
Sporting good [or outdoor gear] purchases	\$ _____
Souvenirs, clothing, & other miscellaneous	\$ _____
[Add site specific categories]	\$ _____
Other <i>(please specify)</i> : _____	\$ _____

27. RECREATION FEES (RECFEE) G

Currently no recreation use fees are charged at [site name]. In the future a recreation use fee may be considered, the funds collected remaining at the recreation area to support the expenses of the recreation program, including operations, maintenance, resource damage protection, and the ability to provide quality visitor services.

RECFEE1. If, in the future, a \$x recreation use fee were added to use [site name], how acceptable would it be to you? *(circle one)*

Very acceptable	Somewhat acceptable	Neutral	Somewhat unacceptable	Very unacceptable
1	2	3	4	5

RECREE2. If a fee of \$X were charged in the future, would you:
 (please ✓ one)

- Continue to visit as usual
- Find another site to [insert main activity]
- Participate in a different activity

28. OVERALL SATISFACTION (SATCON) NA

SATCON2: To what extent did each of the following contribute to your satisfaction while visiting (insert name to describe overall management area)? (circle one number for each)

	Contribution to satisfaction...				
	Not at all	Low	Moderate	High	Very high
a. the natural places (e.g., mountains, streams)	1	2	3	4	5
b. the historic or cultural places	1	2	3	4	5
c. the activities (e.g., four-wheeling, hiking)	1	2	3	4	5
d. the companionship of the people in my group	1	2	3	4	5
e. the towns (e.g., [add site specific towns], other)	1	2	3	4	5
f. the opportunity to think and reflect	1	2	3	4	5
g. [add site specific characteristics]	1	2	3	4	5

29. RETURN TRIP (RETURN) EM

RETURN1. How interested would you be in taking another trip to the (insert name to describe overall management area) in the future? (circle one)

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

RETURN2. How likely is it that you will visit the (name of management area) again? (circle one)

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

RETURN3. Please tell us why you are, or are not, planning to visit the (name of management area) in the future.

30. MANAGEMENT SUGGESTIONS (MGTSUG) NA and EM

MGTSUG1: As you think about your primary destination zone and the (name of management area) in general, where you received this survey, what is/are the most important improvement(s) that recreation managers could make to enhance your visits in the future? *(if you have any suggestions, please write your response below)*

Topic Area 7: RESPONDENT'S CHARACTERISTICS

PART 7 - The final section asks for some background information about you and your household. All information you give in this survey is optional and anonymous. None of the information you submit will be linked to you in any way. Results may be used by the BLM to, for example, think about the potential impact of fees, find out if visitors to the area are representative of local communities, and to look at trends over time.

31. GENDER (GEND) G

GEND1: What is your gender? *(please check one)*

- Male Female Self-identify as _____ Prefer not to answer

32. AGE (AGE) G

AGE1: In what year were you born? _____ Prefer not to answer

AGE2: What is your age? _____ Prefer not to answer

33. EDUCATION (ED) G

ED1: Please indicate the highest level of education you have attained. *(please ✓ one)*

- Less than a high school diploma
- High school diploma or GED
- Technical/vocational degree beyond high school
- Some college/vocational
- 4-year college degree
- Advanced degree beyond 4-year college degree
- Prefer not to answer

34. RACE/ETHNICITY (RACE/ETH) G

RACE/ETH1: Do you consider yourself to be Hispanic or Latino/a/x *(please ✓ one)*

- Yes No Prefer not to answer

RACE/ETH2: With which racial group(s) do you identify? *(please ✓ all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer

35. HOUSEHOLD INCOME (INCOME) G

INCOME1. Which of the following broad categories best describes your total annual household income for the last calendar year? *(please ✓ one)*

- \$25,000 or less

- \$25,001 – \$50,000
- \$50,001 – \$75,000
- \$75,001 – \$100,000
- \$100,001 – \$125,000
- \$125,001 – \$150,000
- More than \$150,000
- Prefer not to answer

36. HOUSEHOLD SIZE (HHSIZE) G

HHSIZE1: How many members (including you) are in your household? _____ Prefer not to answer

37. RESIDENCE (RES) G

RES1: What is your zip code? _____

Or Country (if not U.S. resident) _____ Prefer not to answer

RES2:

Are all members of your group from the same town or metropolitan area? Yes No

*If no, in what communities do they live? _____

_____ Prefer not to answer

[insert at end of pre-RMP survey:]

PRIVACY ACT 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.

PAPERWORK REDUCTION ACT STATEMENT:
 According to the Paperwork Reduction Act of 1995, 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 20 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.

[insert at end of post-RMP survey:]

Thank you for your participation!!!

[insert at end of mailed survey:]

Please return the survey in the postage paid return envelope.

ID#: _____

Note to Field Offices

- 1) This draft master survey is a prototype of follow-up surveys that will be mailed or emailed to participants who participated in onsite surveys. It contains more questions than would be needed for any single survey. It is designed to provide BLM planners and managers with multiple options, depending on the goal of a particular survey project.
- 2) Some questions are designed only for a survey conducted before the development of a Resource Management Plan (RMP). These “pre-RMP” questions are labeled as “NA,” i.e., “Needs Assessment,” and “G” for general use (e.g., demographics, trip behavior, other information, etc.). Other questions are designed to be used after the development of an RMP for management evaluation or monitoring purpose. Those “post-RMP” questions are labeled as “EM, “i.e., “Evaluation and Monitoring.”
- 3) BLM managers and planners will partner with a network of researchers and consultants to choose relevant questions from the master survey and to design surveys that are in accordance with the OMB control number. The OMB control number estimates an average burden of 20 minutes for any pre-RMP survey, and an average burden of 6 minutes for any post-RMP survey.
- 4) The survey must be pilot tested with a BLM employee or partner who is not familiar with the survey, prior to administration to ensure the survey can be completed in those time parameters.
- 5) Eliminate topic areas and variable names (e.g., “1. PRIMARY REASON (PRIREA) G” and “PRIREA1:”, and renumber questions as appropriate.
- 6) After you have deleted irrelevant questions, be sure to check the page references in the questions currently numbered 5 and 9 and the introduction to Part 3 of the survey (i.e., PART 3 - Now we would like to ask you some questions about the experiences and benefits you received...)”)
- 7) Questions 6 and 7 establish use history in the area. Use the combination of questions that best match the characteristics of your visiting population. For example, if use is infrequent in each year (e.g., used for hunting seasonally over many years) use question 6 and 7, but specify a time period of 5 years for question 7. If there is high repeat use within a year from a local community use questions 6 and 7, but specify 1 year for question 7.
- 8) Question 26 in this master survey requires you to specify a distance (in miles) from the management area for the purpose of measuring community, economic, and environmental benefits. For question 26, specify 50 miles as the distance (to allow comparison to the methodology and results of the U.S. Forest Service’s National Visitor Use Monitoring program) unless there are special circumstances (e.g., no services within 50 miles; major gateway community further than 50 miles from site) that requires an increase in the radius.
- 9) Question 21 in this master survey presents to respondents a list of setting attributes. The question references the total number of attributes included in the question. Be sure the reference matches the number of attributes included.
- 10) Many questions allow you add a response option specific to the site being studied. These questions are marked with notes stating “add site specific [topic of question]. Be sure all notes are removed before administering the survey.

11) **IMPORTANT:** At the end of the survey, insert the appropriate OMB Statement pertaining to the Privacy Act, Paperwork Reduction Act, and Burden Estimate.