

[TITLE]

[Introduction text that explains purpose of survey]

1. Have you ever visited a coastal or marine area for outdoor recreation?

- Yes
- No → SKIP TO **PAGE X**

2. How important to you are the following reasons for participating in outdoor recreation in a coastal and marine area? [CBNERR-VA ONLY]

	Not at all important	Somewhat important	Very important	Extremely important
Spending time with friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing excitement or adventure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing competitive events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How important to you are the following features when visiting a coastal or marine area for outdoor recreation?

	Not at all important	Somewhat important	Very important	Extremely important
Designated walking/hiking trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated blueways/kayak trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to water (for example, boat ramps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet or cell service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretive signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to level ground (less than 5% grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to moderate to steep slopes (more than 10% grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

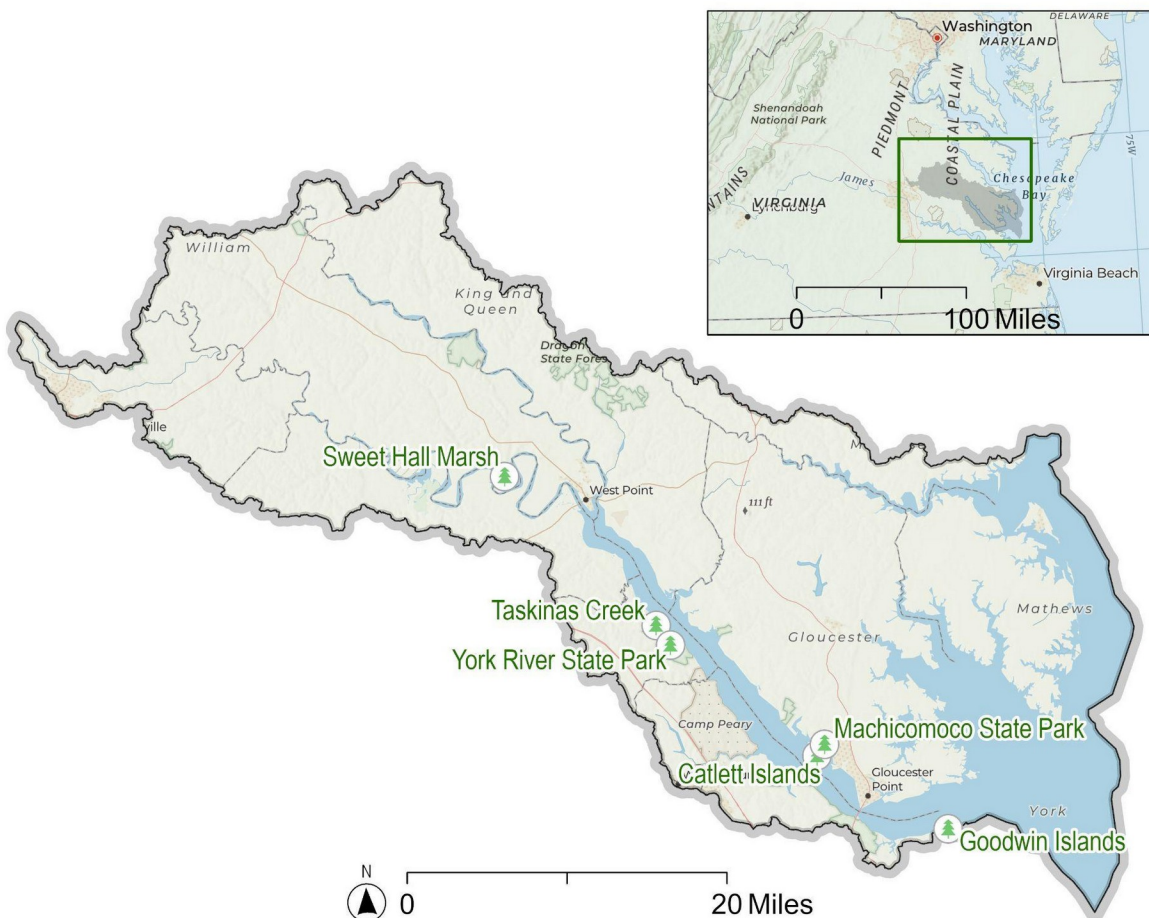
We are interested in understanding technology use during outdoor recreation in marine and coastal areas.

4. When participating in **land-based** outdoor recreation in coastal or marine areas, do you typically bring a mobile device, such as a smartphone, tablet, or smartwatch, with you?
 - Yes
 - No
 - I don't participate in land-based outdoor recreation in coastal or marine areas

5. When participating in **water-based** outdoor recreation in coastal or marine areas, do you typically bring a mobile device, such as a smartphone, tablet, or smartwatch, with you?
 - Yes
 - No
 - I don't participate in water-based outdoor recreation in coastal or marine areas

6. If you typically bring a mobile device with you when participating in either land-based or water-based outdoor recreation, do you typically leave it on or off?
 - Typically on
 - Typically off
 - I don't normally bring a mobile device with me

We would like to learn more about your outdoor recreation experiences in and around [study area] (see map below).



7. Have you visited [study area] for outdoor recreation in the last 12 months?

- Yes
- No → SKIP to PAGE X

8. How many trips have you taken to [study area] for outdoor recreation in the last 12 months?

____ trips

9. When was the last time you took a trip to [study area] for outdoor recreation? __/__(month/year)

Please only consider the last time you took a trip to [study area] for outdoor recreation when answering the following questions.

10. Including yourself, how many people were in your personal group? _____ people
11. How many of these people, including yourself, were at least 18 years old? _____ people
12. Was visiting [study area] the sole purpose of this trip?
- Yes → SKIP to Q14
 - No
13. How important was visiting [study area] when deciding to take this trip?
- Not at all important
 - Somewhat important
 - Very important
 - Extremely important
14. Approximately how long was this trip? Please include total travel time and time spent within [study area] as well as other places you may have visited.
- _____ If a day trip, number of hours
- _____ If greater than 1 day, number of days
15. Approximately, how much time did you spend within [study area]?
- _____ If a day trip, number of hours
- _____ If greater than 1 day, number of days

Please only consider the last time you took a trip to [study area] for outdoor recreation when answering the following questions.

16. Did you or your personal group use any of the following forms of transportation on this trip?

	Yes	No
Automobile (for example, car, van, or truck)	●	●
Personal watercraft	●	●
Motorcycle	●	●
Bicycle	●	●
On-foot	●	●
Public transportation (for example, bus, rail, or ferry)	●	●

17. How much did you spend on the following items on this trip, and how many people did these expenses cover?

	Expenses	Number of People
Gas	\$_____	
Tolls	\$_____	
Rental car fees	\$_____	
Taxi or rideshare (for example, Uber or Lyft) fares	\$_____	
Public transportation (for example, bus, rail, or ferry) fares	\$_____	
Entrance fees	\$_____	
Parking fees	\$_____	
Equipment rental fees	\$_____	
Lodging (for example, hotel or campground) fees	\$_____	

Please only consider the last time you took a trip to [study area] for outdoor recreation when answering the following questions.

18. Did you or your personal group participate in the following activities? [CBNERR-VA ONLY]

Activity	Yes	No
Scenic viewing	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife watching	<input type="checkbox"/>	<input type="checkbox"/>
Hiking, walking, or jogging	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling - all types	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>
Picnicking	<input type="checkbox"/>	<input type="checkbox"/>
Visiting playgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Visiting historical areas	<input type="checkbox"/>	<input type="checkbox"/>
Stargazing/astronomy	<input type="checkbox"/>	<input type="checkbox"/>
Driving or motorcycling for pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Off-road driving or motorcycling	<input type="checkbox"/>	<input type="checkbox"/>
Camping in developed sites	<input type="checkbox"/>	<input type="checkbox"/>
Primitive camping	<input type="checkbox"/>	<input type="checkbox"/>
Fishing - all types	<input type="checkbox"/>	<input type="checkbox"/>
Hunting - all types	<input type="checkbox"/>	<input type="checkbox"/>
Beach activities	<input type="checkbox"/>	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	<input type="checkbox"/>
Paddle sports (for example, canoeing and kayaking)	<input type="checkbox"/>	<input type="checkbox"/>
Motorized water-based activities (for example, power boating and water skiing)	<input type="checkbox"/>	<input type="checkbox"/>

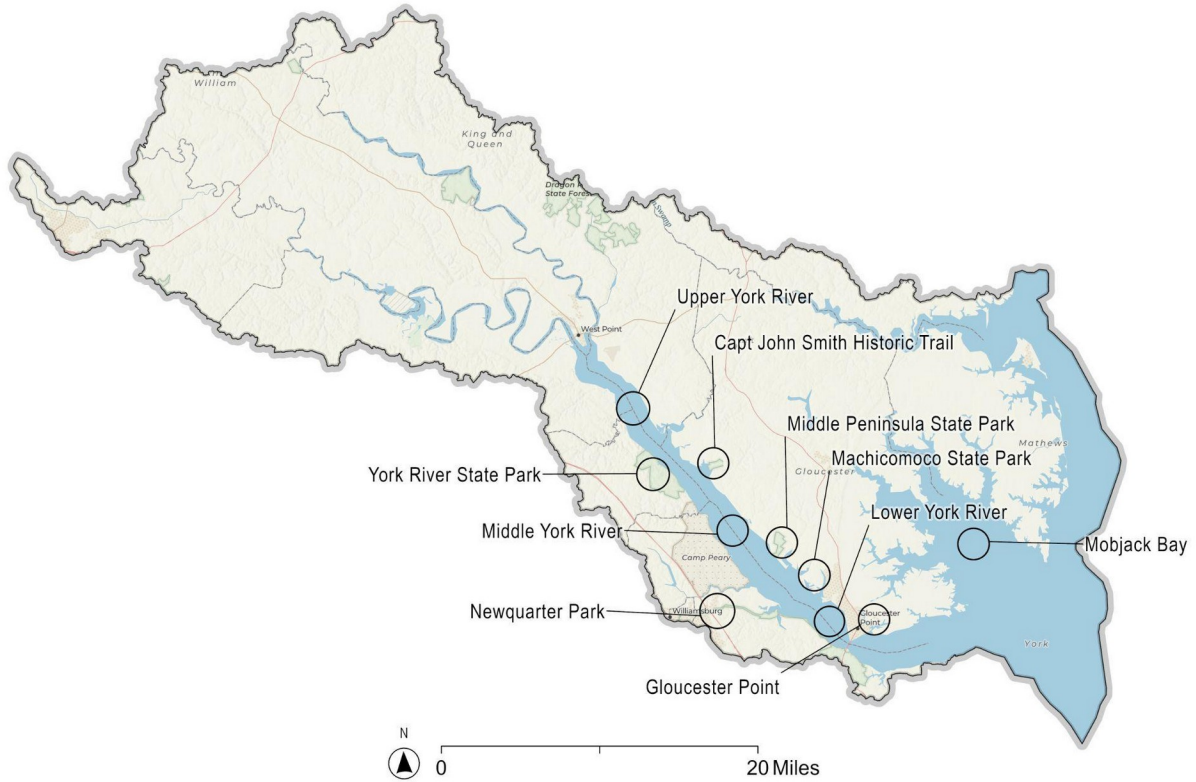
Snowmobiling	<input type="checkbox"/>	<input type="checkbox"/>
Non-motorized snow activities (for example, skiing and snowboarding)	<input type="checkbox"/>	<input type="checkbox"/>

Please only consider the last time you took a trip to [study area] for outdoor recreation when answering the following questions.

19. How satisfied were you with each of the following features in [study area]?

	Not at all satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Not applicable
Designated walking/hiking trails	•	•	•	•	•
Designated blueways/kayak trails	•	•	•	•	•
Access to water (for example, boat ramps)	•	•	•	•	•
Available parking	•	•	•	•	•
Internet or cell service	•	•	•	•	•
Nature programs	•	•	•	•	•
Interpretive signs	•	•	•	•	•
Directional maps	•	•	•	•	•
Access to level ground (less than 5% grade)	•	•	•	•	•
Access to moderate to steep slopes (more than 10% grade)	•	•	•	•	•

Please only consider the last time you took a trip to [study area] for outdoor recreation when answering the following questions.



20. Looking at the map on the opposite page, did you visit any of the following areas in and around the [study area]? [CBNERR-VA ONLY] {Available options will be specific to study area}

	Yes	No	Unsure
Upper York River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle York River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower York River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
York River State Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capt John Smith Historic Trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Quarter Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Peninsula State Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machicomoco State Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloucester Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobjack Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKIP TO THIS PAGE IF YOU HAVE NOT VISITED [STUDY AREA] IN THE LAST 12 MONTHS

21. Do you intend to visit [study area] for outdoor recreation in the future?

- Yes, within the next 12 months
- Yes, but not within the next 12 months
- No
- Unsure

22. Which of the following are reasons why you may not visit [study area] for outdoor recreation in the next 12 months?

	Not a reason	Minor reason	Major reason
Concerns about safety or security	●	●	●
Discrimination/do not feel welcome	●	●	●
Too crowded	●	●	●
Facilities are not well-maintained	●	●	●
Limited/no desired facilities	●	●	●
Limited/no desired activities	●	●	●
Too expensive	●	●	●
Too far to travel	●	●	●
Limited/no public transportation	●	●	●
Not enough time	●	●	●
Limited/no access for people with disabilities	●	●	●
Limited/no information on available facilities and activities	●	●	●
Not interested in outdoor recreation	●	●	●
No one to go with	●	●	●
Limited/no equipment/gear	●	●	●
Information (such as staff, signs, and programs) was often not in my preferred language	●	●	●
Limited/no internet or cell service	●	●	●

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23. Coastal and marine environments offer various benefits to people. Please rate the extent to which you believe [study area] provides the following benefits to nearby communities?

	Not at all provided	Provided to a limited extent	Provided moderately	Provided to a great extent	Unsure
Seafood production	●	●	●	●	●
Protection from storms and flooding	●	●	●	●	●
Erosion control	●	●	●	●	●
Water purification	●	●	●	●	●
Climate change mitigation	●	●	●	●	●
Recreation	●	●	●	●	●
Environmental education	●	●	●	●	●
Mental health	●	●	●	●	●
Aesthetic value	●	●	●	●	●
Cultural and spiritual values	●	●	●	●	●

This next section will ask questions about prescribed fires in and around [Weeks Bay/Grand Bay]. Prescribed fires refer to the controlled application of low-intensity fires to a forest stand. [WBNERR/GBNERR only]

24. Before today, had you heard about prescribed fires in and around [Weeks Bay/Grand Bay]?

- Yes
- Yes, but not in and around [Weeks Bay/Grand Bay]
- No, I have never heard about prescribed fires → SKIP to Q27

25. How have you heard about prescribed fires? (select all that apply)

- From the media
- From other members of my community
- From visiting [Weeks Bay/Grand Bay]
- I have personally seen prescribed burning

26. How knowledgeable do you feel about prescribed fires?

- Not at all knowledgeable
- Somewhat knowledgeable
- Very knowledgeable
- Extremely knowledgeable

27. Given what you currently know about prescribed fires, have you formed an opinion about prescribed fires in and around [Weeks Bay/Grand Bay]?

- I support prescribed fires in and around [Weeks Bay/Grand Bay]
- I oppose prescribed fires in and around [Weeks Bay/Grand Bay]
- I have not made up my mind

28. Even if you have not made up your mind, which way are you leaning?

- To support prescribed fires in and around [Weeks Bay/Grand Bay]
- To oppose prescribed fires in and around [Weeks Bay/Grand Bay]

29. There are different management goals for prescribed fires. How important to you are the following management goals?

	Not at all important	Somewhat important	Very important	Extremely important
Reduce the risk of severe wildfires	●	●	●	●
Improve forest health	●	●	●	●
Improve wildlife habitat	●	●	●	●
Reduce invasive species	●	●	●	●
Reduce pests	●	●	●	●
Improve forest appearance	●	●	●	●

30. Looking at the same list and given what you currently know about prescribed fires, how effective do you think is it at meeting these management goals?

	Not at all effective	Somewhat effective	Very effective	Extremely effective	Unsure
Reduce the risk of severe wildfires	●	●	●	●	●
Improve forest health	●	●	●	●	●
Improve wildlife habitat	●	●	●	●	●
Reduce invasive species	●	●	●	●	●
Reduce pests	●	●	●	●	●
Improve forest appearance	●	●	●	●	●

31. There are also potential risks associated with prescribed fires. How concerned are you about the following risks?

	Not at all concerned	Somewhat concerned	Very concerned	Extremely concerned
Damage to nearby property	●	●	●	●
Safety of nearby residents	●	●	●	●
Safety of wildlife	●	●	●	●
Reduced air quality	●	●	●	●
Reduced access to outdoor recreation	●	●	●	●
Reduced forest appearance	●	●	●	●

Please answer a few more questions so we can better understand who is coming to the parks.
You are almost finished! **All answers are confidential.**

32. Are you (select all that apply)

- Male
- Female
- Transgender, non-binary, or another gender

33. In what year were you born? _____

34. Are you Hispanic or Latino?

- Yes
- No

35. What is your race? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Other (please specify) _____

36. Do you speak a language other than English at home?

- Yes
- No → SKIP to Q39

37. What is that language? (select all that apply)

- Spanish
- Chinese (Mandarin or Cantonese)
- Korean
- Vietnamese
- Japanese
- Filipino
- German
- French (including Cajun)
- Arabic
- Other, please specify _____

38. How well do you speak English?

- Not at all
- Not well
- Well
- Very well

39. What is the highest degree or level of school you have completed?

- Some high school, no diploma
- High school graduate/GED
- Vocational/trade school certificate
- Some college, no diploma
- Two-year college degree
- Four-year college degree
- Graduate or professional degree

40. Do you own or rent this residence (where this survey was mailed to)?

- Own
- Rent
- Other

41. Is this your primary residence?

- Yes
- No

42. How many people, including yourself, live in your household? _____

43. How many of these people are at least 18 years old? _____

44. How long have you been a resident of your current town? _____ years

45. How long have you been a resident of your current state? _____ years

46. Which best describes your current employment status? (select all that apply)

- Unemployed
- Employed full-time
- Employed part-time
- Retired
- Student
- Homemaker

47. Which category best represents your annual household income (before taxes) in 20XX?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

Thank you for your participation in this important survey! Please use the space on this page for additional comments.