

Placer County Water Agency - Middle Fork American River Project General Visitor Survey – Background Information

Survey No. _____ Survey Location: _____ Date: _____ Time: _____

SECTION A-1: BACKGROUND INFORMATION

1. Did you engage in any of the following activities during your visit?

<input type="checkbox"/> Camping at a developed site	<input type="checkbox"/> Day use at a developed site	<input type="checkbox"/> Day use or camping in undeveloped areas
<input type="checkbox"/> Day use along a stream/river	<input type="checkbox"/> Reservoir recreation	<input type="checkbox"/> Fishing
2. What type of vehicle did you drive to this area? Car/SUV/Truck Camper/RV Motorcycle Other _____
3. How many people were in your vehicle? _____
4. How many people in your group are in the following age categories?
Under 18: _____ 18 or over _____
5. How many and what types of vehicles and trailers did your **group** bring?
Car/pickup/SUV: _____ Motor home/RV: _____ Motorcycle: _____ OHV: _____
Towed/Trailered Vehicle: _____ Travel trailer: _____ Boat trailer: _____ Utility trailer: _____
Horse trailer: _____ Other: _____
6. Your place of residence: Zip Code: _____ If you reside out of the country, what country: _____
7. What year were you born? _____
8. Which cultural or ethnic group do you most closely identify with?

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other/Multi-racial: _____	
9. What is your primary spoken language? _____
10. Identify the reasons why you chose this area to recreate?

Reason	Main Reason (Check one)	Secondary Reason (Check one or more)
Close to home	<input type="checkbox"/>	<input type="checkbox"/>
Scenic quality of the area	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities/opportunities in the area	<input type="checkbox"/>	<input type="checkbox"/>
Access to lake/reservoir	<input type="checkbox"/>	<input type="checkbox"/>
Access to river/stream	<input type="checkbox"/>	<input type="checkbox"/>
Cost of facility access fee	<input type="checkbox"/>	<input type="checkbox"/>
Presence of on-site manager/host	<input type="checkbox"/>	<input type="checkbox"/>
Lack of crowding	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

11. How important are each of the following facilities or amenities when choosing this area to recreate?

Facility/Amenity	Very Important	Important	Somewhat Important	Not Important
Developed campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed picnic sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flush restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RV dump station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat launch ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River put-in/take-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OHV trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain bike trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing access trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equestrian trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive/educational exhibits/information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Identify the activities you engaged in, or expect to engage in, during your trip to this area.

Activities	Main Activity (Check one)	Secondary Activity (Check one or more)
Picnicking in developed sites	<input type="checkbox"/>	<input type="checkbox"/>
Picnicking in undeveloped sites	<input type="checkbox"/>	<input type="checkbox"/>
Camping in developed site	<input type="checkbox"/>	<input type="checkbox"/>
Camping in undeveloped site	<input type="checkbox"/>	<input type="checkbox"/>
Reservoir swimming/water-play/sun bathing	<input type="checkbox"/>	<input type="checkbox"/>
Reservoir fishing	<input type="checkbox"/>	<input type="checkbox"/>
Water skiing, wake boarding	<input type="checkbox"/>	<input type="checkbox"/>
Personal water craft (jet skiing)	<input type="checkbox"/>	<input type="checkbox"/>
Non-motorized reservoir boating (canoeing, kayaking, row boating)	<input type="checkbox"/>	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	<input type="checkbox"/>
Stream swimming/water-play/sun bathing	<input type="checkbox"/>	<input type="checkbox"/>
Stream fishing	<input type="checkbox"/>	<input type="checkbox"/>
Whitewater boating (rafting, kayaking, canoeing)	<input type="checkbox"/>	<input type="checkbox"/>
Sports/games/field activities	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling on paved surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/walking	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>
Mountain biking	<input type="checkbox"/>	<input type="checkbox"/>
Visiting historic/cultural sites	<input type="checkbox"/>	<input type="checkbox"/>
Viewing wildlife, scenery photography, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Driving for pleasure on roads	<input type="checkbox"/>	<input type="checkbox"/>
OHV travel/use	<input type="checkbox"/>	<input type="checkbox"/>
Plant gathering (berries, mushrooms, grasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Wood cutting	<input type="checkbox"/>	<input type="checkbox"/>
Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Rock hounding	<input type="checkbox"/>	<input type="checkbox"/>
Gold panning/dredging	<input type="checkbox"/>	<input type="checkbox"/>
Relaxing	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

13. Please rate the availability and adequacy of the following information resources.

Information Resources	Acceptable	Somewhat Acceptable	Not Acceptable	Not Applicable
Interpretive/educational information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation visitor information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/warning information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reservoir water surface elevation information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River/stream flow information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How would you rate your overall recreation experience?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied please explain:

15. Are there additional recreation facilities, amenities, or opportunities that would improve your recreation experience?

Yes No

Please explain:

SECTION A-2
Camping at Developed Sites

1. Survey No. _____
2. Name of primary campground used: _____
3. How many nights will you camp during this visit? _____ (nights)
4. Were you able to camp at your first choice campground? Yes No
If no, what was your first choice campground? _____
5. What was your method of camping?
 Tent Tent trailer
 Recreational vehicle less than 25 feet 25 – 35 feet longer than 35 feet
 Trailer: less than 25 feet 25 – 35 feet longer than 35 feet
 Other: _____

6. Please rate the following factors at the campground identified above.

Factor	Acceptable	Somewhat Acceptable	Not Acceptable
Campsite availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campsite condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campsite cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of campsite screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of campsite shading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking area condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of food storage lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of food storage lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking spur size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road condition in campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of road size in campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of campground fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of law enforcement personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Were the services and/or facilities at the campground you identified above adequate for any physically impaired person in your party? Not Applicable Yes No
If inadequate, please explain:

8. Was your recreation experience **negatively** affected by:

- a) Crowding? Yes No
- b) Other activities taking place? Yes No

If yes, please explain: _____

9. How would you rate your overall experience at the campground identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied please explain:

SECTION A-3
Day Use at Developed Sites (Picnic Areas/Vistas)

1. Survey No. _____
2. Name of primary day use site: _____
3. How many hours did you, or will you, stay at your primary day use site? _____ (hours)
4. Were you able to use your first choice developed day use site? Yes No
 If no, what was your first choice day use site? _____
5. Please rate the following factors at the developed day use site identified above.

Factor	Acceptable	Somewhat Acceptable	Not Acceptable
Picnic site availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picnic site condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picnic site cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking area condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of law enforcement personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Were the services and/or facilities at the area you identified above adequate for any physically impaired person in your party? Not Applicable Yes No

If inadequate, please explain:

7. Was your recreation experience **negatively** affected by:

- a) Crowding? Yes No
- b) Other activities taking place? Yes No

If yes, please explain:

8. How would you rate your overall experience at the day use site identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied please explain:

SECTION A-4
Day Use or Camping in Undeveloped Areas

1. Survey No. _____
2. Primary location: _____

3. How long did you, or will you, stay at the area identified above?

If day use only, how many hours: ____ (hours)

If camping, how many nights: _____ (nights)

4. If you camped, what was your method of camping?

Tent

Tent trailer

Recreational vehicle: less than 25 feet longer than 25 feet

Trailer: less than 25 feet longer than 25 feet

Other: _____

5. Was your recreation experience **negatively** affected by:

a) Crowding? Yes No

b) Other activities taking place? Yes No

If yes, explain:

6. How would you rate your overall experience at the undeveloped area identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied, please explain:

SECTION A-5
Day Use along a Stream/River

1. Survey No. _____
2. Primary stream/river reach used: _____
3. Other stream/river reach(s) used: _____
4. What was your main recreation activity at the primary stream/river reach identified above? _____
5. Approximately what time did you arrive at the primary stream/river reach identified above? _____
6. Approximately how many hours did you, or will you, stay at the primary reach identified above? _____
7. Please rate the following factors at the stream/river reach identified above.

Factor	Acceptable	Somewhat Acceptable	Not Acceptable
Availability of beach/useable areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to safely enter and exit the water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to safely wade or stand in river/stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to safely swim in river/stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to safely cross the river/stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of put-ins and take-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of road access to river or stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of trail access to river or stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of law enforcement personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did you perceive a **change** in river/stream level during your visit? Yes No

If yes, did the **change** in river/stream level **negatively** affect your recreation experience? Yes No

If "yes", please explain:

9. Was your recreation experience **negatively** affected by:

- a) Crowding? Yes No
- b) Other activities taking place? Yes No
- c) River/stream flow? Yes No
- d) Other: _____

If yes, please explain:

10. How would rate your overall experience at the river/stream reach identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied, please explain:

SECTION A-6 Reservoir Recreation

1. Survey No. _____
2. Name of primary reservoir used: _____
3. How many hours did you, or will you, spend at the reservoir? ____ (hours)
4. If you engaged in boating activities during your visit, what type of boat did you use?
 Ski boat Fishing boat Pontoon boat Sail boat Personal watercraft
 Non-power boats (i.e., canoe, kayak, row boat, raft, etc.)
5. If applicable, check the name of the launch facility(s) you used:
 French Meadows Boat Ramp McGuire Boat Ramp Hell Hole Boat Ramp Ralston Cartop Boat Ramp
 Other: _____
6. Please rate the following factors at the reservoir identified above.

Factor	Acceptable	Somewhat Acceptable	Not Acceptable
Access to shoreline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking area condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of boat ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat ramp access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of trash disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of reservoir water depths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of debris or obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to boat-in campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of law enforcement personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Was your recreation experience **negatively** affected by:
 - a) Crowding? Yes No
 - b) Other activities taking place? Yes No
 - c) Reservoir water surface level? Yes No

If yes, explain:

8. How would you rate your overall experience at the reservoir identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied, please explain:

SECTION A-7 Fishing

1. Survey Number _____
2. Primary fishing location: French Meadows Reservoir Hell Hole Reservoir River/Stream
3. If river/stream fishing, what reach of river stream was you primary fishing location? _____
4. How many total hours have you spent fishing during your visit at your primary fishing location? _____
5. From where did you fish? From a boat From the shoreline
6. What gear type(s) did you use today?

If fishing from a boat:

- Troll lures
- Troll bait
- Cast lures
- Cast bait
- Fly fish

If fishing from the shore:

- Cast lures
- Cast bait
- Fly fish

7. Please indicate the number and type of fish you caught and the number and type of fish released.

	Rainbow Trout	Lake Trout	Brown Trout	Kokanee	Other _____	Not Sure
Kept						
Released						

8. Please rate your satisfaction with the following factors regarding your fishing experience at the primary fishing location identified above.

Factors	Acceptable	Somewhat Acceptable	Not Acceptable
Number of fish caught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of fishing locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of fish species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road access to fishing areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail access to fishing areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate your overall fishing experience at the primary fishing location identified above?

Very Satisfied	Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfied, please explain:
