

Survey No. \_\_\_\_\_  
 Survey Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

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

- Camping at a developed site     Day use at a developed site  
 Day use or camping in undeveloped areas     Day use along a stream/river  
 Reservoir recreation     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/Trailer 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?  
 Hispanic or Latino     White/Caucasian     Asian  
 Black/African American     American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander     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"/>

**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"/>				

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**

16. Name of primary campground used: \_\_\_\_\_
17. How many nights will you camp during this visit? \_\_\_\_\_ (nights)
18. Were you able to camp at your first choice campground?     Yes     No  
 If no, what was your first choice campground? \_\_\_\_\_
19. What was your method of camping?  
 Tent     Tent trailer  
 Recreational vehicle:     < than 25 feet     25-35 feet     longer than 35 feet  
 Trailer:     < than 25 feet     25-35 feet     longer than 35 feet  
 Other: \_\_\_\_\_

**20. 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"/>

**21. 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

If yes, please explain: \_\_\_\_\_

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

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

If unsatisfied please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

24. Name of primary day use site: \_\_\_\_\_
25. How many hours did you, or will you, stay at your primary day use site? \_\_\_\_\_ (hours)
26. Were you able to use your first choice developed day use site?  
 Yes     No  
 If no, what was your first choice day use site? \_\_\_\_\_
27. 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"/>

**28. 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**30. 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"/>				

If unsatisfied please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

