

Appendix E: Manager and Visitor Survey Instruments

Recreation Site Maintenance and Management Questionnaire (Managers' Survey)

CALENDAR YEAR 20XX

Instructions and Use: *This questionnaire will assist recreation-related project planning in the Missouri-Madison Corridor by providing an annual source of information on recreation amenities and needs for maintenance funding. The questionnaire will only take a few minutes to complete and should be filled out by a site manager familiar with activities that occur at the site. This information will not be used to evaluate the efforts or effectiveness of management, but to identify areas of concern suitable for funding through the River Fund and other sources.*

Section A. Site Information

A1. Recreation Site Name:

A2. Location/Water Body: _____

A3. ROS Class: _____

A4. Managing Agency: _____

A5. Date Questionnaire Completed: _____

A6. Individual Filling Out This Form: _____ **Phone:**

A7. Site Use Fees Charged:

Montana Resident: Day Use: _____ Overnight Camping: _____

Out-of-State Visitor: Day Use: _____ Overnight Camping: _____

A8. Annual budget, estimated to nearest thousand, for maintenance at **this** site: \$ _____

A9. Are there resident staff or volunteers present at this site all season? (Circle One) Yes or No

A10. Do resident staff or volunteers make frequent visits to this site (as opposed to residing at the site) throughout the season? (Circle One) Yes or No

Section B. Site Facilities: Please complete the information below about facilities at this site. Do not leave any boxes blank. Use the guidelines below for "Condition of Facility":

- 1 = very poor = Completely deteriorated and unsafe for public use.
- 2 = poor = Very deteriorated and public safety is questionable.
- 3 = fair = Becoming deteriorated, though remains safe for public use.
- 4 = good = Little sign of deterioration, stable and safe for public use.
- 5 = very good = No sign of deterioration, new or like new, stable and safe for public use.

Facilities	Existing as of 12/31/XX 1=Yes 2=No	Replaced or Added in 20XX 1=Yes 2=No	ADA Compliant? 1=Yes 2=No 3=N/A	Condition of Facility 1=very poor 2=poor 3=fair 4=good 5=very good 6=N/A
<i>Example</i>	<i>1</i>		<i>A</i>	<i>3</i>
B1. Boat Launch/Ramp				
B2. Boat Dock(s)				
B3. Buoys				
B4. Fishing Pier/Platform				
B5. Fish Cleaning Station				
B6. Swimming Area				
B7. Picnic Tables/Grills				
B8. Shelters				
B9. Group Use Pavilion				
B10. Dispersed Campsites	# of sites_____			
B11. Developed Campsites	# of sites_____			
B12. Drinking Water System				
B13. Showers				
B14. Toilets: indicate flush or vault				
B15. RV Hookups (electric/water)				
B16. RV Dump Station				
B17. Trails				
B18. Interpretive Signs				
B19. Bulletin Board/Kiosk				
B20. Regulatory Signs				
B21. Asphalted Roads				
B22. Asphalted Parking Lot				
B23. Admin. Building				
B24. Storage Building				
B25. Irrigation System				

Please continue to next page

Section C. Site Maintenance: Please write the number in each box that best describes the maintenance activities conducted at this site. Do not leave any boxes blank. Use the guidelines below for "Level of Activity":

- 1 = very poor = Activity rarely occurs, though there is need for it much more frequently.
- 2 = poor = Activity occurs occasionally, generally when it is most needed.
- 3 = fair = Activity occurs on schedule much of the time, but there are times when it lapses.
- 4 = good = Activity occurs on schedule most of the time.
- 5 = very good = Activity consistently occurs on schedule.

Maintenance Activity	Does the activity occur at this site? 1 = Yes 2 = No 3 = N/A	To what level is the activity being completed? 1=very poor 2=poor 3=fair 4=good 5=very good 6=N/A	How Frequently? 1=daily 2=weekly 3=monthly 4=twice annually 5=annually 6=as needed 7=N/A
C1. Litter pickup			
C2. Garbage/dumpster collection			
C3. Toilets pumped			
C4. Toilets cleaned			
C5. Drinking water quality testing			
C6. Clean fire rings			
C7. Lawn mowing			
C8. Weed control			
C9. Herbicide treatment			
C10. Insect/rodent control			
C11. Erosion control			
C12. Facility repair			
C13. Road/parking area repair			
C14. Grounds safety			
C15. Hazard tree removal			
C16. Revegetation			

Section D. Use Capacity: For the *following elements, please indicate overall percentage of capacity. A site that is overused would be indicated by capacity greater than 100%.*

- D1. Not including holiday weekends, what percentage of campground capacity is used during the normal operating season? _____%
- D2. Not including holiday weekends, what percentage of day-use area capacity is used during the normal operating season?
- D3. Not including holiday weekends, what percentage of the boat ramp parking capacity is used during the normal operating season?

Section E: Visitor Complaints

E1. How many times were two or more unresolved noise complaints received in one night? ____ times

Indicate the source of noise(s), for example: barking dog, traffic, late night parties, watercraft, etc. _____

E2. Number of complaints received about road dust within the site. ____ complaints

E3. Number of complaints received about road dust on the access road to the site. ____ complaints

E4. Number of complaints received related to sanitation and toilet facilities at this site. ____ complaints

Section F. Biophysical and Sanitation Indicators

F1. Indicate the degree to which sanitation is a problem at this site by checking one statement below.

- ___ No or low incidence of sanitation problems.
- ___ Moderate incidence of sanitation problems.
- ___ High incidence of sanitation problems.

F2. Indicate the degree to which soil erosion occurs on the shoreline at this site by checking one statement below.

- ___ No or low incidence of sanitation problems.
- ___ Moderate incidence of sanitation problems.
- ___ High incidence of sanitation problems.

F3. Indicate the degree to which soil compaction or disturbance in the camping and use areas occurs at this site by checking one statement below.

- ___ No or low incidence of sanitation problems.
- ___ Moderate incidence of sanitation problems.
- ___ High incidence of sanitation problems.

F4. Indicate the degree to which vegetative damage occurs at this site by checking one statement below.

- ___ No or low incidence of sanitation problems.
- ___ Moderate incidence of sanitation problems.
- ___ High incidence of sanitation problems.

Thank you for your cooperation and taking the time to supply this information!

2003 Missouri-Madison Visitor Survey Questions

1. Is this your first visit to this site?

- Yes (Go to question 2)
 No

1a. How many visits have you made to this site before today?

- 1 to 5 6 to 10 more than 10

1b. How many years have you been visiting this site?

- Less than 1 1 to 2 years 3 to 5 years
 5 to 10 years More than 10 years

2. On this visit, will you be staying overnight at this site?

- Yes - How many nights?
 No - About how many hours will you stay at this site?
 Less than 1 1 - 2 hours 2 - 6 hours More than 6

3. Please circle all reasons why you chose to visit this site rather than another place.

1. Close to home
2. Easy to get to
3. Group facilities
4. Heard about it
5. Good facilities
6. Good fishing
7. Scenic beauty
8. Been here before
9. Try a new area
10. Lewis & Clark historical site
11. Specific attraction (*please specify*) _____
12. Other sites too crowded (*please specify*) _____
13. Other reason (*please specify*) _____

3a. Please write the number from the list above of the *most important* reason you visited this site. _____

4. For this trip, please circle all activities *you* will participate in at this site.

- | | | |
|--|-----------------------|--------------------------------|
| 1. Sightseeing | 10. Horseback Riding | 19. Viewing wildlife |
| 2. Photography | 11. Hunting | 20. ATV/Motorcycling |
| 3. Auto/RV Camping | 12. Shooting | 21. Biking |
| 4. Tent camping | 13. Swimming | 22. Boat angling |
| 5. Floating/Rafting | 14. Jetskiing | 23. Bank angling |
| 6. Walking | 15. Powerboating | 24. Wade angling |
| 7. Day hiking | 16. Nature study | 25. Water skiing |
| 8. Picnicking | 17. Tubing | 26. Sailing/sailboarding |
| 9. Sunbathing | 18. Canoeing/Kayaking | 27. Visit Lewis & Clark sites |
| | | 28. Visit other historic sites |
| 29. Other (<i>please describe</i>) _____ | | |

4a. Please write the number from the list above of your *primary* activity. _____

5. Would you visit this site again if there were an event specific to the Lewis & Clark Journey Commemoration? Yes No

6. How likely are you to return to this site following the conclusion of the Lewis & Clark Journey Commemoration in 2006?

Not at all likely Somewhat unlikely Somewhat likely Extremely likely

7. For this trip, what were your group's expenditures in Montana? Please enter the amount and the town where you spent it. If you spent money in more than one town, list each separately. Use "Additional" category for expenditures made in more than two towns or if the expenditure type does not match those listed. Enter your group's total expenditures in Montana at the bottom.

<u>Expenditure Type</u>	<u>Amount Spent</u>	<u>Town</u>
Hotels, motels, bed & breakfasts	\$ _____	_____
Campground facility, RV Park	\$ _____	_____
Guides, outfitters	\$ _____	_____
Licenses, entrance fees	\$ _____	_____
Auto/RV Rental, Repair	\$ _____	_____
Transportation Fares (e.g., taxi fare)	\$ _____	_____
Gasoline, Oil	\$ _____	_____
Restaurant, Bar	\$ _____	_____
Groceries, Snacks	\$ _____	_____
Retail Goods	\$ _____	_____
Additional _____	\$ _____	_____
_____	\$ _____	_____
TOTAL:	\$ _____	_____

8. During this visit, how crowded did you feel?

Please circle one number only.

1	2	3	4	5	6	7	8	9
Not at all crowded		Slightly crowded			Moderately crowded			Extremely crowded

8a. If you felt crowded, please indicate what element of your surroundings or experience made you feel crowded and where you were at that time. Please be as specific as possible.

9. If this site were temporarily closed, how would it affect your trip plans?

(check one statement only)

- I would visit at some other time.
- I would choose another site in this area.
- I would choose another site somewhere else.
- I would do some other activity.
- I would stay home.

10. Are there any recreation sites in this area you no longer visit?

Yes No

10a. If yes, please tell us which sites and all reasons why by checking the appropriate boxes.

Site Name	Fees	Crowding	Conflicts with other users	Over-use	Resource degradation	Other (specify)
1.						

2.						
3.						

11. Please indicate the extent to which each statement describes your general feelings about *this site*. Circle one number for each statement.

	Strongly <u>Disagree</u>	-1	No Opinion/ <u>Neutral</u>	0	1	Strongly <u>Agree</u>
A lot of my life is organized around this place.	-2	-1	0	1	2	2
This area is the best place for what I like to do.	-2	-1	0	1	2	2
I feel no commitment to this place.	-2	-1	0	1	2	2
The time I spend here could just as easily be spent somewhere else.	-2	-1	0	1	2	2
I am very attached to this place.	-2	-1	0	1	2	2
I identify strongly with this place.	-2	-1	0	1	2	2
This place makes me feel like no other place can.	-2	-1	0	1	2	2
Doing what I do here is more important to me than doing it in any other place.	-2	-1	0	1	2	2

12. How well do each of the following statements describe your feelings about *this trip* to this area? Circle one number for each statement.

	Strongly <u>Disagree</u>	-1	No Opinion/ <u>Neutral</u>	0	1	Strongly <u>Agree</u>
This trip was better than any other recreation experience I remember.	-2	-1	0	1	2	2
This trip was better than any other trip to this area I remember.	-2	-1	0	1	2	2
This trip was so good I would like to take it again.	-2	-1	0	1	2	2

13. Please rate your satisfaction with the following conditions at this site.

Circle one number for each statement

	Very <u>Dissatisfied</u>	-1	No Opinion/ <u>Neutral</u>	0	1	Very <u>Satisfied</u>
1. Campsite/picnic area conditions	-2	-1	0	1	2	2
2. Quality of Lewis & Clark interpretive/educational information	-2	-1	0	1	2	2
3. Quality of other interpretive/educational information	-2	-1	0	1	2	2
4. Appropriateness of development	-2	-1	0	1	2	2
5. Maintenance of facilities	-2	-1	0	1	2	2
6. Cleanliness of area	-2	-1	0	1	2	2
7. Amount of development	-2	-1	0	1	2	2
8. Privacy of area	-2	-1	0	1	2	2
9. Condition of natural features	-2	-1	0	1	2	2
10. Residential development visible from water	-2	-1	0	1	2	2
11. Historical information	-2	-1	0	1	2	2
12. Behavior of other people	-2	-1	0	1	2	2
13. Conflict with other users	-2	-1	0	1	2	2
14. Degree of naturalness	-2	-1	0	1	2	2
15. Number of campsites within sight or sound	-2	-1	0	1	2	2
16. Seeing/hearing others	-2	-1	0	1	2	2
17. Rules and restrictions	-2	-1	0	1	2	2
18. Number of fish caught	-2	-1	0	1	2	2
19. Opportunity to view wildlife	-2	-1	0	1	2	2

20. Opportunity to hunt	-2	-1	0	1	2
21. Amount of dust on area roads	-2	-1	0	1	2
22. Condition of road leading to the site	-2	-1	0	1	2
23. Condition of road within the site	-2	-1	0	1	2
24. Sanitation and toilet facilities	-2	-1	0	1	2

14. Please list by number the above conditions you feel are *most important* at an outdoor recreation site.

15. What is your overall satisfaction with this trip?

Please circle one number only.

1	2	3	4	5	6	7	8	9
Not at all		Slightly			Moderately			Extremely
satisfied		satisfied			satisfied			satisfied

16. Do you think additional facilities are needed at this site? _____ Yes _____ No

16a. What additional facilities or services would you prefer to see at this site?

17. Indicate how many encounters you had with other recreation activities and resource uses today. Then evaluate your encounters or lack thereof. (Mark the appropriate column after each type of use.)

	<i>Number of Encounters</i>							<i>Reaction to Encounters</i>			
	0	1-5	6-10	11-20	21-30	31+	Enjoyed	Didn't Mind	Disliked		
N/A											
Canoes	-	-	-	-	-	-	1	2	3	4	
Powerboats	-	-	-	-	-	-	1	2	3	4	
Water skiers	-	-	-	-	-	-	1	2	3	4	
Personal watercraft	-	-	-	-	-	-	1	2	3	4	
Bank anglers	-	-	-	-	-	-	1	2	3	4	
Wade anglers	-	-	-	-	-	-	1	2	3	4	
Boat anglers	-	-	-	-	-	-	1	2	3	4	
River floaters	-	-	-	-	-	-	1	2	3	4	
Livestock	-	-	-	-	-	-	1	2	3	4	
Shoreline development	-	-	-	-	-	-	1	2	3	4	
Hunters	-	-	-	-	-	-	1	2	3	4	
Other _____	-	-	-	-	-	-	1	2	3	4	
_____	-	-	-	-	-	-	1	2	3	4	

17a. If you indicated above there were any uses you disliked encountering, please indicate what element of your encounter or aspect of the use type made you dislike it, and where you were at the time.

18. What type of group are you with on this trip? Check only one group type.

___ Alone ___ Family ___ Friends ___ Family & Friends

___ Outfitted guests

___ Business Associates

19. Including yourself, how many people are in your traveling group?

Adults: Males _____ Females _____
Children 16 and under: _____

20. Does anyone in your group have a disability?

___ Yes _____
___ No _____ *Please describe*

21. Do additional accommodations need to be made for visitors with disabilities?

___ Yes _____
___ No _____ *Please describe*

22. What is your age? _____

23. What is your gender? _____ Male _____ Female

24. What is the highest level of education you have completed so far?

Please circle one number only.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+
Elementary High School After High School

25. Please circle the one profession which best describes your primary occupation.

- | | | |
|-----------------|------------------------|-------------------------|
| 1. Professional | 7. Transport | 12. Armed Services |
| 2. Managerial | 8. Laborer | 13. Homemaker |
| 3. Sales | 9. Service Worker | 14. Student |
| 4. Clerical | 10. Farmer/Rancher | 15. Retired |
| 5. Craftsman | 11. Farm/Ranch Laborer | 16. Unemployed/Disabled |
| 6. Operatives | | |

26. What U.S. state, Canadian province, or foreign country are you from? _____

27. What is your home zip/postal code? _____

28. What is your approximate annual household income before taxes?

- | | |
|--------------------------|--------------------------|
| ___ less than \$10,000 | ___ \$40,000 to \$49,999 |
| ___ \$10,000 to \$19,999 | ___ \$50,000 to \$59,999 |
| ___ \$20,000 to \$29,999 | ___ \$60,000 to \$69,999 |
| ___ \$30,000 to \$39,999 | ___ \$70,000 or more |

29. Please include additional comments regarding the management of this site or your satisfaction with this site on the back of this survey.

29a. Please use the space below for additional comments you have regarding the management of this site.

29b. Please use the space below for additional comments you have regarding your satisfaction with this site.

Thank you for your time!

Date: _____ Site: _____ Surveyor: _____