



US Army Corps of Engineers

Visitor Comment Card

OMB Approval 0710-0001, Exp. 31 Mar 2006

General Information Section

Survey Type: Camping
 Day-Use
 All Visitors

Please help us serve you better on your next visit to:

Today's Date: ___/___/___
(MM DD YYYY)

Project: _____

Recreation Area: _____

Previous visits to this recreation area:

1. Is this your first visit to this recreation area?
(Choose one) Yes No
2. If no, how many other times have you visited this area in the last 12 months? _____ (Enter number)

Use of park facilities at this area:

Did you do any of the following **at this recreation area during your current visit?** (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Stay overnight in campground | <input type="checkbox"/> Use restrooms or showers |
| <input type="checkbox"/> Use swimming beach | <input type="checkbox"/> Use a recreational trail |
| <input type="checkbox"/> Use picnic facilities | <input type="checkbox"/> Use boat or facilities <i>at a marina</i> |
| <input type="checkbox"/> Launch a boat | <input type="checkbox"/> Other _____ |

Visitor fees:

1. Did you pay any entrance or user fees at this recreation area during your current visit? (Choose one)
 Yes No
2. Did you use a discount pass to reduce or eliminate the payment of fees during this visit? (Choose one)
 Yes No

About yourself:

1. Home ZIP code: _____ (Write In)
- (Choose one for each item)
2. Age: under 25 25-44 45-61 62+
3. Gender: Female Male
4. Are you Hispanic? Yes No
5. Race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Bi-racial or Multi-racial
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

Continue on the back side



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Continue on the back side

Visitor Evaluation Section

For your current visit to this area, please indicate your level of satisfaction with each of the following items: *(Check one box for each item)*

Item	Very Good	Good	Neither Good Nor Poor	Poor	Very Poor	Does Not Apply
Facilities:						
Suitability of park facilities for my recreational equipment and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom cleanliness and availability of conveniences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of park grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of signs providing directions and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking space availability during my visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roads and parking areas in the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees:						
Availability of park rangers and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of park rangers and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Setting:						
Attractiveness of surrounding scenery and landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of land and water resources for my activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall:						
Waiting times needed to access park facilities and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of safety and security in the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value received for any visitor fees paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with my visit to this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you like most about this area? _____

What improvements would you like to see in this area? _____

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