

The public report burden for this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please DO NOT RETURN your completed form to either of these addresses.



US Army Corps  
of Engineers

## Thank You !

Your thoughtful feedback today will help  
make future visits here more enjoyable and worthwhile for everyone.

Are you interested in learning more about recreation opportunities on Corps of Engineers lakes?  
Visit our website at [www.CorpsLakes.us](http://www.CorpsLakes.us)



US Army Corps of Engineers

# Visitor Center Comment Card

OMB Approval 0710-0001, Exp 30 Nov 2009

Survey:  Scheduled  Solicited  
 Self-service  Tour Rep

Season:  Primary  Secondary

Please help us serve you better at the \_\_\_\_\_ Visitor Center!

Today's Date: \_\_\_/\_\_\_/\_\_\_  
(MM DD YYYY)

### About your visit here today:

1. Have you ever been to this Visitor Center before? (Choose one)  
 Yes  No  Not Sure

2. What was your *primary* reason for coming here today? (Choose one)  
 View the exhibits  
 Take a guided tour  
 Attend special program or event  
 Use the restroom  
 Take a break from travel  
 Obtain information or brochures  
 Purchase recreation area pass  
 Browse the bookstore  
 Other: \_\_\_\_\_

3. Did you come here today with any children 5 to 16 years old?  
 Yes  No

### How *important* were each of the following to your visit? (Check one box for each feature)

Visitor Center Feature	Very Important	Important	Somewhat Important	Not Important	NA
<b>Facilities:</b>					
Exhibits	<input type="checkbox"/>				
Restrooms	<input type="checkbox"/>				
Parking	<input type="checkbox"/>				
Accessibility to persons with disabilities	<input type="checkbox"/>				
<b>Programs and Services:</b>					
Interpretive presentations and films	<input type="checkbox"/>				
Guided tours	<input type="checkbox"/>				
Pamphlets and brochures	<input type="checkbox"/>				
Having staff available for assistance	<input type="checkbox"/>				
Bookstore	<input type="checkbox"/>				
<b>Overall:</b>					
Learning opportunities	<input type="checkbox"/>				
Exhibits and activities for children	<input type="checkbox"/>				

### How *satisfied* were you with each of the following today? (Check one box for each feature)

Visitor Center Feature	Very Good	Good	Not Good Not Poor	Poor	Very Poor	NA
<b>Facilities:</b>						
Exhibits	<input type="checkbox"/>					
Restrooms	<input type="checkbox"/>					
Parking	<input type="checkbox"/>					
Accessibility to persons with disabilities	<input type="checkbox"/>					
<b>Programs and Services:</b>						
Interpretive presentations / films	<input type="checkbox"/>					
Guided tours	<input type="checkbox"/>					
Pamphlets and brochures	<input type="checkbox"/>					
Availability of visitor center staff	<input type="checkbox"/>					
Helpfulness of visitor center staff	<input type="checkbox"/>					
Items for sale in the bookstore	<input type="checkbox"/>					
<b>Overall:</b>						
Learning experience	<input type="checkbox"/>					
Exhibits and activities for children	<input type="checkbox"/>					
Overall satisfaction with the visitor center	<input type="checkbox"/>					

### About Yourself:

1. Home postal (ZIP) Code: (Write In) \_\_\_\_\_

2. You live in: (Choose one)  
 U. S.  Canada  Mexico  
 Other

3. Age: (Choose one)  
 under 25  25-44  
 45-61  62+

4. Gender: (Choose one)  
 Female  Male

5. Ethnic affiliation: (Choose one)  
 Hispanic  Non-Hispanic

6. Racial affiliation: (Choose one)  
 American Indian or Alaska Native  
 Asian or Asian American  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White or Caucasian  
 Bi-racial or Multi-racial  
 Other

What did you **like most** about the visitor center? (Describe)

What **improvements** would you like to see here? (Describe)