



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

## 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
<b>Facilities:</b>						
Suitability of park facilities for my recreational equipment and activities	<input type="checkbox"/>					
Restroom cleanliness and availability of conveniences	<input type="checkbox"/>					
Appearance of park grounds	<input type="checkbox"/>					
Adequacy of signs providing directions and information	<input type="checkbox"/>					
Parking space availability during my visit	<input type="checkbox"/>					
Condition of roads and parking areas in the park	<input type="checkbox"/>					
<b>Employees:</b>						
Availability of park rangers and staff	<input type="checkbox"/>					
Helpfulness of park rangers and staff	<input type="checkbox"/>					
<b>Environmental Setting:</b>						
Attractiveness of surrounding scenery and landscape	<input type="checkbox"/>					
Quality of land and water resources for my activities	<input type="checkbox"/>					
<b>Overall:</b>						
Waiting times needed to access park facilities and services	<input type="checkbox"/>					
Feeling of safety and security in the park	<input type="checkbox"/>					
Value received for any visitor fees paid	<input type="checkbox"/>					
Overall satisfaction with my visit to this area	<input type="checkbox"/>					

What do you like most about this area? \_\_\_\_\_  
 \_\_\_\_\_

What improvements would you like to see in this area? \_\_\_\_\_  
 \_\_\_\_\_