



**BOATER SURVEY**

Were you boating with a commercial company, outfitter or guide today?

- Yes  No

How many people were in your craft, including yourself? \_\_\_\_\_

How many people in your craft are under age 16? \_\_\_\_\_

Prior to today, how many times have you floated this section of river?

- This is my first time  1 time before  2-5  6 or more

Today, were you:

- Recreational boating  Float-fishing  Both

What craft were you in?

- Raft  Dory  Canoe  Inflatable Kayak  Kayak  
 Stand-up Paddleboard  Inner Tube  
 Other: \_\_\_\_\_

Please rate your boating skill level on the type of craft you were on today:

- Beginner  Intermediate  Advanced  Expert

What is your zip code (or country of permanent residence if not U.S.)?  
 \_\_\_\_\_

**TODAY'S EXPERIENCE**

Based on your experience today, how likely would you be to return to this section of river?

- 0%-will not return  25%-unlikely  50%-maybe  
 75%-probably  100%-definitely will return

How did the following affect your experience today?

	Greatly Reduced My Experience Today	Slightly Reduced	Neither Reduced or Enhanced	Somewhat Enhanced	Greatly Enhanced My Experience Today	Don't Know/ No opinion
1. Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of people on the river	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Put-in and take-out facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Scenery /natural setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Water level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the list in the above question, which two factors were most important to your overall experience today? \_\_\_\_\_ Most important  
 (ENTER NUMBERS FROM LIST) \_\_\_\_\_ Second most important

If you checked either "greatly reduced" or "greatly enhanced" in any of the boxes above, please explain why:  
 \_\_\_\_\_

How would you characterize the water level today?

- Too Low  Low-Acceptable  Just about Right/Ideal  
 High-Acceptable  Too High  Don't know/no opinion

My email address is:

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THANKS!