

APPENDIX A

LAKE MURRAY AND LOWER SALUDA RIVER SURVEYS

## Lake Murray Recreation Study Public Access Site Questionnaire

Clerk: _____	Site: _____	Date: _____	Time: _____ am/pm
RESPONDENT GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	RESPONDENT REFUSED INTERVIEW: <input type="checkbox"/>		
NUMBER OF PEOPLE IN THE VEHICLE: _____	RESPONDENT DOES NOT SPEAK ENGLISH: <input type="checkbox"/>		
VEHICLE HAS A BOAT TRAILER: <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONDENT IS NOT 18 YEARS OR OLDER: <input type="checkbox"/>		
RESPONDENT HAS BEEN INTERVIEWED AT THIS SITE PREVIOUSLY: <input type="checkbox"/> YES <input type="checkbox"/> NO			

### THE FIRST FEW QUESTIONS ASK ABOUT YOUR EXPERIENCE HERE TODAY

1. Including yourself, how many people are in your party today? *(Fill in blank.)*

\_\_\_\_\_ people in party

2. What time did you arrive **at Lake Murray** today? *(Fill in blank.)*

\_\_\_\_\_ am / pm

3A. What is the **primary** recreation activity that you participated in today **at Lake Murray**? *(Check **one** main activity in the **first** column.)*

3B. What other activities did you participate in today? *(Check **all that apply** in the **second** column. If boating or boat fishing are primary activities, skip to Question 5A.)*

Check only <b>one</b> main activity	Check all other activities	Types of Activities
		<b>FISHING:</b>
<input type="checkbox"/>	<input type="checkbox"/>	bank fishing
<input type="checkbox"/>	<input type="checkbox"/>	boat fishing
<input type="checkbox"/>	<input type="checkbox"/>	pier/dock fishing
		<b>BOATING:</b>
<input type="checkbox"/>	<input type="checkbox"/>	canoeing/kayaking
<input type="checkbox"/>	<input type="checkbox"/>	jet skiing
<input type="checkbox"/>	<input type="checkbox"/>	motor boating
<input type="checkbox"/>	<input type="checkbox"/>	pontoon/party boating
<input type="checkbox"/>	<input type="checkbox"/>	sailing
<input type="checkbox"/>	<input type="checkbox"/>	water skiing/tubing/other tow
<input type="checkbox"/>	<input type="checkbox"/>	windsurfing
		<b>OTHER:</b>
<input type="checkbox"/>	<input type="checkbox"/>	bicycling
<input type="checkbox"/>	<input type="checkbox"/>	camping
<input type="checkbox"/>	<input type="checkbox"/>	event (fair, wedding, etc)
<input type="checkbox"/>	<input type="checkbox"/>	horseback riding
<input type="checkbox"/>	<input type="checkbox"/>	nature study/wildlife viewing
<input type="checkbox"/>	<input type="checkbox"/>	picnicking (cookout)
<input type="checkbox"/>	<input type="checkbox"/>	playground
<input type="checkbox"/>	<input type="checkbox"/>	sightseeing
<input type="checkbox"/>	<input type="checkbox"/>	sunbathing
<input type="checkbox"/>	<input type="checkbox"/>	swimming
<input type="checkbox"/>	<input type="checkbox"/>	walking/hiking/backpacking
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
	<input type="checkbox"/>	<b>None</b>

4. Did you spend any time **on the water on Lake Murray** today? (Check one box.)

- YES
- NO (If no, skip to Question 6.)

5A. Here is a map of Lake Murray. Please show me where you spent the most time **on the water** today by placing a dot at that location? (Interviewer, please check the segment below that corresponds with the location of the dot placed by the respondent. Check only one box.)

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Segment 1 | <input type="checkbox"/> Segment 7  |
| <input type="checkbox"/> Segment 2 | <input type="checkbox"/> Segment 8  |
| <input type="checkbox"/> Segment 3 | <input type="checkbox"/> Segment 9  |
| <input type="checkbox"/> Segment 4 | <input type="checkbox"/> Segment 10 |
| <input type="checkbox"/> Segment 5 | <input type="checkbox"/> Segment 11 |
| <input type="checkbox"/> Segment 6 | <input type="checkbox"/> Segment 12 |

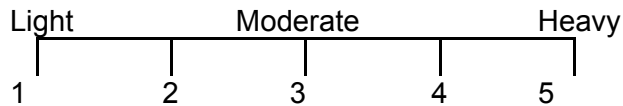
5B. Why did you choose that particular area? (Fill in the blank.)

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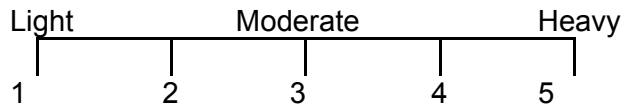
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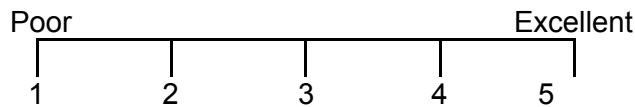
5C. On a scale from 1 to 5, with 1 being light, 3 being moderate, and 5 being heavy, how would you rate the crowdedness overall **on the water on Lake Murray** today? (Circle one number.)



6. On a scale from 1 to 5, with 1 being light, 3 being moderate, and 5 being heavy, how would you rate the crowdedness **at this recreation site** today? (Circle one number.)



7A. On a scale from 1 to 5, with 1 being poor and 5 being excellent, how would you rate the overall condition **of this recreation site** today? (Circle one number.)



7B. Why did you choose this particular site instead of another recreation site? (Check one box.)

- Park is close to my home
- Other, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7C. Are there any additional facilities needed **at this recreation site**? (Check one box.)

- YES
- NO (If no, skip to Question 8.)

7D. What do you recommend? (Do not read this list. Allow respondent to answer and check all that apply and/or fill in the blanks.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> access road                   | <input type="checkbox"/> concession/store      | <input type="checkbox"/> RV camping          |
| <input type="checkbox"/> bank fishing area             | <input type="checkbox"/> drink machines        | <input type="checkbox"/> signs & information |
| <input type="checkbox"/> bilingual signs & information | <input type="checkbox"/> fish cleaning station | <input type="checkbox"/> swimming area       |
| <input type="checkbox"/> boat dock                     | <input type="checkbox"/> fishing pier/dock     | <input type="checkbox"/> tent camping        |
| <input type="checkbox"/> boat fueling                  | <input type="checkbox"/> lighting              | <input type="checkbox"/> trails              |
| <input type="checkbox"/> boat launch/ramp              | <input type="checkbox"/> parking lot           | <input type="checkbox"/> trash cans          |
| <input type="checkbox"/> boat pump outs                | <input type="checkbox"/> picnic tables/shelter | <input type="checkbox"/> water fountains     |
| <input type="checkbox"/> camping area                  | <input type="checkbox"/> rest rooms            |  |
| <input type="checkbox"/> other (please specify: _____) |  |  |

7E. Are there any other improvements that you would recommend for this site? (Check one box.)

- YES
- NO (If no, skip to Question 8.)

7F. What improvements do you recommend? (Fill in the blank.)

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**I HAVE JUST A FEW MORE QUESTIONS**

8. Do you own a permanent or seasonal lakefront home or condominium **on Lake Murray**? What is your zip code? (Check one box and fill in the blank for zip code.)

- YES Permanent Home → ZIP CODE: \_\_\_\_\_
- YES Seasonal Home → ZIP CODE: \_\_\_\_\_
- NO Non-lakefront resident → ZIP CODE: \_\_\_\_\_

9. In what year were you born? (Fill in blank.)

\_\_\_\_\_ YEAR

10. Do you have any additional comments about the recreation facilities at **Lake Murray**? (Fill in blank and be as specific as possible.)

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**THANK YOU FOR YOUR HELP! WE APPRECIATE YOUR TIME TODAY!**

## Lower Saluda River Recreation Study Public Access Site Questionnaire

Clerk: _____	Site: _____	Date: _____	Time: _____ am/pm
RESPONDENT GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	RESPONDENT REFUSED INTERVIEW: <input type="checkbox"/>		
NUMBER OF PEOPLE IN THE VEHICLE: _____	RESPONDENT DOES NOT SPEAK ENGLISH: <input type="checkbox"/>		
	RESPONDENT IS NOT 18 YEARS OR OLDER: <input type="checkbox"/>		
RESPONDENT HAS BEEN INTERVIEWED AT THIS SITE PREVIOUSLY: <input type="checkbox"/> YES <input type="checkbox"/> NO			

### THE FIRST FEW QUESTIONS ASK ABOUT YOUR EXPERIENCE HERE TODAY

1. Including yourself, how many people are in your party today? *(Fill in blank.)*

\_\_\_\_\_ people in party

2. What time did you arrive **at the Lower Saluda River** today? *(Fill in blank.)*

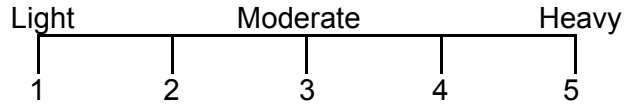
\_\_\_\_\_ am / pm

3A. What is the **primary** recreation activity that you participated in today **at the Lower Saluda River**?  
*(Check **one** main activity in the **first** column.)*

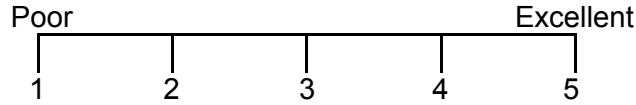
3B. What other activities did you participate in today? *(Check **all that apply** in the **second** column.)*

Check only <b>one</b> main activity	Check all other activities	Types of Activities
		<b>FISHING:</b>
<input type="checkbox"/>	<input type="checkbox"/>	bank fishing
<input type="checkbox"/>	<input type="checkbox"/>	boat fishing
<input type="checkbox"/>	<input type="checkbox"/>	pier/dock fishing
<input type="checkbox"/>	<input type="checkbox"/>	wading fishing
		<b>BOATING:</b>
<input type="checkbox"/>	<input type="checkbox"/>	flatwater canoeing/kayaking
<input type="checkbox"/>	<input type="checkbox"/>	rafting
<input type="checkbox"/>	<input type="checkbox"/>	tubing/floating
<input type="checkbox"/>	<input type="checkbox"/>	whitewater canoeing/kayaking
		<b>OTHER:</b>
<input type="checkbox"/>	<input type="checkbox"/>	bicycling
<input type="checkbox"/>	<input type="checkbox"/>	camping
<input type="checkbox"/>	<input type="checkbox"/>	dog walking
<input type="checkbox"/>	<input type="checkbox"/>	event (fair, wedding, etc)
<input type="checkbox"/>	<input type="checkbox"/>	horseback riding
<input type="checkbox"/>	<input type="checkbox"/>	nature study/wildlife viewing
<input type="checkbox"/>	<input type="checkbox"/>	picnicking (cookout)
<input type="checkbox"/>	<input type="checkbox"/>	playground/spray park
<input type="checkbox"/>	<input type="checkbox"/>	sightseeing
<input type="checkbox"/>	<input type="checkbox"/>	sunbathing
<input type="checkbox"/>	<input type="checkbox"/>	swimming
<input type="checkbox"/>	<input type="checkbox"/>	walking/hiking/backpacking
<input type="checkbox"/>	<input type="checkbox"/>	other: _____
	<input type="checkbox"/>	<b>None</b>

4. On a scale from 1 to 5, with 1 being light, 3 being moderate, and 5 being heavy, how would you rate the crowdedness **at this recreation site** today? (Circle one number.)



5. On a scale from 1 to 5, with 1 being poor and 5 being excellent, how would you rate the overall condition **of this recreation site** today? (Circle one number.)



6. Why did you choose this particular site instead of another recreation site? (Check one box.)

- Park is close to my home
- Other, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7A. Are there any additional facilities needed **at this recreation site**? (Check one box.)

- YES
- NO (If no, skip to Question 8A.)

7B. What do you recommend? (Do not read this list. Allow respondent to answer and check all that apply and/or fill in the blank.)

<input type="checkbox"/> access road	<input type="checkbox"/> fish cleaning station	<input type="checkbox"/> signs & information
<input type="checkbox"/> bank fishing area	<input type="checkbox"/> fishing pier/dock	<input type="checkbox"/> sirens
<input type="checkbox"/> bilingual signs & information	<input type="checkbox"/> lighting	<input type="checkbox"/> swimming area
<input type="checkbox"/> boat dock	<input type="checkbox"/> parking lot	<input type="checkbox"/> trails
<input type="checkbox"/> boat launch/ramp	<input type="checkbox"/> picnic tables/shelter	<input type="checkbox"/> trash cans
<input type="checkbox"/> camping area	<input type="checkbox"/> rest rooms	<input type="checkbox"/> water fountains
<input type="checkbox"/> concession/store	<input type="checkbox"/> river level markers	
<input type="checkbox"/> drink machines	<input type="checkbox"/> RV camping	
<input type="checkbox"/> other (please specify: _____)		

7C. Are there any other improvements that you would recommend for this site? (Check one box.)

- YES
- NO (If no, skip to Question 8A.)

7D. What improvements do you recommend? (Fill in the blank.)

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8A. Are you aware of a siren or flashing lights on **the Lower Saluda River**? (Check one box.)

- YES
- NO (If no, skip to Question 9.)

8B. What do you think they are for? (Check one box.)

- don't know
- warn of danger
- warn of release from dam
- warn of water level rising
- Other, please list \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8C. Including today, have you ever heard the siren or seen the flashing lights on the Lower Saluda River while visiting **this recreation site**? (Check one box.)

- YES
- NO (If no, skip to Question 9.)

8D. The last time you heard the siren or saw the lights at **this recreation site**, were you on or in the water when the siren sounded? (Check one box.)

- YES
- NO (If no, skip to Question 9.)

8E. What did you do? (Fill in the blank.)

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**I HAVE JUST A FEW MORE QUESTIONS**

9. Do you own a permanent or seasonal home or condominium **on the Saluda River**? What is your zip code? (Check one box and fill in the blank for zip code.)

- YES Permanent Home → ZIP CODE: \_\_\_\_\_
- YES Seasonal Home → ZIP CODE: \_\_\_\_\_
- NO Non-riverfront resident → ZIP CODE: \_\_\_\_\_

10. In what year were you born? (Fill in blank.)

\_\_\_\_\_ YEAR

11. Do you have any additional comments about the recreation facilities on **the Lower Saluda River**? (Fill in blank and be as specific as possible.)

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**THANK YOU FOR YOUR HELP! WE APPRECIATE YOUR TIME TODAY!**