

# San Juan Islands Visitor Study • Onsite survey

Date \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ Location \_\_\_\_\_ Tech \_\_\_\_\_

1. How crowded did you feel during your visit *at this location?* (Please circle one number for each row)

	Not at all crowded		Slightly crowded		Moderately crowded		Extremely crowded		
On roads traveling to this location	1	2	3	4	5	6	7	8	9
Finding parking at this location	1	2	3	4	5	6	7	8	9
On trails at this location	1	2	3	4	5	6	7	8	9
Using facilities (such as restrooms, picnic tables)	1	2	3	4	5	6	7	8	9
At your primary destination at this location (such as a beach, overlook, or picnic area)	1	2	3	4	5	6	7	8	9
<b>Overall for this location</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

2. Please rate the acceptability of conditions and facilities *at this location.* (Please circle one number per row)

	Totally unacceptable	Slightly unacceptable	Marginal	Slightly acceptable	Totally acceptable	OR...✓ if you did not use or notice
Directional signs and information	-2	-1	0	1	2	<input type="checkbox"/>
Amount of parking	-2	-1	0	1	2	<input type="checkbox"/>
Condition of trails	-2	-1	0	1	2	<input type="checkbox"/>
Rest rooms	-2	-1	0	1	2	<input type="checkbox"/>
Interpretive information / exhibits	-2	-1	0	1	2	<input type="checkbox"/>
Other facilities _____	-2	-1	0	1	2	<input type="checkbox"/>

3. Which of the following best describes you? (Please check one box and answer the questions in that column only)

<input type="checkbox"/> <b>Visitor</b> Do <u>not</u> live or work on the San Juan Islands			<input type="checkbox"/> <b>Resident</b> Live or work on the San Juan Islands		
Which islands will you visit on this trip? (✓ all that apply) <input type="checkbox"/> San Juan <input type="checkbox"/> Orcas <input type="checkbox"/> Lopez <input type="checkbox"/> Other _____			Where is your island residence located? (Circle one number) 1.San Juan 2.Orcas 3.Lopez 4.Other _____ 5. I commute		
Which island are you staying on tonight? (Circle one number) 1. San Juan 2. Orcas 3. Lopez 4. Other _____			How many years have you had a residence in the San Juan Islands?		_____ years
How many days will you spend in the San Juan Islands on this trip?		_____ days	About how many months per year do you spend in the San Juan Islands?		_____ months
How many people (including yourself) were in your group on this trip?		children _____ adults _____	How many people (including yourself) were in your group on this trip?		children _____ adults _____
What accommodations will you use on this trip? (✓ all that apply) <input type="checkbox"/> Hotel / motel / resort <input type="checkbox"/> Rental (VRBO, AirBNB, etc.) <input type="checkbox"/> B&B or small inn <input type="checkbox"/> Campground <input type="checkbox"/> Family / friends			About how many times did you visit this location in the past month?		_____ times
How did you travel to this location? (Circle one number) 1. Own vehicle 2. Rental vehicle 3. Own bike 4. Rental bike 5. Bus 6. Other _____			How did you travel to this location? (Circle one number) 1. Own vehicle 2. Rental vehicle 3. Own bike 4. Rental bike 5. Bus 6. Other _____		
What is your zip code / postcode?			Are you retired? 1. No 2. Yes		
About how long was your visit to this location today?		_____ hours - _____ minutes	About how long was your visit to this location today?		_____ hours - _____ minutes