

Appendix B - Sample Survey Forms

Figure B.1 - Sample Facility Inventory Form

NYS OUTDOOR RECREATION FACILITIES INVENTORY

SITE NAME: _____ Address: _____ City / Town: _____ Zip: _____ Telephone: () _____	OWNER NAME: _____ Address: _____ City / Town: _____ Zip: _____ Telephone: () _____
--	---

OPERATOR: State County City Village Town Federal School District (Circle One) Non-Profit Private (closed to public) Commercial (open to public)
--

CAMPING Total Number of Tent / RV Sites: _____ # of Electrified Sites: _____ Showers: Yes No Number of Cabins: _____ Group Camping Available: Yes No GOLFING Driving Range: Yes No Miniature Golf: Yes No Number of 18-Hole Courses: _____ Total Yards: _____ Number of 9-Hole Courses: _____ Total Yards: _____ FISHING Fishing Available at Site: Yes No PICNICKING Number of Tables: _____ Number of Shelters: _____ Playgrounds: Yes No COURT SPORTS Number of Tennis Courts: _____ Number of Basketball Courts: _____ Number of Handball Courts: _____ Number of Other Courts: _____ FIELD SPORTS Baseball / Softball / Little League: Yes No Football / Soccer / Other: Yes No ARCHERY / TARGET SHOOTING: Yes No AMUSEMENT AREA: Yes No HISTORIC SITE: Yes No NATURAL / SCENIC ATTRACTION: Yes No NATURE / VISITOR CENTER: Yes No COMMUNITY GARDENS: _____ Sq. Ft.	TRAILS Total Miles of Trails: _____ Bicycle: Yes No Hiking: Yes No ATV / Trail Biker: Yes No Snowmobile: Yes No Cross-country Skiing: Yes No SWIMMING Linear Feet of Developed Beach: _____ Number of Pools: _____ Total Pool Area: _____ Sq. Ft. MARINAS Number of Cartop Launches: _____ Number of Dock Slips: _____ Number of Moorings: _____ # of Ramps: Paved _____ Unpaved _____ # of Pumpouts: _____ Transient Access: Yes No Boat Rental: Yes No MAJOR WATER BODY Name: _____ SKIING Ski Area: Yes No Number of Slopes / Trails: _____ Number of Lifts: _____ Snowmaking: Yes No ICE SKATING: Yes No PARK AREA Total Acreage of Facility: _____ Parking Capacity: _____ HANDICAPPED ACCESSIBILITY Yes No STATE: _____ COUNTY: _____ CITY/TOWN: _____ ZIP: _____ OPER: _____ WATER ACC: _____ DATE: _____
---	---

See instructions on the reverse side of this form.

Figure B.2 - Park Professional Survey Form



Park Professional Survey

Dear Park Professional:

The New York State Office of Parks, Recreation and Historic Preservation thanks you for your help in gathering information on recreation needs in your community. While we are interested in all aspects of recreation, this year we are placing a special emphasis on trail-based recreation.

Again, thank you for your help. If you have any questions, please call Wesley Bartlett at (518) 474-8410.

- 1) Please rate the need for the following in your community on a scale of 1 to 5, with 5 being most needed and 1 being not needed at all:

Most needed			Not Needed		
5	4	3	2	1	
5	4	3	2	1	Trails
5	4	3	2	1	Picnicking / Day Use Areas
5	4	3	2	1	Swimming Pools
5	4	3	2	1	Beaches
5	4	3	2	1	Golf Courses
5	4	3	2	1	Tennis / Handball / Racquetball Courts
5	4	3	2	1	Basketball Courts
5	4	3	2	1	Sports Fields (Baseball, Soccer, etc.)
5	4	3	2	1	Hunting Areas
5	4	3	2	1	Campgrounds
5	4	3	2	1	Fishing Access / Piers
5	4	3	2	1	Boat Launches / Docks
5	4	3	2	1	Ice Skating Rinks
5	4	3	2	1	Downhill Ski Facilities
5	4	3	2	1	Nature Study Areas
5	4	3	2	1	Other (specify) _____

- 2) Does your community have a recreation or open space master plan? Yes___ No___
- 9a. If yes, is this plan more than 5 years old? Yes___ No___
When will your next revision of this plan be? _____ (Year)
- 9b. If NO, do you intend to develop a plan? Yes___ No___
Why _____
- 3) Does your department/agency plan to develop a park or recreation facility within the next five years? Yes___ No___
- 4) Is the aging of the population considered in your recreation plan? Yes___ No___
- 5) Does your department/agency plan to acquire additional open space within the next five years? Yes___ No___

Continued on next page

Figure B.2 - Park Professional Survey Form (Continued)

6) What is the dollar value of needed facilities in your community?
 Acquisition \$ _____ New Development \$ _____ Rehabilitation \$ _____

7) Are you aware of the following grants programs that the New York State Office of Parks, Recreation and Historic Preservation administers?

Land & Water Conservation Fund Yes___ No___

Environmental Protection Fund Yes___ No___

Recreational Trails Program Yes___ No___

8) Does your municipality support the continued funding of the Land and Water Conservation Fund (LWCF)? Yes___ No___

9) Please read each of the statements below very carefully and then indicate how you feel about them by circling a number to the left of the statement. If you feel very strongly circle -3 or +3. If you have no opinion, cannot decide or lack information necessary to give an opinion, circle 0. Circle -2, -1, +1 or +2 if you feel somewhat, but not very strongly negatively or positively.

Strongly Disagree				Strongly Agree			
-3	-2	-1	0	+1	+2	+3	
-3	-2	-1	0	+1	+2	+3	More lands should be purchased by government to preserve more open space.
-3	-2	-1	0	+1	+2	+3	More lands should be purchased by government for recreation.
-3	-2	-1	0	+1	+2	+3	Easements should be considered whenever possible as an alternative to fee acquisition.
-3	-2	-1	0	+1	+2	+3	Government should purchase additional public access to water resources such as lakes, streams, beaches and oceanfronts.
-3	-2	-1	0	+1	+2	+3	Government should increase spending for outdoor recreation facilities, e.g. pools, marinas, trails, campgrounds, etc.
-3	-2	-1	0	+1	+2	+3	More money should be spent on public park maintenance and repair.
-3	-2	-1	0	+1	+2	+3	Federal financial assistance to support recreation development and land acquisition should be increased.
-3	-2	-1	0	+1	+2	+3	The quality and condition of programs and facilities are being adversely impacted by budget and staff reduction.
-3	-2	-1	0	+1	+2	+3	Public/private partnerships should be considered to expand and develop recreational facilities.

10) Is information about recreation facilities and trails in your community available on the Internet?
 Yes___ No___
 If yes, please indicate the web address: _____

11) Are actions being taken in the planning and design of recreation programs and facilities in your community to address increased obesity within the population? Yes___ No___

Figure B.2 - Park Professional Survey Form (Continued)

Trail Facilities and Issues

T1) Please rate the need for the various types of trails in your community on a scale of 1 to 5, with 5 being most needed and 1 being not needed at all:

Most needed					Not Needed	
5	4	3	2	1		
5	4	3	2	1		Walking / Jogging / Hiking Paths
5	4	3	2	1		Recreational Bicycle Paths
5	4	3	2	1		Bicycle Commuter Routes
5	4	3	2	1		Mountain Biking Trails
5	4	3	2	1		In-line Skating/Roller Blading Paths
5	4	3	2	1		ATV Trails
5	4	3	2	1		Off Road Vehicles (4WD Trucks,) Trails
5	4	3	2	1		Equestrian Trails
5	4	3	2	1		Nature/Interpretive Trails
5	4	3	2	1		Canoeing/kayaking Routes
5	4	3	2	1		Water Trails
5	4	3	2	1		Snowmobile Trails
5	4	3	2	1		Cross Country Skiing Trails
5	4	3	2	1		Snowshoe Trails
5	4	3	2	1		Other _____

T2) Please rate the importance of the following trail issues in your community and check the box next to the three with the highest priorities:

Most important					Least Important	
5	4	3	2	1		
5	4	3	2	1	<input type="checkbox"/>	Providing access to trails
5	4	3	2	1	<input type="checkbox"/>	Obtaining liability insurance
5	4	3	2	1	<input type="checkbox"/>	Accessibility for persons with disabilities
5	4	3	2	1	<input type="checkbox"/>	Safety / Law enforcement
5	4	3	2	1	<input type="checkbox"/>	Acquiring new land for trails
5	4	3	2	1	<input type="checkbox"/>	Developing new trails
5	4	3	2	1	<input type="checkbox"/>	Maintenance
5	4	3	2	1	<input type="checkbox"/>	Trail signage
5	4	3	2	1	<input type="checkbox"/>	Concerns of landowners
5	4	3	2	1	<input type="checkbox"/>	Sources of funding
5	4	3	2	1	<input type="checkbox"/>	Other _____

T3) Approximately how many miles of federal, state and locally designated trails are within your community? _____ miles

T4) What is the major source of financing for trail maintenance in your community?
 _____ General Taxes _____ Donations _____ User Fees _____ Other: _____

T5) Approximately what percentage of trail maintenance in your community is done by volunteer groups? _____ %

Continued on next page

Figure B.2 - Park Professional Survey Form (Continued)

T6) Please rate the importance of the following trail needs in your community:

Most important					Least Important	
5	4	3	2	1		
						Trails linked to population centers
						Trails linked to other trails
						Trails in rural areas
						Trails connecting residential areas to schools, parks and other community resources
						Trails connecting residential areas to commercial areas

T7) For the trails in your community, please number each one of the following physical issues in order from most serious(1) to least serious(7), using each number 1,2,3,4,5,6 and 7 only once:

<input type="checkbox"/> Invasive Species	<input type="checkbox"/> Weather damage to trail structures
<input type="checkbox"/> Undergrowth and weeds are uncontrolled	<input type="checkbox"/> Treadway maintenance
<input type="checkbox"/> Poor Design	<input type="checkbox"/> Overuse
<input type="checkbox"/> Other _____	

T8) For the trails in your community, please number each one of the following social issues in order from most serious(1) to least serious(6), using each number 1,2,3,4,5 and 6 only once:

<input type="checkbox"/> Conflicts between different types of users	<input type="checkbox"/> Trail vandalism
<input type="checkbox"/> Conflicts between users and landowners	<input type="checkbox"/> Crowding / Overuse
<input type="checkbox"/> Illegal use of trails	<input type="checkbox"/> Other _____

T9) Are you a member of a trail club or organization? Yes No. If yes, identify type:

<input type="checkbox"/> Hiking	<input type="checkbox"/> Equestrian	<input type="checkbox"/> ATV
<input type="checkbox"/> Running	<input type="checkbox"/> Biking	<input type="checkbox"/> ORV
<input type="checkbox"/> Canoe	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Cross Country Skiing

T10) Is obtaining liability insurance for trails within your community a concern for:

Your local government: Yes No

Local trail organizations: Yes No

If yes, the primary issue is:

<input type="checkbox"/> Availability	<input type="checkbox"/> Cost	<input type="checkbox"/> Extent of Coverage
<input type="checkbox"/> Other, please specify _____		

T11) We welcome any comments you have on trails usage / issues / problems in your area:

Name: _____ Title: _____

Address: _____

City: _____ NY Zip: _____

Phone Number: (____) _____ - _____ Email: _____

Figure B.3 - General Public Survey Form



New York State
Office of Parks, Recreation and Historic Preservation
**2004 General Public
Recreation Survey**

1. Please complete the activity lists below for you and any two other household members above age 12. Indicate the approximate number of days the activity was done during calendar year 2004 (January 1, 2004 to December 31, 2004), regardless of where the activity took place, whether at a state park, local park, private facility or anywhere else. If you and the two other household members did not participate in an activity at all you may leave the line blank.

Examples: Golf 7 = [Played 7 days last year]
Basketball 100 = [Played 100 days last year, about twice a week]

ACTIVITY LIST	"YOU"	"OTHER HOUSEHOLD"	"OTHER HOUSEHOLD"
	MEMBER 1	MEMBER 2	
	age sex	age sex	age sex
	days	days	days
<u>Visiting Parks and Natural Areas</u>			
Relaxing in the park	_____	_____	_____
Picnicking	_____	_____	_____
Playground use	_____	_____	_____
Bird Watching/Nature Photography	_____	_____	_____
Visiting Nature Preserves	_____	_____	_____
<u>Court Games</u>			
Tennis	_____	_____	_____
Handball/Racquetball	_____	_____	_____
Basketball	_____	_____	_____
<u>Field Sports</u>			
Baseball/Softball	_____	_____	_____
Soccer	_____	_____	_____
Volleyball	_____	_____	_____
<u>Water Based Activities</u>			
Swimming	_____	_____	_____
Boating (with a motor)	_____	_____	_____
Rowboating/Canoeing/Kayaking	_____	_____	_____
Sailing	_____	_____	_____
Salt Water Fishing	_____	_____	_____
Fresh Water Fishing	_____	_____	_____
Surfing	_____	_____	_____
<u>Trail Activities (whether or not on a trail)</u>			
Bicycling (On-Road)	_____	_____	_____
Bicycling (Off-Road/Mountain)	_____	_____	_____
Skateboarding/Rollerblading	_____	_____	_____
Walking for enjoyment or exercise	_____	_____	_____
Jogging/Running	_____	_____	_____
Hiking/Backpacking	_____	_____	_____
Horseback Riding	_____	_____	_____
ATV/Off Road Vehicle/4x4	_____	_____	_____
<u>Camping</u>			
Tent Camping	_____	_____	_____
RV Camping	_____	_____	_____
Primitive Camping/Backpacking	_____	_____	_____
Cabin/Cottage Camping	_____	_____	_____

Figure B.3 - General Public Survey Form (Continued)

	YOU ___ age ___ sex	*OTHER HOUSEHOLD* MEMBER 1 ___ age ___ sex	*OTHER HOUSEHOLD* MEMBER 2 ___ age ___ sex
ACTIVITY LIST	days	days	days
<u>Other Outdoor Recreation</u>			
Golfing	_____	_____	_____
Gardening	_____	_____	_____
Geocaching	_____	_____	_____
Hunting	_____	_____	_____
Rock Climbing	_____	_____	_____
<u>Cultural Activities</u>			
Visiting Formal Gardens	_____	_____	_____
Outdoor Theatre/Concerts	_____	_____	_____
Visiting Zoos	_____	_____	_____
Visiting Historic Sites	_____	_____	_____
Visiting Museums	_____	_____	_____
<u>Winter Activities</u>			
Ice Skating	_____	_____	_____
Cross Country Skiing	_____	_____	_____
Downhill Skiing	_____	_____	_____
Sledding	_____	_____	_____
Snow Boarding	_____	_____	_____
Snow Shoeing	_____	_____	_____
Snowmobiling	_____	_____	_____
Other (specify) _____	_____	_____	_____
2. What 2 activities would you most like to participate in, but can't for any reason?			
	_____	_____	_____
	_____	_____	_____
3. Compared to 5 years ago, are you participating in more, less or about the same amount of physical activities? (Please circle)			
	M L S	M L S	M L S
4. What prevents you from participating in more outdoor recreation? (Please check as many as are applicable).			
Work/Housework/School takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer indoor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are few facilities available in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing, I participate in as much outdoor recreation as I wish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure B.3 - General Public Survey Form (Continued)

The questions on page 4 refer only to facilities operated by the New York State Office of Parks, Recreation and Historic Preservation. Please limit your responses to your experience at these facilities.

The New York State Office of Parks, Recreation and Historic Preservation is responsible for the operation and maintenance of 169 State Parks and 35 Historic Sites. These sites are located throughout the state from Montauk Point to Niagara Falls and as far north as the Canadian border. We are looking for your input to help us make the decisions necessary to provide you, the public, with the best possible recreational experience when visiting one of our facilities. The next series of questions concern your experiences and your expectations when visiting a New York State Park or Historic Site. Thank you for your help.

5. When did you last visit a State Park in New York State? (please check one box only)
- Last Year (2004); Prior Year (2003); In the previous 5 years (1998-2002);
 More than 5 years ago (prior to 1998); I never visited a New York State Park or Historic Site.
- 5a. If you last visited a State Park prior to 1998 or never visited a State Park, please indicate why:
- I don't know where a State Park is. The State Parks in my area are over-crowded.
 I recently moved to New York State. I am too busy.
 State Parks are too far from my residence. Other, please specify: _____
6. What was the name of the New York State Park or Historic Site you visited most recently? _____
 How did you hear about this park?
 near home; friends; advertisements; website; Other, please specify: _____
7. What is the name of the New York State Park or Historic Site closest to your home? _____
 How often do you visit this park/site? _____ days per year;
8. Which of the following amenities have you used at a State Park in New York State in the past 5 years?
- cabins tent site/RV camping picnic area/pavilion
 golf courses marina/boat launch playfield/playground
 trails swimming facilities guided tour of a state historic site
 guided nature tour/recreation program
 other, please specify _____
9. If you have visited a park operated by the New York State Office of Parks, Recreation and Historic Preservation in the past 5 years, What rating would you give the facility for providing recreation opportunities to children of all ages?
- Excellent Good Fair Poor
10. Have you ever accessed the New York State Park website (<http://nysparks.state.ny.us/>) for information related to parks?
 Yes; No; No Opinion
11. Which **three** of the following are most important to your decision to visit a State Park?
- location safety cleanliness
 admission fees hours of operation recreation programs (e.g. guided nature walk)
 restrooms access to public transportation food concessions
 facility availability (picnic tables, ball fields, etc) other, please specify: _____
12. Have you visited a State Park or State Historic Site in New York State **during the winter** within the past 5 years?
 no; yes; If yes, in which of the following activities did you participate?
- snowmobiling cross country skiing downhill skiing
 sledding ice skating snowshoeing
 educational programs snow boarding
 other _____
13. Are you interested in using a full-service cabin, i.e. a cabin where linen service and kitchen utensils are provided?
 The extra services provided would increase the cost of the cabin Yes; No; No Opinion

Figure B.3- General Public Survey Form (Continued)

14. Do you feel that more recreation facilities are needed within 30 minutes of your home?

Yes; No; No Opinion; If yes, which do you think are most needed?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Playgrounds | <input type="checkbox"/> Golf Courses | <input type="checkbox"/> Swimming Pools/Beaches |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Ball Fields | <input type="checkbox"/> Boating and other Water Access |
| <input type="checkbox"/> Trails | <input type="checkbox"/> Open Space | <input type="checkbox"/> Skateboard Parks |
| <input type="checkbox"/> Picnic Facilities | | |
| <input type="checkbox"/> Other, Please describe: _____ | | |

15. During 2004, approximately how many days did you visit the recreation facility types listed below? Do you plan on visiting these facilities more, less, or about the same number of times during 2005?

Days		More	Less	Same
_____	County, Town or City Parks	M	L	S
_____	State Parks or Campgrounds (NYS)	M	L	S
_____	State Historic Sites (NYS)	M	L	S
_____	National Parks	M	L	S
_____	Commercial recreation facilities	M	L	S

16. YOUR OPINION ON SEVERAL RECREATION ISSUES

Please read each of the statements below and then indicate how you feel about them by circling a number to the left of the statement. (If you feel very strongly circle -3 or +3. If you have no opinion, cannot decide or lack information necessary to give an opinion, circle 0. Circle -2, -1, +1 or +2 if you feel somewhat, but not very strongly negatively or positively.)

strongly disagree	strongly agree	
-3 -2 -1 0 +1 +2 +3		More lands should be purchased by government to preserve open space.
-3 -2 -1 0 +1 +2 +3		Government should preserve more open space by means other than acquisition, e.g. easements, zoning, etc.
-3 -2 -1 0 +1 +2 +3		More lands should be purchased by government for recreation.
-3 -2 -1 0 +1 +2 +3		Government should increase/create additional public access to water resources such as lakes, streams, beaches and oceanfronts.
-3 -2 -1 0 +1 +2 +3		Government should increase spending for development of recreation facilities, e.g. pools, marinas, trails, campgrounds, etc.
-3 -2 -1 0 +1 +2 +3		More money should be spent on public park maintenance and repair.
-3 -2 -1 0 +1 +2 +3		Federal financial assistance to support state and local recreation development and land acquisition should be increased.
-3 -2 -1 0 +1 +2 +3		Public/private partnerships should be considered to expand and develop recreational facilities.
-3 -2 -1 0 +1 +2 +3		Patrons should help support programs and services that have been provided through government subsidies in the past.

Figure B.3- General Public Survey Form (Continued)

The remaining questions are being collected for statistical purposes only.
Your responses will help us to better analyze your answers to the previous questions.

17. Please check the employment status for you and the other two household members in question 1:

	YOU	HOUSEHOLD MEMBER 1	HOUSEHOLD MEMBER 2
Working full-time	_____	_____	_____
Working part-time	_____	_____	_____
Self-employed	_____	_____	_____
Unemployed	_____	_____	_____
Retired	_____	_____	_____
Student	_____	_____	_____
Homemaker	_____	_____	_____
Disabled (check if disabled)	_____	_____	_____

18. In what town/village/or city do you live? _____ zip code: _____

19. Is your community rural suburban urban inner city?

20. What is your approximate total annual household income?

- | | |
|--|---|
| <input type="checkbox"/> Below \$15,000 | <input type="checkbox"/> \$50 - \$74,999 |
| <input type="checkbox"/> \$15 - \$29,999 | <input type="checkbox"/> \$75 - \$125,000 |
| <input type="checkbox"/> \$30 - \$49,999 | <input type="checkbox"/> Over \$125,000 |

21. Including yourself, how many members of your immediate household are in each category?

Children (under 12) _____ Teenagers (age 12 to 17) _____ Young Adults (age 18 to 25) _____
 Adults (age 26 to 40) _____ Adults (age 41 to 65) _____ Senior Citizens (66 and older) _____

**Thank you for helping New York State
improve recreation for you and your fellow citizens.**

You may purchase an Empire Passport for only \$59 per year that gives you unlimited access to New York State Parks at <http://www.nysparks.state.ny.us/passport/> or by calling this telephone number: (518) 474-0458

Figure B.4 – Trail Organization Survey



OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
NEW YORK STATE
George E. Pataki, Governor
Recall: Bruce C. Cunniff, Comptroller

TRAIL ORGANIZATION SURVEY

The New York State Office of Parks, Recreation and Historic Preservation and Parks & Trails New York needs your help in gathering information on the trail facilities that your organization services. We are also interested in your opinion of trail issues. Thank you for your help. If you have any questions, please call Wesley Bartlett at (518) 474-8410.



Parks & Trails
NEW YORK

Name(s) of the trail(s) or trail system that your organization serves: _____

T1) Please indicate the various types of activities that take place on your trails on a scale of 1 to 5, with 5 being very frequent and 1 being never at all:

Not permitted	Very frequent					Never	
<input type="checkbox"/>	5	4	3	2	1		
<input type="checkbox"/>	5	4	3	2	1	Walking / Jogging / Hiking	
<input type="checkbox"/>	5	4	3	2	1	Recreational Bicycling	
<input type="checkbox"/>	5	4	3	2	1	Commuting via Bicycle	
<input type="checkbox"/>	5	4	3	2	1	Mountain Biking	
<input type="checkbox"/>	5	4	3	2	1	In-line Skating/Roller Blading	
<input type="checkbox"/>	5	4	3	2	1	ATV Use	
<input type="checkbox"/>	5	4	3	2	1	Off Road Vehicle Use	
<input type="checkbox"/>	5	4	3	2	1	Equestrian User	
<input type="checkbox"/>	5	4	3	2	1	Nature Interpretation	
<input type="checkbox"/>	5	4	3	2	1	Canoeing/kayaking	
<input type="checkbox"/>	5	4	3	2	1	Other Water Uses	
<input type="checkbox"/>	5	4	3	2	1	Snowmobiling	
<input type="checkbox"/>	5	4	3	2	1	Cross Country Skiing	
<input type="checkbox"/>	5	4	3	2	1	Snowshoe-ing	
<input type="checkbox"/>	5	4	3	2	1	Other _____	

T2) Please rate the importance of the following trail issues on your trail(s):

Most important						Least Important	
5	4	3	2	1			
5	4	3	2	1	<input type="checkbox"/>	Providing points of access to trails (parking areas, entry locations, etc.)	
5	4	3	2	1	<input type="checkbox"/>	Obtaining liability insurance	
5	4	3	2	1	<input type="checkbox"/>	Accessibility for persons with disabilities	
5	4	3	2	1	<input type="checkbox"/>	Safety	
5	4	3	2	1	<input type="checkbox"/>	Law enforcement	
5	4	3	2	1	<input type="checkbox"/>	Acquiring new land for trails	
5	4	3	2	1	<input type="checkbox"/>	Developing new trails	
5	4	3	2	1	<input type="checkbox"/>	Maintenance	
5	4	3	2	1	<input type="checkbox"/>	Poor or no trail signage at trail head or along trail	
5	4	3	2	1	<input type="checkbox"/>	Concerns of landowners	
5	4	3	2	1	<input type="checkbox"/>	Sources of funding	
5	4	3	2	1	<input type="checkbox"/>	Other _____	

T2a) Please return to question T2 and check the box next to the three issues with the highest priorities.

T3) For your trails, please number five of the following physical issues in order from most serious(1) to least serious(5), using each number 1,2,3,4 and 5 only once:

___ Invasive Species	___ Weather damage to trail structures
___ Control of undergrowth and weeds	___ Treadway maintenance
___ Poor design	___ Overuse
___ Safe design of trail	___ Preservation of historic structures
___ Lack of way-finding signs	___ Parking
___ Other _____	

Figure B.4 – Trail Organization Survey (Continued)

- T4) For your trail(s), please number five of the following social issues in order from most serious(1) to least serious(5), using each number 1,2,3,4, and 5 only once:
- | | |
|---|---|
| <input type="checkbox"/> Conflicts between different types of users | <input type="checkbox"/> Trail vandalism |
| <input type="checkbox"/> Conflicts between users and landowners | <input type="checkbox"/> Crowding / Overuse |
| <input type="checkbox"/> Illegal use of trails | <input type="checkbox"/> Littering, dumping |
| <input type="checkbox"/> Personal/user safety | <input type="checkbox"/> Other _____ |
- T5a) Approximately how many miles of federal, state and locally designated trails does your organization maintain? _____ miles
- T5b) Maintenance by your organization consists of the following activities (Check all that apply):
- Cleaning Litter; Treadway Maintenance; Structure Maintenance; Pruning;
- Other _____
- T6) What is the major source of financing for your organization?
- Membership Dues Donations User Fees Other: _____
- T7) Approximately what percentage of maintenance on your trail(s) is done by volunteer groups? _____ % Volunteer work consists of _____ hours and \$_____ in materials per year.
- T8) Do you consider any of the following an important direction for the future of your trail(s):
- | Most important | | | | Least Important | | |
|----------------|---|---|---|-----------------|--|--|
| 5 | 4 | 3 | 2 | 1 | | |
| 5 | 4 | 3 | 2 | 1 | | Linking to population centers |
| 5 | 4 | 3 | 2 | 1 | | Linking to other trails |
| 5 | 4 | 3 | 2 | 1 | | Accessing rural areas |
| 5 | 4 | 3 | 2 | 1 | | Connecting residential areas to schools, parks and other community resources |
| 5 | 4 | 3 | 2 | 1 | | Connecting residential areas to commercial areas |
- T9) For maintenance purposes, does your organization coordinate with other clubs/organizations?
- Yes No
- If yes, which club(s)/organization(s) _____
- Does your organization coordinate with any of the following levels of government?
- Federal State Local No governmental coordination
- T10) Is obtaining liability insurance for your trails a concern? Yes No
- T11) We welcome any comments you have on trails usage / issues / problems in your area:

Thank you for your interest in this important project. Please mail your completed form to:

New York State Office of Parks, Recreation and Historic Preservation
 Agency Building #1 – 17th Floor
 Empire State Plaza
 Albany, New York 12238

Name of your organization: _____

Your Name: _____ Title: _____

Address: _____

City: _____ NY Zip: _____

Phone Number: (____) _____ - _____ Email: _____

rev. 06/05/06