

Commitment and Skill Level (questions 1 through 14)

1. What is the approximate number of days you spent birding in 2008? Please check the ONE answer that best applies. (Birding refers to an outing at least one mile from home in which observation and identification of birds is an intended activity)

1-5 days	6-10 days	11-20 days	20-50 days	50- 100days	more than 100 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. About how long have you been a birder? Please check the ONE answer that best applies.

<input type="checkbox"/> less than one year	<input type="checkbox"/> 11-20 years
<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 20-50 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> more than 50 years

3. What is the approximate distance you drive when your primary intent is to go birding? Please check the ONE answer that best applies.

0-1 miles	1-5 miles	5-10 miles	10-20 miles	20-30 miles	more than 30 miles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Once you have arrived at a birding destination what is the average distance you walk to find birds? Please check the ONE answer that best applies.

less than one quarter mile 1/4-1/2 mile 1/2-1 miles 1-2 miles 2-5 miles more than 5 miles

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. About how many birds are you able to identify without a field guide? Please check the ONE answer that best applies.

0-25	25-50	50-100	100-200	more than 200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About how many birds are you able to identify by song? Please check the ONE answer that best applies.

0-25	25-50	50-100	100-200	more than 200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commitment and Skill Level (continued from page 1)

For this next question here are three definitions of birding ability.

Novice: new or inexperienced in the activity and prefers participating with more experienced Birders.

Intermediate: has the basic skills and knowledge to participate and is comfortable birding either alone or in a group.

Expert: has authoritative skills and knowledge and often instructs those with less experience.

7. Please rate your ability to observe and identify birds? Please check the ONE answer that best applies.

Novice	Intermediate				Expert	
↓			↓		↓	
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How central is birding in your life compared to other leisure activities? For EACH statement please check the ONE answer that best applies.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
	↓	↓	↓	↓	↓
There are other activities I enjoy more than birding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather go birding than do most anything else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I stopped birding, I would probably lose touch with a lot of my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could not go birding, I'm not sure what I would do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much time usually goes by between your birding outings? Please check the ONE answer that best applies to how frequently you go birding.

<input type="checkbox"/> I go birding everyday	<input type="checkbox"/> every weekend	<input type="checkbox"/> once every 6 months
<input type="checkbox"/> 3-5 times a week	<input type="checkbox"/> once a month	<input type="checkbox"/> once every 8 months
<input type="checkbox"/> 2 times a week	<input type="checkbox"/> once every 3 months	<input type="checkbox"/> once a year

Commitment and Skill Level (continued from page 2)

10. Do you wish you could go birding more often than this? Please check the ONE answer that best applies.

- Yes
- No
- Don't Know

11. How many members of your household share your birding activities? Please check the ONE answer that best applies.

- None
- 1
- 2
- 3
- 4
- 5 or more

12. Please indicate the number of organizations that you belong to which include birding related activities. Please write the number here_____

13. How many of these organizations do you volunteer for? Please check the ONE answer that best applies.

- None (please skip ahead to question #15)
- 1
- 2
- 3
- 4
- 5 or more

Commitment and Skill Level (continued from page 3)

14. With respect to all the birding organizations you are active in, what types of activity do you volunteer for? Please check the ONE answer that best applies. for EACH TYPE of activity that best represents your level of involvement.

	Most Active ↓	Often Active ↓	Somewhat Active ↓	Active ↓	Rarely Active ↓	Not at all Active ↓
<u>Professional staff -</u> decision making, managing, supervising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Leadership</u> – including leading groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Teaching</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Clerical</u> – photocopy, filing, mailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Special events</u> – fund raising, work projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Transport</u> – driving vans or trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Labor</u> – construction, maintenance, clean-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Public service</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other</u> , please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Information (questions 15 through 31)

Please remember that this information will be kept confidential. It will help me determine actual and perceived barriers as well as opportunities that exist for birders with disabilities.

15. Do you have a disability? Please check the ONE answer that best applies.

Disability refers to a physical (limited mobility), sensory (hearing, sight, etc.) or cognitive (learning, etc.) impairment that substantially limits one's ability to care for oneself, learn, work, think, or interact with others).

Yes

No (please skip ahead to question # 18, page 5)

Disability Information (continued from page 4)

16. What type of disability do you have? Please check ALL that apply.

Physical	Sensory	Cognitive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. About how long have you had a disability?

Please write the number of years here _____

18. Do any members of your household or regular birding companions have a disability? Please check the ONE answer that best applies.

<input type="checkbox"/> None (please skip to question # 32)	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 4
<input type="checkbox"/> 2	<input type="checkbox"/> 5 or more

19. What type of disability do other household members or regular birding companions have? Please check ALL that apply.

Physical	Sensory	Cognitive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. About how long has another household member or regular birding companion had a disability?

Please write the number of years here _____

Birding for individual with a disability (Questions # 27-# 31 will ask about other people)

Stop: If you do not have a disability skip to question # 27, page 10

Please answer the following questions according to the limitations that YOU find most challenging in enjoying birding outings.

21. Does your disability hamper your ability to bird or participate in birding related activities? Please check the ONE answer that best applies.

<input type="checkbox"/> Yes
<input type="checkbox"/> No (please skip ahead to question # 27, page 9)

22. How often do you miss opportunities to go on birding outings because you know there will be barriers to having a comfortable and enjoyable experience? Please check the ONE answer that best applies.

- I very often miss opportunities
- I frequently miss opportunities
- I sometimes miss opportunities
- I rarely miss opportunities

23. With respect to birding participation what types of experience barriers related to your disability have you encountered? Please check ALL that apply.

- I can't go birding as often as I'd like to
- I can't see birds
- I can't hear bird songs
- I am in too much pain to enjoy birds
- I don't feel safe
- I worry about getting lost
- I worry about falling down
- I worry about getting too cold, too hot or too wet
- I can't use my binoculars or scope without help
- I can't use my field guide without help
- I have difficulty reaching the best bird watching places
- I don't have anyone to take me birding
- Driving to remote places is painful
- I worry about being too much trouble for my companions
- I have difficulty using the restroom in the field

Other (please describe): _____

Disability Information (continued from page 6)

24. For each of the following facilities and services, how often have YOU found them to be inaccessible during your birding activities in the last five years? Please check the ONE answer that best applies for EACH TYPE of facility.

	Always Inaccessible ↓	Frequently Inaccessible ↓	Sometimes Inaccessible ↓	Never Inaccessible ↓	Can't say Don't Know ↓
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided and Group tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Is there some accommodation or assistance that could help you improve your birding experiences? Please check the ONE answer that best applies.

No

Nothing comes to mind right now.

Yes

Please briefly describe:

26. Do you have other general comments related to your own disability and birding experiences? (This question is optional.)

Birding for another person with a disability (Questions # 27 - # 31)

Stop: If there are no members in your household or regular birding companions with a disability skip to question # 32, page 10

Please answer the following questions for MEMBERS OF YOUR HOUSEHOLD OR REGULAR BIRDING COMPANIONS for whom disabilities present the most challenges in birding.

27. How often do they miss opportunities to go on birding outings because they know there will be barriers to having a comfortable and enjoyable experience? Please check the ONE answer that best applies.

- They very often miss opportunities
- They frequently miss opportunities
- They sometimes miss opportunities
- They rarely miss opportunities

28. With respect to birding participation what types of experience barriers related to their disability have they encountered? Please check ALL that apply.

- They can't see birds
- They can't hear bird songs
- They are in too much pain to enjoy birds
- They don't feel safe
- They worry about getting lost
- They worry about falling down
- They worry about getting too cold, too hot or too wet
- They can't use my binoculars or scope without help
- They can't use my field guide without help
- They have difficulty reaching the best bird watching places
- Driving to remote places is painful for them
- They worry about being too much trouble for others
- They have difficulty using the restroom in the field

Other (please describe): _____

Disability Information (continued from page 8)

29. For each of the following facilities and services, how often have they found them to be inaccessible during their birding activities in the last five years? Please check the ONE answer that best applies for EACH TYPE of facility.

	Always Inaccessible ↓	Frequently Inaccessible ↓	Sometimes Inaccessible ↓	Never Inaccessible ↓	Can't say Don't Know ↓
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guided and Group tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Is there some accommodation or assistance that could help them improve their birding experiences? Please check the ONE answer that best applies.

No

Nothing comes to mind right now.

Yes

Please briefly describe:

31. Do you have other general comments related to their disability and birding experiences? (This question is optional.)

Motivations (questions 32 through 33)

The following questions ask about your current and future motivations in regard to birding.

32. How important is each of the following motivations to you now when you go birding? Please check ONE answer that best applies for EACH motivation.

	Very Important ↓	Important ↓	Neutral ↓	Not Important ↓	Not at all Important ↓
Seeing birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing as many birds as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing bird species not seen before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning bird habitat and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographing birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing trees and flowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing other animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographing scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about the natural history of the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about the culture of an area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet people with similar interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To escape the daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motivations (continued from page 10)

33. How important do you expect each of these motivations to be 10 years from now? Please check ONE answer that best applies for EACH motivation.

	Very Important ↓	Important ↓	Neutral ↓	Not Important ↓	Not at all Important ↓
Seeing birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing as many birds as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing bird species not seen before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning bird habitat and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographing birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing trees and flowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing other animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographing scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about the natural history of the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about the culture of an area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To meet people with similar interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To escape the daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Values and Beliefs (questions 34 through 37)

The following questions ask about your values regarding birding settings.

34. When you go birding, what setting qualities are the most important to you? Please check ONE answer that best applies for EACH setting quality.

	Very Important ↓	Important ↓	Neutral ↓	Not Important ↓	Not at all Important ↓
Remoteness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. When you enjoy birding the most, how many of the following types of people do you prefer to encounter? Please check ONE answer that best applies for EACH type of encounter.

	I prefer to encounter nobody ↓	It's ok to encounter a few people ↓	It's ok to encounter some people ↓	It doesn't matter to me ↓
All other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-birders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATV riders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Values and Beliefs (continued from page 12)

36. In the last five years which kinds of settings have you most frequently used for birding? Please check ONE answer that best applies for EACH setting.

	Very Often ↓	Often ↓	Occasionally ↓	Never ↓
Developed urban parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural areas within cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any where within cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed parks outside cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural agricultural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backcountry and wildland areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On or near a major roadway (in a vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From Water (canoeing, kayaking, rafting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From Water (motorized boat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other settings Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Values and Beliefs (continued from page 13)

37. How do you value the following items as they contribute to the quality of your birding experience? Please check ONE answer that best applies for EACH item.

	Very Important ↓	Important ↓	Neutral ↓	Not Important ↓	Not at all Important ↓
Setting/Scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase personal knowledge/skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for convenience and comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction (family / volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Birding Trails (questions 38 through 40)

The following questions refer to birding trail systems. In recent years a number of these systems have been designated and developed in the Pacific Northwest and elsewhere in the nation. These include several birding sites that are diverse and may include simple roadside stops, interpretive signage at a park trail head or may encompass a larger area such as a wildlife refuge. Maps, booklets and online information for the trail system is generally available from tourist agencies.

38. Before now, have you previously known about birding trail systems? Please check the ONE answer that best applies.

Yes

No

39. Have you ever used a birding trail system (or site within a system) to help structure or plan a birding outing? Please check the ONE answer that best applies.

Yes

No (please skip to question # 41)

Don't know

40. Did you find that the birding trail system helped provide a more successful birding experience? Please check the ONE answer that best applies.

Yes

No

Don't know

Future Expectations (question 41)

The following question asks about your anticipated future birding experiences.

41. Are there any barriers you expect may reduce the frequency of your birding outings in the future? Please check the ONE answer that best applies. (This question is optional.)

No

Yes

Please explain:

Demographic Information (questions 42 through 49)

Please complete the information about you. The information you provide is held strictly confidential. It will help describe who completed this survey.

42. What is your gender?

Male

Female

43. What is your age?

Please indicate number of years here _____

44. Where do you live?

Nearest City _____

County _____

State _____

45. Type of household:

Single, no children

Single with children

Couple, no children

Couple with children

46. What is the highest level of education that you have completed?

Less than a high school degree

2 year college degree

High school degree or GED

4 year college degree

Some college, but no degree

Advanced degree (e.g., Masters, Ph.D.)

47. Please list your occupation or former occupation if retired.

Occupation _____

Retired, former occupation _____

48. Household income:

I prefer not to answer this question

\$40,000 - \$50,000

Less than \$10,000

\$50,000 - \$60,000

\$10,000 - \$20,000

\$60,000 - \$70,000

\$20,000 - \$30,000

\$70,000 - \$80,000

\$30,000 - \$40,000

\$80,000 and above

Thank you for completing this survey!

49. Please feel free to write further comments below if you wish.

Please return this survey to:

Amy Hartell
Department of Landscape Architecture
230 Lawrence Hall
5234 University of Oregon
Eugene, OR 97403-5234

If you have received this survey electronically be sure to save your responses and return to: ahartell@uoregon.edu