



## Open Space and Mountain Parks Survey

# \_\_\_\_\_

1. What time did you start on a trail today? \_\_\_\_\_ Start time \_\_\_\_\_ Current time
2. How did you get to the trailhead?  Car  Walk/Run  Bike  Bus
3. How many people are in your group? \_\_\_\_\_
4. Which one of the following was the most important reason for visiting Open Space & Mountain Parks?  
 I came here to enjoy the place itself.  
 I came here because it is a good place to do the activities that I enjoy.  
 I came here because I wanted to spend more time with family or friends.
5. What activities did you do during this visit? (PLEASE CHECK ALL THAT APPLY)  
 Climbing/Bouldering  Walking dog(s)  Viewing scenery  
 Photography  Picnicking  Viewing wildlife  
 Social gathering  Contemplation/Meditation  Horseback riding  
 Hiking  Biking  Nature study  
 Running  Pleasure driving  Other \_\_\_\_\_
6. Please **CIRCLE** the one activity from **ABOVE** that you consider your **PRIMARY ACTIVITY** today.
7. If walking dogs today, how many are with you?  1  2  3  4  5+  N/A
8. What made your trip enjoyable today? (PLEASE CHECK ALL THAT APPLY)  
 Scenery  Close to home  Get away from daily pressures  
 Wildlife  Family or friends  Exercise/Health  
 Plants/Wildflowers  Being with my dog(s)  Other \_\_\_\_\_
9. Where do you live?  
 Boulder (within city limits)  Longmont  Other area in Colorado  
 Louisville  Unincorporated Boulder County  Out of state  
 Lafayette  Other city in Boulder County  Out of country  
 Superior  Metro Denver

PLEASE FLIP OVER TO SECOND PAGE →

10. Please grade Open Space & Mountain Parks on the following categories based on your recent experience. **A= Excellent** **F=Failing**

PLEASE CHECK ONE FOR EACH CATEGORY.	A	B	C	D	F	N/A
Trail conditions and maintenance	<input type="checkbox"/>					
Trash cans and bag dispensers	<input type="checkbox"/>					
Usefulness of signs and brochures	<input type="checkbox"/>					
Experience with bikers	<input type="checkbox"/>					
Fixing eroded or trampled areas	<input type="checkbox"/>					
Restroom cleanliness	<input type="checkbox"/>					
Experience with dogs and dog walkers	<input type="checkbox"/>					
Trailhead and nature education	<input type="checkbox"/>					
Enforcement of rules	<input type="checkbox"/>					
Overall satisfaction with Open Space & Mountain Parks	<input type="checkbox"/>					

11. Did you encounter any conflicts or unpleasant experiences today?  Yes  No

12. If yes, could you describe them?

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13. Please estimate how many times a month, on average; you have visited Open Space & Mountain Parks during the last year? \_\_\_\_\_ Times per month

14. How many years have you been coming to Open Space & Mountain Parks?  
\_\_\_\_\_ Number of years

**QUESTION # 15 AND QUESTION # 16 ARE OPTIONAL**

15. How old were you on your last birthday? \_\_\_\_\_ Years old

16. What is your gender?  Female  Male

**PLEASE REFER TO THE MAP**

17. Did you enter from this access/trailhead?

Yes  If No, where did you enter from? Please write access number \_\_\_\_\_  
OR, I entered off the scope of this map  (CHECK BOX)

18. Do you have any additional comments to improve the management of OSMP?

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**THANK YOU FOR YOUR TIME!**