

Appendix C

Clemson University Experimental Forest Trail System Survey

CUEF Trail System Planning Team

This survey is being made to determine the types of and intensity of use of the Clemson trails. The information requested here is critical to the planning and management of this trail system. Please provide us with the requested data. *It will take less than 2 minutes to complete this questionnaire.*

Have you filled out one of these questionnaires on a previous date?

Yes ___ No ___

Even if you have previously answered one of these questionnaires, please also complete this one. This gives us very important data.

Quest. # _____

Date _____

Loc. Code _____

Number trail-users associated with this vehicle (*this trip*) : _____

Mode of trail use (*this trip*) :

(*check only one*)

Bicycle _____ (1)
 Hiker _____ (2)
 Horse _____ (3)
 Jogger _____ (4)

How frequently do you use this trail system? (*check one*)

Very Frequently (at least once per week) _____ (1)
 Frequently (at least once per month) _____ (2)
 Occasionally (once per 2-3 months) _____ (3)
 Rarely (less than once per 3 months) _____ (4)
 First time user _____ (5)

Main purpose for which people in your party on this trip will use this trail system: (*check only one*)

Pleasure riding (horseback) _____ (1)
 Pleasure riding (bicycle) _____ (2)
 Pleasure walking, jogging (on foot) _____ (3)
 Competitive event practice (horse) _____ (4)
 Competitive event practice (bicycle) _____ (5)
 Competitive running (on foot) _____ (6)
 Nature study _____ (7)
 Other _____ (8)

About how many hours were you on this trail system? _____

About how many miles (round trip) did you drive to access this trail system? _____

If all fee money was invested in the trail system, would you pay a user fee for access to the Clemson Trail System? Yes _____ No _____

(Note: The Clemson Forest and its facilities are currently supported entirely by timber sale revenues.)

If required to pay a fee, what what you consider a reasonable amount to be? \$ _____ per year, or \$ _____ per day

Optional Information

Driver Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

Thank you for your time and assistance in this survey.

Comments: _____

