



Dear Trail Visitor:

Thank you for taking a few minutes to share in this trail user survey, which is being conducted by the New York State Office of Parks, Recreation & Historic Preservation and the Friends of Genesee Valley Greenway. This trail is one of many across the state being surveyed. Your input and comments are important to us and will be shared with those who maintain this trail. Please include comments on your entire visit including surrounding services, such as food, lodging and other attractions. Again, thank you for helping us to improve our NY trail system.

→ Please do not complete this form if you have already completed one. ←

Please fill in your answers and comments and place the survey in the prepaid envelope which was provided and place it in a mailbox. If you did not receive a prepaid envelope, please see the mailing instructions at the bottom of the reverse side of this form. Results will be posted on the website at [www.nysparks.com](http://www.nysparks.com) after January. Please mail this survey prior to August 15, so your comments will be included with the results.

### Your Use of This Trail

- How frequently did you use this trail in the past 12 months? (Approximate # of days) \_\_\_\_\_  
 This is my first visit ever.
- Please circle any months during which you use this trail:  
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
- Please check all of these activities in which you participated on this trail during the past 12 months (not all uses may be allowed on this trail):  
 Walking/Hiking                       Horseback Riding ( I own a horse)  
 Jogging/Running                       XC Skiing/Snowshoeing  
 Biking                                       Snowmobiling                       Other \_\_\_\_\_
- Generally, when do you use this trail? (check only one response)  Weekdays  Weekends  Both
- What time of day do you use this trail? (check only one response)  
 Morning  Afternoon  Evenings  Varies
- On average, how much time do you spend on this trail each visit? (Check only one response)  
 Less than 30 minutes  30 minutes to 1 hour  1 hour to 2 hours  More than 2 hours
- Would you consider your use of this trail to be for ... (check one response)  
 Recreation  Commuting  Health and Exercise  Fitness Training  Physical Therapy  
 Other \_\_\_\_\_
- How did you find out about this trail? (check all that apply)  
 Word of mouth                       Roadside signage                       Driving past                       Newspaper  
 Bike shop                               Tourism Office                       Parks & Trails New York  
 Rails-To-Trails Conservancy                       New York State or local governmental agency  
 Internet web site                       Local knowledge                       Other \_\_\_\_\_
- Has your use of this trail influenced your purchase of: (check all that apply)  
 Bike  Bike supplies  Footwear  Clothing  Camping Gear  
 Auto accessories related to trail use  Nothing  Other \_\_\_\_\_  
 Approximately how much did you spend on the items above in the past 12 months? \$ \_\_\_\_\_
- The maintenance of this trail is (check one)  Excellent  Good  Fair  Poor
- The cleanliness of this trail is (check one)  Excellent  Good  Fair  Poor
- What amenity, if any, would you like to see added to this trail? \_\_\_\_\_
- Would you be willing to make a voluntary donation to help maintain this trail? (check one)  Yes  No

### Your Most Recent Visit to This Trail

14. The date on which you most recently used this trail: \_\_\_ / \_\_\_ / \_\_\_\_\_

OR

If your visit to this trail was for 2 or more consecutive days, please indicate the

beginning \_\_\_ / \_\_\_ / \_\_\_\_\_ and ending dates \_\_\_ / \_\_\_ / \_\_\_\_\_

15. Including yourself, how many were in your immediate group (family/friends) when you visited the trail?

\_\_\_\_\_ Adults (62 & over)

\_\_\_\_\_ Adults (18 to 61)

\_\_\_\_\_ Teens (13 to 17)

\_\_\_\_\_ Children (12 & under)

16. During this trail visit did you: (check all that apply)

Hike/Walk/Jog ( with dog)

Rollerblade

Fish/Boat/Other water recreation

Birding/studying wildlife or flowers

Bike

Ride a Horse

From the trail, visit another place: \_\_\_\_\_

Please proceed to the other side

Your Most Recent Visit to this Trail (continued)

17. How many total (out and back, if applicable) miles did you travel on this trail during this visit? \_\_\_\_\_
18. How far did you travel to the trail? \_\_\_\_\_ miles. Did you arrive by car? Yes No;  
If you arrived by car, was parking adequate? Yes No  
Other transportation mode used (train, boat, airplane) : \_\_\_\_\_ N/A I walked/biked to trail  
other transportation expenses (train fare, airline tickets, etc.) \$ \_\_\_\_\_
19. In conjunction with your trip to this trail, did you purchase any of the following? (Check all that apply)  
Beverages Candy/Snacks/Fast foods Meals at a restaurant (along/near the trail)  
Fruit None of these
20. Approximately how much did you spend (per person) on the items above on this visit? \$ \_\_\_\_\_
21. Did this visit to the trail involve an overnight stay? Yes No; If yes what type of accommodations did you use?  
Motel/Hotel Friend or Relatives Home Public Campground/Campsite Private Campground  
Second Home Bed & Breakfast Other (Please specify) \_\_\_\_\_
22. How many nights did you stay in conjunction with your visit to this trail? \_\_\_\_\_
23. Approximately how much did you spend on overnight accommodations per night? \$ \_\_\_\_\_

Your Use of this and other Trails

24. Has the availability of multi-use trails ever influenced:  
Where you live? Yes No Where you vacation? Yes No
25. During the past 12 months, approximately how many days did you use a trail other than this one?  
within New York State? \_\_\_\_\_ elsewhere? \_\_\_\_\_  
 I have not visited any other trails in the past 12 months.

Demographics (Personal Information is not shared)

- S1. If you are a U.S. resident, please enter your zip code \_\_\_\_\_  
If not, please indicate Canadian province or other foreign country of residence: \_\_\_\_\_
- S2. Age: \_\_\_\_\_ Gender: M F
- S3. Please check your employment status: Employed full-time Employed part-time Self-employed  
Unemployed Retired Student Homemaker
- S4. Are you a person with a disability? Yes No
- S5. (OPTIONAL) Approximately what is your household's total annual income?  
Under \$15,000 \$15,000 to \$29,999 \$30,000 to \$49,999  
\$50,000 to \$74,999 \$75,000 to \$124,999 \$125,000 to \$199,999  
\$200,000 or more

We appreciate your efforts in helping to improve New York State's trail system. If you would like to receive a free State Parks map and information on other trails throughout the state, please provide us with the following information. We will not share your personal information with any other organization without your permission:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

- Want to be kept up to date on what's happening with parks and trails in New York? Please check this box to share your email with not-for-profit organizations that support trail opportunities in partnership with the New York State Office of Parks, Recreation and Historic Preservation.

A postage paid envelope should have been provided to you at the time you received this survey. We apologize if you do not have one, but you can still participate by mailing this survey form to:

New York State Office of Parks, Recreation and Historic Preservation  
Planning Bureau  
Agency Building #1 - 17th Floor  
Albany, NY 12238

If you have any questions, please call (518) 474-8410

Thank you for your cooperation  
New York State Office of Parks, Recreation and Historic Preservation  
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