

APPENDIX 2. VISITOR SURVEY 2

YOUR EXPERIENCES AT WHITEHAVEN BEACH

You can help the Great Barrier Reef Marine Park Authority and the Queensland Parks and Wildlife Service to manage, protect and conserve the Great Barrier Reef by spending 5 minutes of your time completing this survey. Your help is very important to us. All your answers will be confidential and your participation is voluntary.

Please answer the following questions **ticking yes or no**. If you answer yes, please **provide a brief answer**.

1. Have you been to the Whitsundays region on a previous holiday or visit?
 - a. ☐ No ☐ Yes → How many times? _____
2. Have you ever visited Whitehaven Beach before today?
 - a. ☐ No ☐ Yes → How many times? _____
 - b. When was your last trip to Whitehaven Beach? _____
3. During the time you spent on Whitehaven Beach, were there things that:
 - a. **Enhanced your enjoyment** that you would like to comment on?
☐ No ☐ Yes → If yes, please tell us what these things were: _____
 - b. **Detracted from your enjoyment** that you would like to comment on?
☐ No ☐ Yes → If yes, please tell us what these things were: _____
4. What types of experiences did you expect to have whilst visiting Whitehaven Beach? _____
5. Some things that visitors may experience from today's trip are listed below. Please indicate **how much your visit to Whitehaven Beach provided each of these for you by circling a number for each item**.

<i>This trip allowed me to:</i>	Not at all	Slightly	Some	High	Very High
Have some excitement	1	2	3	4	5
See the beauty of Whitehaven Beach	1	2	3	4	5
Be close to friends or family	1	2	3	4	5
Meet new people	1	2	3	4	5
Experience an undeveloped environment	1	2	3	4	5
To rest and relax	1	2	3	4	5
Be with others who enjoy the things that I enjoy	1	2	3	4	5
Experience some solitude	1	2	3	4	5
Be in a natural place	1	2	3	4	5
Escape from normal routine	1	2	3	4	5
Learn about the Great Barrier Reef	1	2	3	4	5
Experience something new and different	1	2	3	4	5
Be physically active	1	2	3	4	5
Go to a place my friends haven't been	1	2	3	4	5
View outstanding scenery	1	2	3	4	5
Have fun, be entertained	1	2	3	4	5

6. Thinking about your visit to Whitehaven Beach today, what could be improved? _____
7. What types of **activities** did you participate in whilst on Whitehaven Beach today?
(e.g. swimming, snorkelling, beach walks, sunbathing/relaxing, photography, beach games, bushwalks)

8. Please rate each of the following conditions by circling one of the numbers provided.

I felt that whilst at Whitehaven Beach:

<i>The number of visits by:</i>	Too few	About right	Too many	Didn't matter to me
Aircraft (helicopters, seaplanes)	1	2	3	4
Large motorised boats (15-35 metres)	1	2	3	4
Medium motorised boats (< 15 metres)	1	2	3	4
Small motorised boats (< 6 metres)	1	2	3	4
Yachts and other sailing boats	1	2	3	4
Other people	1	2	3	4

<i>The distance away from:</i>	Too far	About right	Too close	Didn't matter to me
Aircraft (helicopters, seaplanes)	1	2	3	4
Large motorised boats (15-35 metres)	1	2	3	4
Medium motorised boats (< 15 metres)	1	2	3	4
Small motorised boats (< 6 metres)	1	2	3	4
Yachts and other sailing boats	1	2	3	4
Other people	1	2	3	4

<i>The noise from:</i>	Too noisy	About right	Too quiet	Didn't matter to me
Aircraft (helicopters, seaplanes)	1	2	3	4
Large motorised boats (15-35 metres)	1	2	3	4
Medium motorised boats (< 15 metres)	1	2	3	4
Small motorised boats (< 6 metres)	1	2	3	4
Other people	1	2	3	4

9. Did any of the items listed above (e.g. aircraft/boats/people) have **an influence on your enjoyment** in either a positive or negative way, whilst on Whitehaven Beach today? (Please tick)
☐ No ☐ Yes → If yes, briefly describe what influenced your enjoyment and how: _____
10. How would you rate your trip to Whitehaven Beach today? (Please circle)
 Very Poor 1 .. 2.....3456789 10 Excellent
11. Would you recommend a trip to Whitehaven Beach to friends/family? (Please tick)
☐ No ☐ Don't know ☐ Probably ☐ Definitely
12. Do you intend to go to out to the Whitsunday reef/islands on a future holiday in this region? (Please tick)
☐ No ☐ Don't know ☐ Yes → Where would you like to take your trip? _____
 What type of trip would you take? _____
13. What type of group are you travelling with today (tick all that apply)
☐ Self ☐ With friends
☐ With partner or spouse only ☐ Organised group or club
☐ With family ☐ Business associates/colleagues
 Other, please specify _____
14. Including you, how many people are in the group(s) that you ticked above? _____
15. Are you: ☐ Female ☐ Male
16. In what year were you born? _____
17. What is the highest level of education that you have completed? (Please tick)
☐ Primary ☐ Secondary ☐ Some University or technical ☐ University or technical degree
18. Which of the following best describes you? (Please tick)
☐ An Australian citizen → What state are you from? _____
☐ An international visitor to Australia → What country are you a citizen? _____