

New England Fishery Management Council

2005 Stakeholder Workshops Questionnaire

SECTION 1:

General questions for all participants

(1) Where do you live? CITY: _____ STATE: _____ ZIP: _____

(2) What is your relationship to the fishery? (check one box that applies most accurately)

- | | | |
|---|--|---|
| <input type="checkbox"/> Commercial Vessel Owner | <input type="checkbox"/> Commercial Vessel Captain/Operator | <input type="checkbox"/> Recreational Angler |
| <input type="checkbox"/> Commercial Vessel Crew Member | <input type="checkbox"/> Recreational Vessel Owner | <input type="checkbox"/> Fisherman's Spouse |
| <input type="checkbox"/> Party/Charter Vessel Captain/Operator | <input type="checkbox"/> Seafood Processor (owner) | <input type="checkbox"/> Lumper/Shoreside Labor |
| <input type="checkbox"/> Party/Charter Vessel Crew Member | <input type="checkbox"/> Seafood Dealer (owner) | <input type="checkbox"/> Gear Supplier |
| <input type="checkbox"/> Seafood Processor (employee) | <input type="checkbox"/> Fisherman's Family Member (other) | <input type="checkbox"/> Grocery Supplier |
| <input type="checkbox"/> Seafood Dealer (employee) | <input type="checkbox"/> Support Services (retraining, health insurance) | <input type="checkbox"/> Fuel/Bait/Ice Supplier |
| <input type="checkbox"/> Fishing Industry Representative | <input type="checkbox"/> Vessel Maintenance (e.g., welding, rigging) | <input type="checkbox"/> Academic (Professor, Researcher) |
| <input type="checkbox"/> Non-governmental Organization Employee | <input type="checkbox"/> Non-governmental Organization Member | <input type="checkbox"/> Academic (Student) |
| <input type="checkbox"/> Seafood Consumer | <input type="checkbox"/> Federal or State Scientist | <input type="checkbox"/> Federal or State Manager |
| <input type="checkbox"/> Other (please specify) _____ | | |

(3) How many years have you been actively engaged in fisheries-related matters? _____

Copies of this survey that are downloaded off the web may be completed and mailed to:

*NOAA Fisheries Science Center
c/o Chad Demarest, NEFMC
166 Water Street
Woods Hole, MA 02543*

SECTION 2:
For vessel owners and crew
(others may skip to SECTION 3)

If you own or work on a fishing boat (commercial or recreational), please provide the following:

(1) Number of Vessels: _____

- Size of Vessels: 1. _____
2. _____
3. _____
4. _____
5. _____

(2) What is your vessel's home port? _____

- (If multiple homeports, please list) 1. _____ 2. _____
3. _____ 4. _____ 5. _____

(3) On average, what percentage of your trips do you land in your vessel's home port?

____ <10 % ____ 25% ____ 50% ____ 75% ____ >90%

(4) What percentage of your time is spent fishing at the following distances from your homeport?

____ < 10 nm ____ 20 nm ____ 30 nm ____ 40 nm ____ 50 nm ____ > 60 nm

(5) What are your primary fisheries? (please check only those that apply)

First vessel: _____ Second vessel: _____
Third vessel: _____ Fourth vessel: _____
Fifth vessel: _____

(6) What are your primary gear types? (please check only those that apply)

<u>First Vessel</u>	<u>Second Vessel</u>	<u>Third Vessel</u>	<u>Fourth Vessel</u>	<u>Fifth Vessel</u>
<input type="checkbox"/> Otter Trawl	<input type="checkbox"/> Otter Trawl	<input type="checkbox"/> Otter Trawl	<input type="checkbox"/> Otter Trawl	<input type="checkbox"/> Otter Trawl
<input type="checkbox"/> Scallop Dredge	<input type="checkbox"/> Scallop Dredge	<input type="checkbox"/> Scallop Dredge	<input type="checkbox"/> Scallop Dredge	<input type="checkbox"/> Scallop Dredge
<input type="checkbox"/> Sink Gillnet	<input type="checkbox"/> Sink Gillnet	<input type="checkbox"/> Sink Gillnet	<input type="checkbox"/> Sink Gillnet	<input type="checkbox"/> Sink Gillnet
<input type="checkbox"/> Bottom Longline	<input type="checkbox"/> Bottom Longline	<input type="checkbox"/> Bottom Longline	<input type="checkbox"/> Bottom Longline	<input type="checkbox"/> Bottom Longline
<input type="checkbox"/> Lobster Pot/Trap	<input type="checkbox"/> Lobster Pot/Trap	<input type="checkbox"/> Lobster Pot/Trap	<input type="checkbox"/> Lobster Pot/Trap	<input type="checkbox"/> Lobster Pot/Trap
<input type="checkbox"/> Mid-Water Trawl	<input type="checkbox"/> Mid-Water Trawl	<input type="checkbox"/> Mid-Water Trawl	<input type="checkbox"/> Mid-Water Trawl	<input type="checkbox"/> Mid-Water Trawl
<input type="checkbox"/> Purse Seine	<input type="checkbox"/> Purse Seine	<input type="checkbox"/> Purse Seine	<input type="checkbox"/> Purse Seine	<input type="checkbox"/> Purse Seine
<input type="checkbox"/> Pelagic Gear	<input type="checkbox"/> Pelagic Gear	<input type="checkbox"/> Pelagic Gear	<input type="checkbox"/> Pelagic Gear	<input type="checkbox"/> Pelagic Gear
<input type="checkbox"/> Hook & Line	<input type="checkbox"/> Hook & Line	<input type="checkbox"/> Hook & Line	<input type="checkbox"/> Hook & Line	<input type="checkbox"/> Hook & Line
<input type="checkbox"/> Shrimp Trawl	<input type="checkbox"/> Shrimp Trawl	<input type="checkbox"/> Shrimp Trawl	<input type="checkbox"/> Shrimp Trawl	<input type="checkbox"/> Shrimp Trawl
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

This questionnaire is also available for printing on the Council web page at <http://www.nefmc.org/ecosystems/index.html>

THIS QUESTIONNAIRE IS VOLUNTARY. ALL RESPONSES ARE ANONYMOUS AND CONFIDENTIAL

(10) Please rate the following fishery management “tools” for their effectiveness, as they are currently employed, in achieving current fishery management objectives:
(use a scale of 1 to 4, with 1 being highly effective and 4 being highly ineffective)

Days-At-Sea	_____	Possession limits	_____
Hard TAC’s	_____	Landing limits	_____
(Total Allowable Catch)	_____	Year-round closures	_____
Seasonal closures	_____	Trap limits	_____
Minimum size limits	_____	“Slot” size restrictions	_____
Species quotas	_____	(minimum and maximum size limits)	
Area-specific	_____	Vessel size/power	_____
gear restrictions	_____	restrictions	_____
Mesh size/gear	_____	Roller gear size limits	_____
config. restrictions	_____	Limited entry	_____

(11) Assuming that they are optimally employed, please rate these “tools” for their effectiveness in contributing to the long-term health of the fishery:
(use a scale of 1 to 4, with 1 being highly effective and 4 being highly ineffective)

Days-At-Sea	_____	Possession limits	_____
Hard TAC’s	_____	Landing limits	_____
(Total Allowable Catch)	_____	Year-round closures	_____
Seasonal closures	_____	Trap limits	_____
Minimum size limits	_____	“Slot” size restrictions	_____
Species quotas	_____	(minimum and maximum size limits)	
Area-specific	_____	Vessel size/power	_____
gear restrictions	_____	restrictions	_____
Mesh size/gear	_____	Roller gear size limits	_____
config. restrictions	_____	Limited entry	_____

(12) Fundamentally, do you prefer input controls (days-at-sea, gear/vessel restrictions) or output controls (quotas, landing limits) for the fisheries you are most knowledgeable about?

Fishery 1 _____	INPUT CONTROLS	OUTPUT CONTROLS	NO PREFERENCE
Fishery 2 _____	INPUT CONTROLS	OUTPUT CONTROLS	NO PREFERENCE
Fishery 3 _____	INPUT CONTROLS	OUTPUT CONTROLS	NO PREFERENCE
Fishery 4 _____	INPUT CONTROLS	OUTPUT CONTROLS	NO PREFERENCE
Fishery 5 _____	INPUT CONTROLS	OUTPUT CONTROLS	NO PREFERENCE

(13) In your opinion, are large-scale, year round area closures:
...beneficial for fisherman?

YES NO NOT SURE

...useful for protecting sensitive habitats?

YES NO NOT SURE

...useful for preserving biodiversity?

YES NO NOT SURE

(14) Do you believe that preserving biodiversity contributes to a healthy commercial and/or recreational fishery?

YES NO NOT SURE

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(15) Do you believe that current fishery management practices negatively impact the marine ecosystem?

YES NO NOT SURE

(16) Do you believe that non-fishing activities negatively impact the marine ecosystem?

YES NO NOT SURE

Please list the top three non-fishing activities that you believe most negatively impact your local marine ecosystem:

(1) _____ (2) _____ (3) _____

(17) Can you think of examples where one fishery would benefit from changes in the management of another fishery?

YES NO NOT SURE

Feel free to provide any examples that you may think of:

- (1) The _____ fishery would benefit from management changes in the _____ fishery.
- (2) The _____ fishery would benefit from management changes in the _____ fishery.
- (3) The _____ fishery would benefit from management changes in the _____ fishery.
- (4) The _____ fishery would benefit from management changes in the _____ fishery.
- (5) The _____ fishery would benefit from management changes in the _____ fishery.

(18) In your opinion, are tradeoffs between inter-connected fisheries addressed adequately in New England fisheries management?

YES NO NOT SURE

(19) Please indicate if you agree or disagree with the following list of possible goals for fisheries in this region in the future:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Max. economic benefits to the nation	___	___	___	___	___
Harvest capacity matched to resources	___	___	___	___	___
Unlimited entry in any fishery	___	___	___	___	___
New entrants limited to numbers exiting	___	___	___	___	___
Maximum benefits to the community	___	___	___	___	___
Maximum possible number of fishermen	___	___	___	___	___
Maximum possible number of fishing jobs the resource can support	___	___	___	___	___

(20) On a scale from 1 to 5, with 1 meaning don't trust at all and 5 meaning completely trust, please indicate how much you would trust each of the following organizations to manage marine resources.

- ___ Federal agencies
- ___ State agencies
- ___ Local governments
- ___ Independent boards made up of local interests
- ___ Independent boards with both business and environmental interests
- ___ Scientists

What is your number one fishery management concern at this time?

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