

## CRFS ASSIGNMENT SUMMARY FORM

| Assn #  | SAMPLER NAME    | SAMPLER ID                                                                                                                                                                                                             | DATE     | ASSN ID  | ASSN MODE | CLUSTER   | HOURS |          |
|---------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|-----------|-------|----------|
| 1       | Anthony Disbrow | 318                                                                                                                                                                                                                    | 20110924 | 09110915 | PC        |           | 3     | TRAVEL   |
| COMMENT | Very calm seas  | 0.0hr = 58-3 mins<br>0.1hr = 4-9 mins<br>0.2hr = 10-15 mins<br>0.3 hr = 16-21 mins<br>0.4hr = 22-27 mins<br>0.5hr = 28-33 mins<br>0.6hr = 34-39 mins<br>0.7hr = 40-45 mins<br>0.8hr = 46-51 mins<br>0.9hr = 52-57 mins |          |          | 1         | ASSN DISP | 12    | SAMPLING |
|         |                 |                                                                                                                                                                                                                        |          |          | 104       | MILEAGE   | 1     | EDIT     |
|         |                 |                                                                                                                                                                                                                        |          |          | 5         | EXPENSES  |       |          |
|         |                 |                                                                                                                                                                                                                        |          |          |           |           |       |          |
|         |                 |                                                                                                                                                                                                                        |          |          |           |           |       |          |

Assignment dispositions: 1=Complete, 2=Reassigned, 6=Cancelled

☒ Edited. By:

 Scot Lucas  
 NMFS ✓

|       | SITE NAME / COMMENT | TIME     | MMPR2 CLUS ONLY |                                                             | ANG FORM COUNTS / PRI BOATS |                      |                 |       | TOT EFFORT        |                 |     |       |     |       |       |      |    |     |
|-------|---------------------|----------|-----------------|-------------------------------------------------------------|-----------------------------|----------------------|-----------------|-------|-------------------|-----------------|-----|-------|-----|-------|-------|------|----|-----|
|       |                     |          | START COUNT     | STOP COUNT                                                  | Status 1-2 or CRFS BOATS    | STATUS 0 or NF BOATS | SPECIAL FISHERY |       | ESTIMATED ANGLERS | EST. FSHN BOATS |     |       |     |       |       |      |    |     |
|       |                     |          |                 |                                                             |                             |                      | B               | C     |                   |                 |     |       |     |       |       |      |    |     |
| 1     | Emeryville          | CNTY 1   | ARRV 530        | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE 401 | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO 1  | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 | 10                          |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS 12   | DEPR 1730       | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| 2     |                     | CNTY     | ARRV            | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE     | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO    | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |                             |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS      | DEPR            | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| 3     |                     | CNTY     | ARRV            | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE     | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO    | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |                             |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS      | DEPR            | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| 4     |                     | CNTY     | ARRV            | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE     | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO    | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |                             |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS      | DEPR            | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| 5     |                     | CNTY     | ARRV            | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE     | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO    | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |                             |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS      | DEPR            | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| 6     |                     | CNTY     | ARRV            | MM                                                          |                             |                      |                 |       |                   |                 | MM  |       |     |       |       |      |    |     |
|       |                     | SITE     | STRT            | BB <input checked="" type="checkbox"/> -EFFORT              |                             |                      |                 |       |                   |                 | BB  |       |     |       |       |      |    |     |
|       |                     | DISPO    | STOP            | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |                             |                      |                 |       |                   |                 | PC  |       |     |       |       |      |    |     |
|       |                     | HRS      | DEPR            | PR                                                          |                             |                      |                 |       |                   |                 | PR  |       |     |       |       |      |    |     |
| CRFS  | BOATS               | ANGS     | BOATS           | ANGS                                                        | KING                        | COHO                 | KING            | COHO  | TAG               | SEAL            | OBS | UNOBS | OBS | UNOBS | ASKED | WITH | ON | OFF |
| BOATS | TOTAL               | SALMON   | KEPT            | RELEASED                                                    | COUNT                       | TAKE                 | RFYEEY          | RFCOW | DD                | MISSED          | BTS |       |     |       |       |      |    |     |

Site dispositions: 0=Pressure check, 4=Low Effort, 5=Other (comment), 7=Roving (MM, BB or PR2). Total Effort: / =Mode present but total not determined N=Mode not possible at site. Status1&2 are good angler forms, CRFS boats are PR1, Status 0 are angler forms, NF boats are PR1 non-fishing

|    |  |       |      |                                                             |  |  |  |    |
|----|--|-------|------|-------------------------------------------------------------|--|--|--|----|
| 7  |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 8  |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 9  |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 10 |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 11 |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 12 |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 13 |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |
| 14 |  | CNTY  | ARRV | MM                                                          |  |  |  | MM |
|    |  | SITE  | STRT | BB <input checked="" type="checkbox"/> -EFFORT              |  |  |  | BB |
|    |  | DISPO | STOP | PC <input type="checkbox"/> MM <input type="checkbox"/> PR2 |  |  |  | PC |
|    |  | HRS   | DEPR | PR                                                          |  |  |  | PR |

PR1 TOTAL EFFORT  
ESTIMATION FORMULA

$$\frac{\text{STOP COUNT}}{\text{MISSD BOATS}} + \frac{\text{MISSD BOATS}}{\text{MISSD BOATS}} = \text{A}$$

$$\frac{\text{CRFS BOATS}}{\text{TOTAL BOATS}} - \frac{\text{TOTAL BOATS}}{\text{TOTAL BOATS}} = \text{B}$$

$$\frac{\text{TOTAL ANG}}{\text{CRFS BOATS}} + \frac{\text{CRFS BOATS}}{\text{CRFS BOATS}} = \text{C}$$

$$\frac{\text{A}}{\text{A}} \times \frac{\text{B}}{\text{B}} = \text{D}$$

$$\frac{\text{C}}{\text{C}} \times \frac{\text{D}}{\text{D}} = \text{E}$$

$$\frac{\text{E}}{\text{E}} + \frac{\text{TOTAL ANG}}{\text{TOTAL ANG}} = \text{EST. ANGLERS}$$

$$\frac{\text{D}}{\text{D}} + \frac{\text{CRFS BOATS}}{\text{CRFS BOATS}} = \text{EST. FISH BOATS}$$

# CRFS ON-BOARD CPV SAMPLING FORM

Assign 1 Stops: 6 Sps: 8

318 Sample= Anthony D. Brown  
 20110929 Date  
 36744 Boat #

New Heek Fin=Boat

1 Only= Alcande  
 401 Site / Lndg= 15 mery v.1e  
 10 Elg Angs  
 5 Trip Type= 3/4-day  
 Area 3/4-day  
 =Capt

Trip Typ: 1=am/12 2=pm/12 3=mid/12 4=twilight  
 5=3/4-day 6=overnight 7=other  
 Area: 1=US<3mi 2=US>3mi M=Mexico  
 Flyp: 1=Drift 2=Stat 3=Anchor 4=Troll  
 Gfnt: 3=deg,min,sec 1=deg,min,100th/min

| STOP# |     | 1   |     | 2    |     | 3   |     | 4   |     | 5    |     |
|-------|-----|-----|-----|------|-----|-----|-----|-----|-----|------|-----|
| Lat   | Lon | Lat | Lon | Lat  | Lon | Lat | Lon | Lat | Lon | Lat  | Lon |
| 37    | 22  | 51  | 24  | 86   | 23  | 87  | 24  | 52  | 43  | 37   | 24  |
| 803   |     |     |     | 4833 |     | 851 |     | 903 |     | 1037 |     |

| END |    | Time |    | Lon 1 |    | Time |    | Lon 1 |    | Time |    | Lon 1 |    | Time |    | Lon 1 |    |
|-----|----|------|----|-------|----|------|----|-------|----|------|----|-------|----|------|----|-------|----|
| 37  | 22 | 51   | 24 | 86    | 23 | 87   | 24 | 52    | 43 | 37   | 24 | 52    | 43 | 37   | 24 | 52    | 43 |
| 418 |    | 1    |    | Gfnt  |    | 4617 |    | 1     |    | 459  |    | 1     |    | 915  |    | 1     |    |

| ObsAng |  | 1   |  | 2   |  | 3   |  | 4   |  | 5   |  |
|--------|--|-----|--|-----|--|-----|--|-----|--|-----|--|
| 4      |  | 4   |  | 4   |  | 4   |  | 4   |  | 4   |  |
| 58     |  | 58  |  | 58  |  | 58  |  | 58  |  | 58  |  |
| 180    |  | 180 |  | 180 |  | 180 |  | 180 |  | 180 |  |

| Gear Time |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  |
|-----------|--|---|--|---|--|---|--|---|--|---|--|
| 0         |  | 0 |  | 0 |  | 0 |  | 0 |  | 0 |  |
| 0         |  | 0 |  | 0 |  | 0 |  | 0 |  | 0 |  |
| 0         |  | 0 |  | 0 |  | 0 |  | 0 |  | 0 |  |

| 1        |     | 2        |     | 3         |     | 4        |     | 5       |     | 6         |     | 7        |     | 8       |     | 9 |  |
|----------|-----|----------|-----|-----------|-----|----------|-----|---------|-----|-----------|-----|----------|-----|---------|-----|---|--|
| Black AF | REL | Black AF | REL | Starry AF | REL | Olive AF | REL | Blue AF | REL | Canary AF | REL | Bonellio | REL | Rosy AF | REL |   |  |
| 2        |     | 2        |     | 3         |     | 4        |     | 5       |     | 6         |     | 7        |     | 8       |     | 9 |  |
| 10       |     | 1        |     | 5         |     | 8        |     | 11      |     | 1         |     | 1        |     | 17      |     |   |  |

## 10

## #STOP

6

7

9

10

[illegible]

# DISCARDED FISH FORM

Page 1 of 1

1. Sampler ID

Sampler Name

2.\*Subregion

4. Date (YYYYMMDD)

318

Anthony Disbrow

2

20110929

1 <<Assign #  
5.Vessel Name>> New Hark Finn

| Common Name      | *Species | *ModeX | *AreaX | *Fork Len(mm) | Weight (kg) | *Dispo. | Sex | CPFV Stop # |
|------------------|----------|--------|--------|---------------|-------------|---------|-----|-------------|
| 1 Yellowtail RF  | RF YTL   | 6      | 1      | 205           |             | 1       |     | 2           |
| 2                |          |        |        | 250           |             | 1       |     | 4           |
| 3                |          |        |        | 228           |             | 1       |     | ↓           |
| 4 Rosy RF        | RF ROS   |        |        | 217           |             | 6       |     | 5           |
| 5 Yellowtail RF  | RF YTL   |        |        | 255           |             | 1       |     | ↓           |
| 6 Blue RF        | RF BLU   |        |        | 255           |             | 6       |     | ↓           |
| 7 Yellowtail RF  | RF YTL   |        |        | 284           |             | 1       |     | 5           |
| 8                | RF YTL   |        |        | 288           |             | 1       |     | ↓           |
| 9                |          |        |        | 284           |             | 6       |     | ↓           |
| 10 Canary RF     | RF CAN   |        |        | 366           |             | 6       |     | ↓           |
| 11               |          |        |        | 411           |             | 6       |     | ↓           |
| 12 Rosy RF       | RF ROS   |        |        | 219           |             | 6       |     | ↓           |
| 13               |          |        |        | 202           |             | 6       |     | ↓           |
| 14               |          |        |        | 224           |             | 6       |     | ↓           |
| 15 Canary RF     | RF CAN   |        |        | 429           |             | 6       |     | ↓           |
| 16 Rosy RF       | RF ROS   |        |        | 218           |             | 6       |     | ↓           |
| 17 Rosy RF       |          |        |        | 211           |             | 6       |     | ↓           |
| 18 Yellowtail RF | RF YTL   |        |        | 249           |             | 1       |     | ↓           |
| 19               |          |        |        | 254           |             | 1       |     | ↓           |
| 20 Blue RF       | RF BLU   |        |        | 271           |             | 0       |     | ↓           |
| 21 Yellowtail RF | RF YTL   |        |        | 229           |             | 1       |     | ↓           |
| 22 Rosy RF       | RF ROS   |        |        | 200           |             | 6       |     | ↓           |
| 23 Yellowtail RF | RF YTL   |        |        | 260           |             | 1       |     | ↓           |
| 24               |          |        |        | 240           |             | 1       |     | ↓           |
| 25 Rosy RF       | RF ROS   |        |        | 210           |             | 6       |     | ↓           |
| 26               |          |        |        | 193           |             | 6       |     | ↓           |
| 27               |          |        |        | 200           |             | 6       |     | ↓           |
| 28 Blue RF       | RF BLU   |        |        | 363           |             | 0       |     | ↓           |
| 29 Starry RF     | RF STA   |        |        | 281           |             | 0       |     | ↓           |
| 30 Yellowtail RF | RF YTL   |        |        | 282           |             | 1       |     | ↓           |

\* Dispo: What happened to the fish? - 0=Retained by boat, 1=Thrown back alive, 6=Thrown back dead (includes bait)

ModeX: 1=MM 2=BB 6=PC 7=PR

Sex: M=male F=female T=transitional

AreaX: 1=Ocean < 3 miles 2=Ocean > 3 miles 5=Inland

Subregion: 1=S.CA (San Diego-Santa Barbara) 2=N.CA (San Luis Obispo-Del Norte)

# BACK OF DISCARDED FISH FORM

|    | Common Name   | * Species | *ModeX | *AreaX | *Fork Len(mm) | Weight (kg) | *Dispo. | Sex | CPFV Stop # |    |
|----|---------------|-----------|--------|--------|---------------|-------------|---------|-----|-------------|----|
| 31 | Rosy RF       | RF ROS    | 6      | 1      | 204           |             | 6       |     |             | 31 |
| 32 | ↓             | ↓         |        |        | 202           |             | 6       |     |             | 32 |
| 33 | Blue RF       | RF BLU    |        |        | 258           |             | 6       |     |             | 33 |
| 34 | Yellowtail RF | RF YTL    |        |        | 317           |             | 1       |     |             | 34 |
| 35 | Rosy RF       | RF ROS    |        |        | 191           |             | 6       |     |             | 35 |
| 36 | ↓             | ↓         |        |        | 206           |             | 6       |     |             | 36 |
| 37 | Conch RF      | RF CHW    |        |        | 240           |             | 1       |     |             | 37 |
| 38 | Rosy RF       | RF ROS    |        |        | 211           |             | 1       |     |             | 38 |
| 39 | ↓             | ↓         |        |        | 195           |             | 6       |     |             | 39 |
| 40 | ↓             | ↓         |        |        | 236           |             | 6       |     |             | 40 |
| 41 | Yellowtail RF | RF YTL    |        |        | 279           |             | 1       |     |             | 41 |
| 42 | ↓             | ↓         |        |        | 257           |             | 1       |     |             | 42 |
| 43 | ↓             | ↓         |        |        | 250           |             | 1       |     |             | 43 |
| 44 | Rosy RF       | RF ROS    |        |        | 208           |             | 6       |     |             | 44 |
| 45 | Yellowtail RF | RF YTL    |        |        | 271           |             | 1       |     |             | 45 |
| 46 | Striped Bass  | STBAS     | X      | X      | 414           |             | 1       |     |             | 46 |
| 47 |               |           |        |        |               |             |         |     |             | 47 |
| 48 |               |           |        |        |               |             |         |     |             | 48 |
| 49 |               |           |        |        |               |             |         |     |             | 49 |
| 50 |               |           |        |        |               |             |         |     |             | 50 |
| 51 |               |           |        |        |               |             |         |     |             | 51 |
| 52 |               |           |        |        |               |             |         |     |             | 52 |
| 53 |               |           |        |        |               |             |         |     |             | 53 |
| 54 |               |           |        |        |               |             |         |     |             | 54 |
| 55 |               |           |        |        |               |             |         |     |             | 55 |
| 56 |               |           |        |        |               |             |         |     |             | 56 |
| 57 |               |           |        |        |               |             |         |     |             | 57 |
| 58 |               |           |        |        |               |             |         |     |             | 58 |
| 59 |               |           |        |        |               |             |         |     |             | 59 |
| 60 |               |           |        |        |               |             |         |     |             | 60 |

\* Dispo: What happened to the fish? - 0=Retained by boat, 1=Thrown back alive, 6=Thrown back dead (includes bait)

ModeX: 1=MM 2=BB 6=PC 7=PR

Sex: M=male F=female T=transitional

AreaX: 1=Ocean < 3 miles 2=Ocean > 3 miles 5=Inland

Subregion: 1=S.CA (San Diego-Santa Barbara) 2=N.CA (San Luis Obispo-Del Norte)

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| SPECIAL FISHERY CODE <small>Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pg # <span style="border: 1px solid black; padding: 2px 10px;"></span> of # <span style="border: 1px solid black; padding: 2px 10px;"></span> |
| <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">MMPR2</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">X-Effort</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px;"></div> <div style="font-weight: bold;">A. * MM Anglers skipped</div> <div style="font-size: small;">Since last interview</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px;"></div> <div style="font-weight: bold;">B. MM Anglers that started fishing</div> <div style="font-size: small;">Since last interview</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px;"></div> <div style="font-weight: bold;">C. # PR2 Boats TR Launched</div> <div style="font-size: small;">Since last PR2 boat</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px;"></div> <div style="font-weight: bold;">D. * Non-Fishing TR</div> <div style="font-size: small;">Since last PR2 boat</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px;"></div> <div style="font-weight: bold;">E. * Missed TR</div> <div style="font-size: small;">Since last PR2 boat</div> </div> </div> |                                                                                                                                               |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>1. Assignment No</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">318</div> <div>2. Sampler</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">929</div> <div>3. Month/Day</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>4. Interview #</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1631</div> <div>5. Time interview started (24 Hr:Min)</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>7. Cnty-Site Code</div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">6</div> <div>8. Site Name<br/><small>First interview at site</small></div> </div> </div> <div style="width: 55%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">16</div> <div>B1. Interview # of first boat angler.</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">10</div> <div>B2. # Anglers in boat</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">600</div> <div>B4. Departure Time?<br/><small>If prior day record date--&gt;</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">10</div> <div>B5. *<br/>Deprt. Date</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>B6. Distance<br/><small>1 &lt;= 3 mi. Code if island -&gt;<br/>2 more than 3 mi.</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">10</div> <div>B7. &lt;= 3 mi. CA Island</div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">36744</div> <div>B8. CPFV - DFG Boat Number</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>B9. CPFV Boat Name:<br/><u>NEW HUCK FINN</u></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>9. Mode:<br/><small>1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>10. Status:<br/><small>0=Effort-change-only form, 1=Complete, 2=Non-key refusal</small></div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div># of Initial Refusals</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div># Language Barriers</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div># of Key Refusals</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>E2. Gear: 1=Hook &amp; line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Grab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">37</div> <div>E3. Wet Gear hours fishing in <u>above mode</u>?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>E4. SHORE trip add'l hours. 0=Complete<br/><small>Trip must be 1/2 done. 50% of all interviews must be "complete".</small></div> </div> </div> <div style="width: 55%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L2. Location(s)</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L3. Format:<br/><small>8=DK 9=Refuse<br/>1=Degrees° mins'+grid size<br/>3=Degrees° mins' secs"<br/>4=Decimal. degrees°<br/>5=CDFG Block-Box &lt;+grid size&gt;<br/>B, B-b, B-b-b, B-b-b-b, B-b+y</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L5. Bottom Depth(s)<br/>[feet]</div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L6. Depthfinder used?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back.<br/>8=No catch</div> </div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>F2. Reported or unavailable catch (for this angler only)?<br/><small>1=Yes, 0=No</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>* F3. Examined catch?<br/><small>If yes, code F4-5 &gt;&gt;<br/>1=Yes, 0=No</small></div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">26N</div> <div>A1. RESIDENCE? CA County, State, Country(don't know, get city)</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">94520</div> <div>A2. Zip code?<br/><small>9=Refused<br/>8=DK (get city)</small></div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">1</div> <div>A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A4. Daily License # Days</div> </div> </div> <div style="width: 55%;"> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>ON THIS FORM<br/>* F4. # of contributors</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>ON OTHER FORM<br/>* F5. Interview ###</div> </div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6...in last 12 Months?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A7...in last 2 Months?</div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6...in last 12 Months?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A7...in last 2 Months?</div> </div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6...in last 12 Months?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A7...in last 2 Months?</div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A6...in last 12 Months?</div> </div> <div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; text-align: center;">0</div> <div>A7...in last 2 Months?</div> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

0

A7...in last 2 Months?

0

A6...in last 12 Months?

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

| Common Name     | *Species | *No. of Fish | *Disposition | Location |
|-----------------|----------|--------------|--------------|----------|
| 1 Rosy RF       | RF RUS   | 4            | 6            | 1        |
| 2 Yellowtail RF | RF YTL   | 3            | 1            | 2        |
| 3               |          |              |              | 3        |
| 4               |          |              |              | 4        |
| 5               |          |              |              | 5        |
| 6               |          |              |              | 6        |

## TYPE 3 EXAMINED CATCH

| <input checked="" type="checkbox"/> GROUP Catch | *Species | *No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|-------------------------------------------------|----------|--------------|----------------|-------------|---|---|----------|
| 1 Blue RF                                       | RF BLU   | 6            | 365            | .           | 3 |   | 1        |
| 2                                               |          | ↓            | 343            | .           |   |   | 2        |
| 3                                               |          | ↓            | 377            | .           |   |   | 3        |
| 4                                               |          | ↓            | 361            | .           |   |   | 4        |
| 5                                               |          | ↓            | 359            | .           |   |   | 5        |
| 6                                               |          | ↓            | 338            | .           |   |   | 6        |
| 7 Starry RF                                     | RF STA   | 2            | 331            | .           |   |   | 7        |
| 8                                               | ↓        | ↓            | 335            | .           |   |   | 8        |
| 9 Bocuio                                        | RF BOC   | 1            | 515            | .           |   |   | 9        |
| 10                                              |          |              |                | .           |   |   | 10       |
| 11                                              |          |              |                | .           |   |   | 11       |
| 12                                              |          |              |                | .           |   |   | 12       |
| 13                                              |          |              |                | .           |   |   | 13       |
| 14                                              |          |              |                | .           |   |   | 14       |
| 15                                              |          |              |                | .           |   |   | 15       |
| 16                                              |          |              |                | .           |   |   | 16       |
| 17                                              |          |              |                | .           |   |   | 17       |
| 18                                              |          |              |                | .           |   |   | 18       |
| 19                                              |          |              |                | .           |   |   | 19       |
| 20                                              |          |              |                | .           |   |   | 20       |
| 21                                              |          |              |                | .           |   |   | 21       |
| 22                                              |          |              |                | .           |   |   | 22       |
| 23                                              |          |              |                | .           |   |   | 23       |
| 24                                              |          |              |                | .           |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                                                                                |                                                                                                |                                                                                                                  |                        |                                                                                                    |                                                                                                |                                                                                                |                                    |                                                                                                                                                                           |                                                                                                |                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------|---------------|--|----------|
| <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                                                                                | SPECIAL FISHERY CODE <u>Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only</u> |                        |                                                                                                    |                                                                                                |                                                                                                |                                    |                                                                                                                                                                           |                                                                                                |                                                                                                |                            | Pg # <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> of # <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
| MMPR2                                                                                          | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                                                                                                  | A.* MM Anglers skipped |                                                                                                    | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                                                                                | B. MM Anglers that started fishing |                                                                                                                                                                           | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                                                                                | C. # PR2 Boats TR Launched |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                                                                                | D.* Non-Fishing TR |                                                                                                            | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |        | E.* Missed TR |  | X-Effort |
|                                                                                                | Since last interview                                                                           |                                                                                                                  | Since last interview   |                                                                                                    | Since last PR2 boat                                                                            |                                                                                                | Since last PR2 boat                |                                                                                                                                                                           | Since last PR2 boat                                                                            |                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
| Intercept                                                                                      |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | 1. Assignment No                                                                                   |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | 2. Sampler                                                                                                                                                                |                                                                                                | Boats                                                                                          |                            | B1. Interview # of first boat angler.<br><b>(B2-B11 - First Boat Angler ONLY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
|                                                                                                |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | 3. Month/Day                                                                                       |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | 4. Interview #                                                                                                                                                            |                                                                                                |                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
| Effort                                                                                         |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | 5. Time interview started (24 Hr:Min)                                                              |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | 7. Cnty-Site Code                                                                                                                                                         |                                                                                                | Location                                                                                       |                            | B2. # Anglers in boat<br>B3.*PR Trailer in Count Area? 1=Yes, 0=No, K=kayak<br>B4. Departure Time? if prior day record date--><br>B5.* Deprt. Date<br>B6. Distance 1 <=3 mi. Code if island -> from any shore? 2 more than 3 mi.<br>B7. <=3 mi. CA Island<br>B8. CPFV - DFG Boat Number<br>B9. CPFV Boat Name:<br>L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First<br>L2. Location(s)<br>L3. Format: 8=DK 9=Refuse<br>1=Degrees° mins'+grid size<br>3=Degrees° mins' secs"<br>4=Decimal. degrees°<br>5=CDFG Block-Box <+grid size><br>B, B-b, B-b-b, B-u-b-b, B-b-y<br>L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name<br>Fishing Site Name<br>[Record code(s) at L2]<br>L5. Bottom Depth(s) [feet]<br>L6. Depthfinder used?<br>L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch<br>Check all that apply |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
|                                                                                                |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | 6. Site Name<br>First interview at site                                                            |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat |                                                                                                |                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
| Target Species                                                                                 |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | # of Initial Refusals                                                                              |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | # of Language Barriers                                                                                                                                                    |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | # of Key Refusals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                    | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>             |                                                                                                | Fish   |               |  |          |
|                                                                                                |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico               |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank                                                         |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | E3. Wet Gear hours fishing in <u>above mode</u> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                    | E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete". |                                                                                                |        |               |  |          |
| Angler                                                                                         |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | F2. Reported or unavailable catch (for this angler only?)<br>1=Yes, 0=No                           |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | F3. Examined catch? If yes, code F4-5 >><br>1=Yes, 0=No                                                                                                                   |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | ON THIS FORM * F4. # of contributors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                    | ON OTHER FORM * F5. Interview ###                                                                          |                                                                                                | Angler |               |  |          |
|                                                                                                |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | A1. RESIDENCE? CA County, State, Country(don't know, get city)                                     |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | A2. Zip code? 9=Refused 8=DK (get city)                                                                                                                                   |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...<br>A6...in last 12 Months? A7...in last 2 Months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                |                    |                                                                                                            |                                                                                                |        |               |  |          |
| Codes:                                                                                         |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | A4. Daily License # Days                                                                                                                                                  |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                    | Correct Number Format: 123456789                                                                           |                                                                                                |        |               |  |          |
|                                                                                                |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>                   |                        | A4. Daily License # Days                                                                           |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                                    | A4. Daily License # Days                                                                                                                                                  |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                            | A4. Daily License # Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |                    | A4. Daily License # Days                                                                                   |                                                                                                |        |               |  |          |

# ANGLER FORM - CREEL SURVEY

TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name | *Species | * No. of Fish | *Disposition | Location |
|---|-------------|----------|---------------|--------------|----------|
| 1 | Canary RF   | RF CAN   | 2             | 1            |          |
| 2 | Olive RF    | RF OLU   | 3             | 1            |          |
| 3 |             |          |               |              |          |
| 4 |             |          |               |              |          |
| 5 |             |          |               |              |          |
| 6 |             |          |               |              |          |

## TYPE 3 EXAMINED CATCH

|    | GROUP Catch | *Species | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|-------------|----------|---------------|----------------|-------------|---|---|----------|
| 1  | ✓           | RF OLU   | 1             | 399            |             | 3 |   | 1        |
| 2  |             | RF XTL   | 6             | 371            |             |   |   | 2        |
| 3  |             |          |               | 360            |             |   |   | 3        |
| 4  |             |          |               | 306            |             |   |   | 4        |
| 5  |             |          |               | 323            |             |   |   | 5        |
| 6  |             |          |               | 320            |             |   |   | 6        |
| 7  |             |          |               | 320            |             |   |   | 7        |
| 8  |             | RF BLU   | 1             | 269            |             |   |   | 8        |
| 9  |             | RF STA   | 1             | 290            |             |   |   | 9        |
| 10 |             | RF BOC   | 1             | 350            |             |   |   | 10       |
| 11 |             |          |               |                |             |   |   | 11       |
| 12 |             |          |               |                |             |   |   | 12       |
| 13 |             |          |               |                |             |   |   | 13       |
| 14 |             |          |               |                |             |   |   | 14       |
| 15 |             |          |               |                |             |   |   | 15       |
| 16 |             |          |               |                |             |   |   | 16       |
| 17 |             |          |               |                |             |   |   | 17       |
| 18 |             |          |               |                |             |   |   | 18       |
| 19 |             |          |               |                |             |   |   | 19       |
| 20 |             |          |               |                |             |   |   | 20       |
| 21 |             |          |               |                |             |   |   | 21       |
| 22 |             |          |               |                |             |   |   | 22       |
| 23 |             |          |               |                |             |   |   | 23       |
| 24 |             |          |               |                |             |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)  
3=Eat (fillets)  
4=Bait

5=Give away  
6=Throw back dead  
7=Some other purpose, specify under common name.

8=Don't know (type 3)  
9=Refused (type 3)

Fsex M=Male F=Female  
T=Transitional  
✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                      |  |                                                                                      |  |      |      |
|----------------------|--|--------------------------------------------------------------------------------------|--|------|------|
| SPECIAL FISHERY CODE |  | Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only |  | Pg # | of # |
|----------------------|--|--------------------------------------------------------------------------------------|--|------|------|

|        |                         |                                    |                            |                     |                     |          |
|--------|-------------------------|------------------------------------|----------------------------|---------------------|---------------------|----------|
| MM/PR2 | A. * MM Anglers skipped | B. MM Anglers that started fishing | C. # PR2 Boats TR Launched | D. * Non-Fishing TR | E. * Missed TR      | X-Effort |
|        | Since last interview    | Since last interview               | Since last PR2 boat        | Since last PR2 boat | Since last PR2 boat |          |

|                                                           |                                                           |                                                                                              |                                                                                              |
|-----------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. Assignment No                                          | 2. Sampler                                                | B1. Interview # of first boat angler.                                                        | Boats                                                                                        |
| 3. Month/Day                                              | 4. Interview #                                            | (B2-B11 - First Boat Angler ONLY)                                                            |                                                                                              |
| 5. Time interview started (24 Hr:Min)                     | 6. Distance                                               | B2. # Anglers in boat                                                                        | B3. *PR Trailer in Count Area? 1=Yes, 0=No, K=kayak                                          |
| 7. Cnty-Site Code                                         | 8. Site Name                                              | B4. Departure Time?                                                                          | B5. * Deprt. Date                                                                            |
| 8. Site Name                                              | 9. Mode:                                                  | B6. Distance                                                                                 | B7. <=3 mi. CA Island                                                                        |
| 9. Mode:                                                  | 10. Status:                                               | B7. <=3 mi. CA Island                                                                        | B8. CPFV - DFG Boat Number                                                                   |
| 10. Status:                                               | # of Initial Refusals                                     | B8. CPFV - DFG Boat Number                                                                   | B9. CPFV Boat Name:                                                                          |
| # of Initial Refusals                                     | # of Language Barriers                                    | B9. CPFV Boat Name:                                                                          | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                              |
| # of Language Barriers                                    | # of Key Refusals                                         | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                              | L2. Location(s)                                                                              |
| # of Key Refusals                                         | E1. Fishing Effort Area:                                  | L2. Location(s)                                                                              | L3. Format:                                                                                  |
| E1. Fishing Effort Area:                                  | E2. Gear:                                                 | L3. Format:                                                                                  | L4. Angler gave location using:                                                              |
| E2. Gear:                                                 | E3. Wet Gear hours fishing in above mode?                 | L4. Angler gave location using:                                                              | L5. Bottom Depth(s) [feet]                                                                   |
| E3. Wet Gear hours fishing in above mode?                 | E4. SHORE trip add'l hours.                               | L5. Bottom Depth(s) [feet]                                                                   | L6. Depthfinder used?                                                                        |
| E4. SHORE trip add'l hours.                               | F2. Reported or unavailable catch (for this angler only)? | L6. Depthfinder used?                                                                        | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch |
| F2. Reported or unavailable catch (for this angler only)? | F3. Examined catch?                                       | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch |                                                                                              |
| F3. Examined catch?                                       | A1. RESIDENCE?                                            |                                                                                              |                                                                                              |
| A1. RESIDENCE?                                            | A2. Zip code?                                             |                                                                                              |                                                                                              |
| A2. Zip code?                                             | A3. License Type:                                         |                                                                                              |                                                                                              |
| A3. License Type:                                         | A4. Daily License # Days                                  |                                                                                              |                                                                                              |
| A4. Daily License # Days                                  |                                                           |                                                                                              |                                                                                              |

|                                                           |                     |                |
|-----------------------------------------------------------|---------------------|----------------|
| F=Same as first boat angler                               | 0 = Anything        | 1 = Bottomfish |
| F2. Reported or unavailable catch (for this angler only)? | F3. Examined catch? |                |
| 1=Yes, 0=No                                               | 1=Yes, 0=No         |                |

|                                                                                                    |                                                                                                    |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| A1. RESIDENCE? CA County, State, Country(don't know, get city)                                     | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA... |
| A2. Zip code?                                                                                      | A6...in last 12 Months?                                                                            |
| A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days | A7...in last 2 Months?                                                                             |
| A4. Daily License # Days                                                                           |                                                                                                    |

|                                                                    |  |
|--------------------------------------------------------------------|--|
| NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal) |  |
| Mark Okasaki 916 421 7842                                          |  |
| 7674 Bluebrook Way                                                 |  |
| Sacramento, CA 95823                                               |  |

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name | *Species | * No. of Fish | *Disposition | Location |
|---|-------------|----------|---------------|--------------|----------|
| 1 | Olive RF    | RF OLV   | 4             | 6            |          |
| 2 |             |          |               |              |          |
| 3 |             |          |               |              |          |
| 4 |             |          |               |              |          |
| 5 |             |          |               |              |          |
| 6 |             |          |               |              |          |

## TYPE 3 EXAMINED CATCH

|    | ✓ GROUP Catch | *Species | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------|----------|---------------|----------------|-------------|---|---|----------|
| 1  | Blue RF       | RF BLU   | 6             | 375            | .           | 3 |   | 1        |
| 2  |               |          | ↓             | 366            | .           |   |   | 2        |
| 3  |               |          |               | 365            | .           |   |   | 3        |
| 4  |               |          |               | 356            | .           |   |   | 4        |
| 5  |               |          |               | 335            | .           |   |   | 5        |
| 6  |               |          |               | 290            | .           |   |   | 6        |
| 7  | Olive RF      | RF OLV   | 5             | 424            | .           |   |   | 7        |
| 8  |               |          | ↓             | 419            | .           |   |   | 8        |
| 9  |               |          |               | 431            | .           |   |   | 9        |
| 10 |               |          |               | 421            | .           |   |   | 10       |
| 11 |               |          |               | 302            | .           |   |   | 11       |
| 12 |               |          |               |                | .           |   |   | 12       |
| 13 |               |          |               |                | .           |   |   | 13       |
| 14 |               |          |               |                | .           |   |   | 14       |
| 15 |               |          |               |                | .           |   |   | 15       |
| 16 |               |          |               |                | .           |   |   | 16       |
| 17 |               |          |               |                | .           |   |   | 17       |
| 18 |               |          |               |                | .           |   |   | 18       |
| 19 |               |          |               |                | .           |   |   | 19       |
| 20 |               |          |               |                | .           |   |   | 20       |
| 21 |               |          |               |                | .           |   |   | 21       |
| 22 |               |          |               |                | .           |   |   | 22       |
| 23 |               |          |               |                | .           |   |   | 23       |
| 24 |               |          |               |                | .           |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)  
 3=Eat (fillets)  
 4=Bait

5=Give away  
 6=Throw back dead  
 7=Some other purpose, specify under common name.

8=Don't know (type 3)  
 9=Refused (type 3)

Fsex M=Male F=Female  
 T=Transitional  
 ✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                      |                         |                                                                                      |                            |                                                                                                                                               |
|----------------------|-------------------------|--------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| SPECIAL FISHERY CODE |                         | Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only |                            | Pg # <span style="border: 1px solid black; padding: 2px 10px;"></span> of # <span style="border: 1px solid black; padding: 2px 10px;"></span> |
| MMPR2                | A. * MM Anglers skipped | B. MM Anglers that started fishing                                                   | C. # PR2 Boats TR Launched | D. * Non-Fishing TR                                                                                                                           |
| Since last interview |                         | Since last interview                                                                 | Since last PR2 boat        | Since last PR2 boat                                                                                                                           |
|                      |                         |                                                                                      |                            | E. * Missed TR                                                                                                                                |
|                      |                         |                                                                                      |                            | Since last PR2 boat                                                                                                                           |

  

|                                         |                  |                                                                                                                                                                           |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
|-----------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|---|
| *                                       | 1. Assignment No | 318                                                                                                                                                                       | 2. Sampler                                                      | *                                                                  | 1                                                          | B1. Interview # of first boat angler.<br>(B2-B11 - First Boat Angler ONLY) |                                                                                                                                      | Boats |   |
| *                                       | 929              | 3. Month/Day                                                                                                                                                              |                                                                 | *                                                                  |                                                            |                                                                            | B2. # Anglers in boat                                                                                                                | *     |   |
| *                                       | 10               | 4. Interview #                                                                                                                                                            |                                                                 | *                                                                  |                                                            |                                                                            | B3. *PR Trailer in Count Area? 1=Yes, 0=No, K=kayak                                                                                  | *     |   |
| *                                       | 1640             | 5. Time interview started (24 Hr:Min)                                                                                                                                     |                                                                 | *                                                                  |                                                            |                                                                            | B4. Departure Time? If prior day record date-->                                                                                      | *     |   |
| *                                       | 1 - 401          | 7. Cnty-Site Code                                                                                                                                                         |                                                                 | *                                                                  |                                                            |                                                                            | B5. * Deprt. Date                                                                                                                    | *     |   |
| 8. Site Name<br>First interview at site |                  |                                                                                                                                                                           |                                                                 | *                                                                  | B6. Distance 1 <=3 mi. Code if island -> 2 more than 3 mi. |                                                                            |                                                                                                                                      |       | * |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  | B7. <=3 mi. CA Island                                      |                                                                            |                                                                                                                                      |       | * |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  | B8. CPFV - DFG Boat Number                                 |                                                                            |                                                                                                                                      |       | * |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  | B9. CPFV Boat Name:                                        |                                                                            |                                                                                                                                      |       | * |
| *                                       | 6                | 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat |                                                                 | *                                                                  | 3                                                          | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First            |                                                                                                                                      | *     |   |
| *                                       | 1                | 10. Status: 0=Effort-change-only form, 1=Complete, 2=Non-key refusal                                                                                                      |                                                                 | *                                                                  |                                                            |                                                                            | L2. Location(s)                                                                                                                      | *     |   |
| *                                       | 0                | # of Initial Refusals                                                                                                                                                     | # of Language Barriers                                          | *                                                                  |                                                            |                                                                            | L5. Bottom Depth(s) [feet]                                                                                                           | *     |   |
|                                         |                  | # of Key Refusals                                                                                                                                                         | < These must be in the mode of fishing above                    |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
| *                                       | 0                | E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico                                                                                      |                                                                 | *                                                                  |                                                            |                                                                            | L3. Format: 8=DK 9=Refuse                                                                                                            | *     |   |
| *                                       | 1                | E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank                                                         |                                                                 | *                                                                  |                                                            |                                                                            | L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name | *     |   |
| *                                       | 37               | E3. Wet Gear hours fishing in <u>above mode</u> ?                                                                                                                         |                                                                 | *                                                                  |                                                            |                                                                            | L6. Depthfinder used?                                                                                                                | *     |   |
| *                                       | 0                | E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete".                                                                |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
| 1                                       | 0                | Target Species                                                                                                                                                            |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
| 2                                       | 0                | Anything                                                                                                                                                                  |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
|                                         |                  | F=Same as first boat angler 0=Anything 1=Bottomfish                                                                                                                       |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
| *                                       | 1                | F2. Reported or unavailable catch (for this angler only)? 1=Yes, 0=No                                                                                                     |                                                                 | *                                                                  |                                                            |                                                                            | F3. Examined catch? If yes, code F4-5 >> 1=Yes, 0=No                                                                                 | *     |   |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  |                                                            |                                                                            | ON THIS FORM * F4. # of contributors                                                                                                 | *     |   |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  |                                                            |                                                                            | ON OTHER FORM * F5. Interview ###                                                                                                    | *     |   |
| *                                       | NEV              |                                                                                                                                                                           | A1. RESIDENCE? CA County, State, Country (don't know, get city) | *                                                                  |                                                            |                                                                            | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                   | *     |   |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  |                                                            |                                                                            | A6...in last 12 Months?                                                                                                              | *     |   |
|                                         |                  |                                                                                                                                                                           |                                                                 | *                                                                  |                                                            |                                                                            | A7...in last 2 Months?                                                                                                               | *     |   |
| *                                       | 1                | A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days                                                                        |                                                                 | NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal) |                                                            |                                                                            |                                                                                                                                      |       |   |
|                                         |                  |                                                                                                                                                                           |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |
|                                         |                  | A4. Daily License # Days                                                                                                                                                  |                                                                 |                                                                    |                                                            |                                                                            |                                                                                                                                      |       |   |

  

|                                                                                           |                                  |
|-------------------------------------------------------------------------------------------|----------------------------------|
| Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE) | Correct Number Format: 123456789 |
|-------------------------------------------------------------------------------------------|----------------------------------|

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name   | *Species | * No. of Fish |  | *Disposition | Location |   |
|---|---------------|----------|---------------|--|--------------|----------|---|
| 1 | Yellowtail RF | RF YTL   | 5             |  | 1            |          | 1 |
| 2 | Blue RF       | RF BLO   | 3             |  | 1            |          | 2 |
| 3 | Rosy RF       | RF ROS   | 10            |  | 6            |          | 3 |
| 4 |               |          |               |  |              |          | 4 |
| 5 |               |          |               |  |              |          | 5 |
| 6 |               |          |               |  |              |          | 6 |

## TYPE 3 EXAMINED CATCH

|    | <input type="checkbox"/> GROUP Catch | *Species | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|--------------------------------------|----------|---------------|----------------|-------------|---|---|----------|
| 1  |                                      |          |               |                |             |   |   | 1        |
| 2  |                                      |          |               |                |             |   |   | 2        |
| 3  |                                      |          |               |                |             |   |   | 3        |
| 4  |                                      |          |               |                |             |   |   | 4        |
| 5  |                                      |          |               |                |             |   |   | 5        |
| 6  |                                      |          |               |                |             |   |   | 6        |
| 7  |                                      |          |               |                |             |   |   | 7        |
| 8  |                                      |          |               |                |             |   |   | 8        |
| 9  |                                      |          |               |                |             |   |   | 9        |
| 10 |                                      |          |               |                |             |   |   | 10       |
| 11 |                                      |          |               |                |             |   |   | 11       |
| 12 |                                      |          |               |                |             |   |   | 12       |
| 13 |                                      |          |               |                |             |   |   | 13       |
| 14 |                                      |          |               |                |             |   |   | 14       |
| 15 |                                      |          |               |                |             |   |   | 15       |
| 16 |                                      |          |               |                |             |   |   | 16       |
| 17 |                                      |          |               |                |             |   |   | 17       |
| 18 |                                      |          |               |                |             |   |   | 18       |
| 19 |                                      |          |               |                |             |   |   | 19       |
| 20 |                                      |          |               |                |             |   |   | 20       |
| 21 |                                      |          |               |                |             |   |   | 21       |
| 22 |                                      |          |               |                |             |   |   | 22       |
| 23 |                                      |          |               |                |             |   |   | 23       |
| 24 |                                      |          |               |                |             |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |  |                                    |                                   |                            |  |                     |                                                     |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|------------------------------------|-----------------------------------|----------------------------|--|---------------------|-----------------------------------------------------|---------------------|---------------------------|----------|---------------------------|--|--|--|------------|--|--|--|---------------------------------------|--|--|--|-------|--------------|--|--|--|----------------|--|--|--|-----------------------|--|--|--|---------------------------------------|--|--|--|-------------------|--|--|--|-----------------------------------------------------|--|--|--|----------|--------------|--|--|--|----------|--|--|--|---------------------|--|--|--|-------------|--|--|--|-----------------------|--|--|--|-------------------|--|--|--|--------------------------|--|--|--|------------------------|--|--|--|--------------|--|--|--|-------|-----------|--|--|--|-------------------|--|--|--|-----------------------|--|--|--|-------------------------------------------|--|--|--|-----------------------------|--|--|--|----------------------------|--|--|--|-------|-----------------------------------------------------------|--|--|--|---------------------|--|--|--|---------------------|--|--|--|-----------------------------------------------------------|--|--|--|-----------------------|--|--|--|------------------------------------|--|--|--|----------|-------------------|--|--|--|-----------------|--|--|--|-------------|--|--|--|----------------|--|--|--|---------------|--|--|--|---------------------------------|--|--|--|-------|-------------------|--|--|--|--------------------------|--|--|--|----------------------------|--|--|--|----------------------------------------------------------------------------------------------------|--|--|--|-------------------------|--|--|--|-----------------------|--|--|--|-------|------------------------|--|--|--|-----------------------------------|--|--|--|-----------------------------------|--|--|--|
| SPECIAL FISHERY CODE <input type="checkbox"/> Bonus MM or PR2, <input type="checkbox"/> CPFV <input type="checkbox"/> Crew, <input type="checkbox"/> Tournament, <input type="checkbox"/> PR Private Access, <input type="checkbox"/> Lobster only, <input type="checkbox"/> D=Crab only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |  |                                    |                                   |                            |  |                     |                                                     |                     | Pg # <input type="text"/> |          | of # <input type="text"/> |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| MM/PR2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A. * MM Anglers skipped |  | B. MM Anglers that started fishing |                                   | C. # PR2 Boats TR Launched |  | D. * Non-Fishing TR |                                                     | E. * Missed TR      |                           | X-Effort |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Since last interview    |  | Since last interview               |                                   | Since last PR2 boat        |  | Since last PR2 boat |                                                     | Since last PR2 boat |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">1. Assignment No</td> <td colspan="4">2. Sampler</td> <td colspan="4">B1. Interview # of first boat angler.</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Boats</td> </tr> <tr> <td colspan="4">3. Month/Day</td> <td colspan="4">4. Interview #</td> <td colspan="4">B2. # Anglers in boat</td> </tr> <tr> <td colspan="4">5. Time interview started (24 Hr:Min)</td> <td colspan="4">7. Cnty-Site Code</td> <td colspan="4">B3. *PR Trailer in Count Area? 1=Yes, 0=No, K=kayak</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Location</td> </tr> <tr> <td colspan="4">8. Site Name</td> <td colspan="4">9. Mode:</td> <td colspan="4">B4. Departure Time?</td> </tr> <tr> <td colspan="4">10. Status:</td> <td colspan="4"># of Initial Refusals</td> <td colspan="4">B5. * Dep't. Date</td> </tr> <tr> <td colspan="4">E1. Fishing Effort Area:</td> <td colspan="4"># of Language Barriers</td> <td colspan="4">B6. Distance</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Boats</td> </tr> <tr> <td colspan="4">E2. Gear:</td> <td colspan="4"># of Key Refusals</td> <td colspan="4">B7. &lt;=3 mi. CA Island</td> </tr> <tr> <td colspan="4">E3. Wet Gear hours fishing in above mode?</td> <td colspan="4">E4. SHORE trip add'l hours.</td> <td colspan="4">B8. CPFV - DFG Boat Number</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Boats</td> </tr> <tr> <td colspan="4">E5. Reported or unavailable catch (for this angler only)?</td> <td colspan="4">F3. Examined catch?</td> <td colspan="4">B9. CPFV Boat Name:</td> </tr> <tr> <td colspan="4">F2. Reported or unavailable catch (for this angler only)?</td> <td colspan="4">F4. # of contributors</td> <td colspan="4">L1. BOATS: Asked Fishing Location?</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Location</td> </tr> <tr> <td colspan="4">F5. Interview ###</td> <td colspan="4">L2. Location(s)</td> <td colspan="4">L3. Format:</td> </tr> <tr> <td colspan="4">A1. RESIDENCE?</td> <td colspan="4">A2. Zip code?</td> <td colspan="4">L4. Angler gave location using:</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Boats</td> </tr> <tr> <td colspan="4">A3. License Type:</td> <td colspan="4">A4. Daily License # Days</td> <td colspan="4">L5. Bottom Depth(s) [feet]</td> </tr> <tr> <td colspan="4">A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...</td> <td colspan="4">A6...in last 12 Months?</td> <td colspan="4">L6. Depthfinder used?</td> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Boats</td> </tr> <tr> <td colspan="4">A7...in last 2 Months?</td> <td colspan="4">A8. All catch from this location?</td> <td colspan="4">L7. All catch from this location?</td> </tr> </table> |                         |  |                                    |                                   |                            |  |                     |                                                     |                     |                           |          | 1. Assignment No          |  |  |  | 2. Sampler |  |  |  | B1. Interview # of first boat angler. |  |  |  | Boats | 3. Month/Day |  |  |  | 4. Interview # |  |  |  | B2. # Anglers in boat |  |  |  | 5. Time interview started (24 Hr:Min) |  |  |  | 7. Cnty-Site Code |  |  |  | B3. *PR Trailer in Count Area? 1=Yes, 0=No, K=kayak |  |  |  | Location | 8. Site Name |  |  |  | 9. Mode: |  |  |  | B4. Departure Time? |  |  |  | 10. Status: |  |  |  | # of Initial Refusals |  |  |  | B5. * Dep't. Date |  |  |  | E1. Fishing Effort Area: |  |  |  | # of Language Barriers |  |  |  | B6. Distance |  |  |  | Boats | E2. Gear: |  |  |  | # of Key Refusals |  |  |  | B7. <=3 mi. CA Island |  |  |  | E3. Wet Gear hours fishing in above mode? |  |  |  | E4. SHORE trip add'l hours. |  |  |  | B8. CPFV - DFG Boat Number |  |  |  | Boats | E5. Reported or unavailable catch (for this angler only)? |  |  |  | F3. Examined catch? |  |  |  | B9. CPFV Boat Name: |  |  |  | F2. Reported or unavailable catch (for this angler only)? |  |  |  | F4. # of contributors |  |  |  | L1. BOATS: Asked Fishing Location? |  |  |  | Location | F5. Interview ### |  |  |  | L2. Location(s) |  |  |  | L3. Format: |  |  |  | A1. RESIDENCE? |  |  |  | A2. Zip code? |  |  |  | L4. Angler gave location using: |  |  |  | Boats | A3. License Type: |  |  |  | A4. Daily License # Days |  |  |  | L5. Bottom Depth(s) [feet] |  |  |  | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA... |  |  |  | A6...in last 12 Months? |  |  |  | L6. Depthfinder used? |  |  |  | Boats | A7...in last 2 Months? |  |  |  | A8. All catch from this location? |  |  |  | L7. All catch from this location? |  |  |  |
| 1. Assignment No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |  |                                    | 2. Sampler                        |                            |  |                     | B1. Interview # of first boat angler.               |                     |                           |          | Boats                     |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| 3. Month/Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |  |                                    | 4. Interview #                    |                            |  |                     | B2. # Anglers in boat                               |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| 5. Time interview started (24 Hr:Min)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |  |                                    | 7. Cnty-Site Code                 |                            |  |                     | B3. *PR Trailer in Count Area? 1=Yes, 0=No, K=kayak |                     |                           |          | Location                  |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| 8. Site Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |  |                                    | 9. Mode:                          |                            |  |                     | B4. Departure Time?                                 |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| 10. Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |  |                                    | # of Initial Refusals             |                            |  |                     | B5. * Dep't. Date                                   |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| E1. Fishing Effort Area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |  |                                    | # of Language Barriers            |                            |  |                     | B6. Distance                                        |                     |                           |          | Boats                     |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| E2. Gear:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |  |                                    | # of Key Refusals                 |                            |  |                     | B7. <=3 mi. CA Island                               |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| E3. Wet Gear hours fishing in above mode?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |  |                                    | E4. SHORE trip add'l hours.       |                            |  |                     | B8. CPFV - DFG Boat Number                          |                     |                           |          | Boats                     |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| E5. Reported or unavailable catch (for this angler only)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |  |                                    | F3. Examined catch?               |                            |  |                     | B9. CPFV Boat Name:                                 |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| F2. Reported or unavailable catch (for this angler only)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |  |                                    | F4. # of contributors             |                            |  |                     | L1. BOATS: Asked Fishing Location?                  |                     |                           |          | Location                  |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| F5. Interview ###                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |  |                                    | L2. Location(s)                   |                            |  |                     | L3. Format:                                         |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| A1. RESIDENCE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |  |                                    | A2. Zip code?                     |                            |  |                     | L4. Angler gave location using:                     |                     |                           |          | Boats                     |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| A3. License Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |  |                                    | A4. Daily License # Days          |                            |  |                     | L5. Bottom Depth(s) [feet]                          |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |  |                                    | A6...in last 12 Months?           |                            |  |                     | L6. Depthfinder used?                               |                     |                           |          | Boats                     |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| A7...in last 2 Months?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |  |                                    | A8. All catch from this location? |                            |  |                     | L7. All catch from this location?                   |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |  |                                    |                                   |                            |  |                     |                                                     |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |
| Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE) Correct Number Format: 123456789                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |  |                                    |                                   |                            |  |                     |                                                     |                     |                           |          |                           |  |  |  |            |  |  |  |                                       |  |  |  |       |              |  |  |  |                |  |  |  |                       |  |  |  |                                       |  |  |  |                   |  |  |  |                                                     |  |  |  |          |              |  |  |  |          |  |  |  |                     |  |  |  |             |  |  |  |                       |  |  |  |                   |  |  |  |                          |  |  |  |                        |  |  |  |              |  |  |  |       |           |  |  |  |                   |  |  |  |                       |  |  |  |                                           |  |  |  |                             |  |  |  |                            |  |  |  |       |                                                           |  |  |  |                     |  |  |  |                     |  |  |  |                                                           |  |  |  |                       |  |  |  |                                    |  |  |  |          |                   |  |  |  |                 |  |  |  |             |  |  |  |                |  |  |  |               |  |  |  |                                 |  |  |  |       |                   |  |  |  |                          |  |  |  |                            |  |  |  |                                                                                                    |  |  |  |                         |  |  |  |                       |  |  |  |       |                        |  |  |  |                                   |  |  |  |                                   |  |  |  |

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name | *Species | * No. of Fish | *Disposition | Location |
|---|-------------|----------|---------------|--------------|----------|
| 1 | rockfish    | RF GRN   | 6             | 1            |          |
| 2 |             |          |               |              |          |
| 3 |             |          |               |              |          |
| 4 |             |          |               |              |          |
| 5 |             |          |               |              |          |
| 6 |             |          |               |              |          |

## TYPE 3 EXAMINED CATCH

|    | GROUP Catch   | *Species | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------|----------|---------------|----------------|-------------|---|---|----------|
| 1  | ✓ Olive RF    | RF OLV   | 5             | 468            |             | 3 |   | 1        |
| 2  |               |          |               | 405            |             |   |   | 2        |
| 3  |               |          |               | 421            |             |   |   | 3        |
| 4  |               |          |               | 443            |             |   |   | 4        |
| 5  |               |          |               | 406            |             |   |   | 5        |
| 6  | China RF      | RF CHN   | 1             | 281            |             |   |   | 6        |
| 7  | Yellowtail RF | RF YTL   | 2             | 319            |             |   |   | 7        |
| 8  |               |          |               | 295            |             |   |   | 8        |
| 9  | Blue RF       | RF BLO   | 2             | 352            |             |   |   | 9        |
| 10 |               |          |               | 309            |             |   |   | 10       |
| 11 | Lingcod       | LN LCD   | 1             | 674            |             |   |   | 11       |
| 12 |               |          |               |                |             |   |   | 12       |
| 13 |               |          |               |                |             |   |   | 13       |
| 14 |               |          |               |                |             |   |   | 14       |
| 15 |               |          |               |                |             |   |   | 15       |
| 16 |               |          |               |                |             |   |   | 16       |
| 17 |               |          |               |                |             |   |   | 17       |
| 18 |               |          |               |                |             |   |   | 18       |
| 19 |               |          |               |                |             |   |   | 19       |
| 20 |               |          |               |                |             |   |   | 20       |
| 21 |               |          |               |                |             |   |   | 21       |
| 22 |               |          |               |                |             |   |   | 22       |
| 23 |               |          |               |                |             |   |   | 23       |
| 24 |               |          |               |                |             |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)  
 3=Eat (fillets)  
 4=Bait

5=Give away  
 6=Throw back dead  
 7=Some other purpose, specify under common name.

8=Don't know (type 3)  
 9=Refused (type 3)

Fsex M=Male F=Female  
 T=Transitional  
 ✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

SPECIAL FISHERY CODE Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only

Pg # of #

|        |                      |                        |                      |                                    |                     |                            |                     |                    |                     |               |          |
|--------|----------------------|------------------------|----------------------|------------------------------------|---------------------|----------------------------|---------------------|--------------------|---------------------|---------------|----------|
| MM/PR2 | Since last interview | A.* MM Anglers skipped | Since last interview | B. MM Anglers that started fishing | Since last PR2 boat | C. # PR2 Boats TR Launched | Since last PR2 boat | D.* Non-Fishing TR | Since last PR2 boat | E.* Missed TR | X-Effort |
|        |                      |                        |                      |                                    |                     |                            |                     |                    |                     |               |          |

|                                                                                                                                                                               |                                                                                                                                      |                                                                            |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|
| Intercept                                                                                                                                                                     | * 1. Assignment No                                                                                                                   | * 318 2. Sampler                                                           | Boats                      |
|                                                                                                                                                                               | * 929 3. Month/Day                                                                                                                   | B1. Interview # of first boat angler.<br>(B2-B11 - First Boat Angler ONLY) |                            |
| * 8 4. Interview #                                                                                                                                                            | B2. # Anglers in boat                                                                                                                | B3.*PR Trailer in Count Area? 1=Yes, 0=No, K=kayak                         | Location                   |
| * 1638 5. Time interview started (24 Hr:Min)                                                                                                                                  | B4. Departure Time? if prior day record date-->                                                                                      | B5.* Deprt. Date                                                           |                            |
| * 1 - 401 7. Cnty-Site Code                                                                                                                                                   | B6. Distance 1 <=3 mi. Code if island -> from any shore? 2 more than 3 mi.                                                           | B7. <=3 mi. CA Island                                                      | L5. Bottom Depth(s) [feet] |
| 8. Site Name<br>First interview at site                                                                                                                                       | B8. CPFV - DFG Boat Number                                                                                                           | B9. CPFV Boat Name:                                                        |                            |
| * 6 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                                                                      |                                                                            |                            |
| * 1 10. Status: 0=Effort-change-only form, 1=Complete, 2=Non-key refusal                                                                                                      | L2. Location(s)                                                                                                                      |                                                                            |                            |
| # of Initial Refusals # Language Barriers # of Key Refusals < These must be in the mode of fishing above                                                                      | L3. Format: 8=DK 9=Refuse                                                                                                            |                                                                            |                            |
| E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico                                                                                          | L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name |                                                                            |                            |
| E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank                                                             | Fishing Site Name [Record code(s) at L2]:                                                                                            |                                                                            |                            |
| * 37 95 E3. Wet Gear hours fishing in above mode?                                                                                                                             | L6. Depthfinder used?                                                                                                                |                                                                            |                            |
| * 1 E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete".                                                                | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch                                         |                                                                            |                            |
| 1 L N G C D Linged                                                                                                                                                            | F2. Reported or unavailable catch (for this angler only) 1=Yes, 0=No                                                                 |                                                                            |                            |
| 2 R F G E N Rockfish                                                                                                                                                          | F3. Examined catch? If yes, code F4-5 >> 1=Yes, 0=No                                                                                 |                                                                            |                            |
| F=Same as first boat angler 0= Anything 1= Bottomfish                                                                                                                         | ON THIS FORM * F4. # of contributors                                                                                                 |                                                                            |                            |
| * 5 A C A1. RESIDENCE? CA County, State, Country(don't know, get city)                                                                                                        | ON OTHER FORM * F5. Interview ###                                                                                                    |                                                                            |                            |
| 95831 A2. Zip code? 9=Refused 8=DK (get city)                                                                                                                                 | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                   |                                                                            |                            |
| * 1 A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days                                                                        | A6...in last 12 Months?                                                                                                              |                                                                            |                            |
| A4. Daily License # Days                                                                                                                                                      | A7...in last 2 Months?                                                                                                               |                                                                            |                            |
| NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)                                                                                                            |                                                                                                                                      |                                                                            |                            |
| Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE) Correct Number Format: 123456789                                                    |                                                                                                                                      |                                                                            |                            |

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name | *Species | *No. of Fish | *Disposition | Location |
|---|-------------|----------|--------------|--------------|----------|
| 1 | Rockfish    | RFL EN   | 3            | 6            |          |
| 2 |             |          |              |              |          |
| 3 |             |          |              |              |          |
| 4 |             |          |              |              |          |
| 5 |             |          |              |              |          |
| 6 |             |          |              |              |          |

## TYPE 3 EXAMINED CATCH

|    | ✓ GROUP Catch | *Species | *No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------|----------|--------------|----------------|-------------|---|---|----------|
| 1  | Bocaccio      | RFBWC    | 1            | 685            |             | 3 |   | 1        |
| 2  | Vermilion     | RFL EN   | 1            | 421            |             |   |   | 2        |
| 3  | Olive RF      | RFLU     | 4            | 441            |             |   |   | 3        |
| 4  |               |          |              | 395            |             |   |   | 4        |
| 5  |               |          |              | 460            |             |   |   | 5        |
| 6  | Yellowtail RF | RFLU     | 2            | 324            |             |   |   | 6        |
| 7  | Olive RF      | RFLU     | 4            | 405            |             |   |   | 7        |
| 8  | Yellowtail RF | RFLU     | 2            | 375            |             |   |   | 8        |
| 9  | Blue RF       | RFLU     | 2            | 389            |             |   |   | 9        |
| 10 |               |          |              | 348            |             |   |   | 10       |
| 11 |               |          |              |                |             |   |   | 11       |
| 12 |               |          |              |                |             |   |   | 12       |
| 13 |               |          |              |                |             |   |   | 13       |
| 14 |               |          |              |                |             |   |   | 14       |
| 15 |               |          |              |                |             |   |   | 15       |
| 16 |               |          |              |                |             |   |   | 16       |
| 17 |               |          |              |                |             |   |   | 17       |
| 18 |               |          |              |                |             |   |   | 18       |
| 19 |               |          |              |                |             |   |   | 19       |
| 20 |               |          |              |                |             |   |   | 20       |
| 21 |               |          |              |                |             |   |   | 21       |
| 22 |               |          |              |                |             |   |   | 22       |
| 23 |               |          |              |                |             |   |   | 23       |
| 24 |               |          |              |                |             |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                                                                                                  |                                                       |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPECIAL FISHERY CODE</b> Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only |                                                       | Pg # <span style="border: 1px solid black; padding: 2px 10px;"></span> of # <span style="border: 1px solid black; padding: 2px 10px;"></span> |
| <b>MM/PR2</b><br>Since last interview                                                                            | <b>A.* MM Anglers skipped</b><br>Since last interview | <b>B. MM Anglers that started fishing</b><br>Since last interview                                                                             |
| <b>C. # PR2 Boats TR Launched</b><br>Since last PR2 boat                                                         | <b>D.* Non-Fishing TR</b><br>Since last PR2 boat      | <b>E.* Missed TR</b><br>Since last PR2 boat                                                                                                   |

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; justify-content: space-between;"> <div> <b>1. Assignment No</b>    * <span style="border: 1px solid black; padding: 2px 10px;">3</span> <span style="border: 1px solid black; padding: 2px 10px;">1</span> <span style="border: 1px solid black; padding: 2px 10px;">8</span> </div> <div> <b>2. Sampler</b> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>3. Month/Day</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">9</span> <span style="border: 1px solid black; padding: 2px 10px;">2</span> <span style="border: 1px solid black; padding: 2px 10px;">9</span> </div> <div> <b>4. Interview #</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">7</span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>5. Time interview started (24 Hr:Min)</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> <span style="border: 1px solid black; padding: 2px 10px;">6</span> <span style="border: 1px solid black; padding: 2px 10px;">3</span> <span style="border: 1px solid black; padding: 2px 10px;">7</span> </div> <div> <b>7. Cnty-Site Code</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> - <span style="border: 1px solid black; padding: 2px 10px;">4</span> <span style="border: 1px solid black; padding: 2px 10px;">0</span> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> </div> <div> <b>8. Site Name</b><br/>                 First interview at site             </div> <div> <b>9. Mode:</b>    1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat<br/> <span style="border: 1px solid black; padding: 2px 10px;">6</span> </div> <div> <b>10. Status:</b>    0=Effort-change-only form, 1=Complete, 2=Non-key refusal<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div style="display: flex; justify-content: space-between;"> <div> <b># of Initial Refusals</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> <div> <b># Language Barriers</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> <div> <b># of Key Refusals</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> <div>                 &lt; These must be in the mode of fishing above             </div> </div> <div> <b>E1. Fishing Effort Area:</b> Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico<br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> <div> <b>E2. Gear:</b> 1=Hook &amp; line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>E3. Wet Gear hours fishing in <u>above mode</u>?</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">3</span> <span style="border: 1px solid black; padding: 2px 10px;">4</span> <span style="border: 1px solid black; padding: 2px 10px;">7</span> </div> <div> <b>E4. SHORE trip add'l hours.</b> 0=Complete<br/>                 Trip must be 1/2 done. 50% of all interviews must be "complete".<br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> | <div style="display: flex; justify-content: space-between;"> <div> <b>B1. Interview # of first boat angler.</b><br/>                 (B2-B11 - First Boat Angler ONLY)<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>B3.*PR Trailer in Count Area?</b> 1=Yes, 0=No, K=kayak<br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>B2. # Anglers in boat</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>B4. Departure Time?</b> if prior day record date--&gt;<br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>B6. Distance</b> 1 &lt;=3 mi. Code if island -&gt; from any shore? 2 more than 3 mi.<br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>B7. &lt;=3 mi. CA Island</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> </div> <div> <b>B8. CPFV - DFG Boat Number</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>B9. CPFV Boat Name:</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>L1. BOATS: Asked Fishing Location?</b> 1=Yes, 0=No, 3=Same as First<br/> <span style="border: 1px solid black; padding: 2px 10px;">3</span> </div> <div style="display: flex; justify-content: space-between;"> <div> <b>L2. Location(s)</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>L5. Bottom Depth(s) [feet]</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> </div> <div> <b>L3. Format:</b> 8=DK 9=Refuse<br/>                 1=Degrees° mins'+grid size<br/>                 3=Degrees° mins' secs"<br/>                 4=Decimal. degrees°<br/>                 5=CDFG Block-Box &lt;+grid size&gt;<br/>                 B, B-b, B-b-b, B-b-b-b, B-b+g             </div> <div> <b>L6. Depthfinder used?</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>L4. Angler gave location using:</b> <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name<br/> <b>Fishing Site Name</b><br/>                 [Record code(s) at L2]: <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> <div> <b>L7. All catch from this location?</b> 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch<br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; justify-content: space-between;"> <div> <b>1</b> <span style="border: 1px solid black; padding: 2px 10px;">R</span> <span style="border: 1px solid black; padding: 2px 10px;">F</span> <span style="border: 1px solid black; padding: 2px 10px;">G</span> <span style="border: 1px solid black; padding: 2px 10px;">E</span> <span style="border: 1px solid black; padding: 2px 10px;">N</span> </div> <div> <b>2</b> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> </div> <div> <b>Target Species</b><br/>                 1 <span style="border: 1px solid black; padding: 2px 10px;">Rockfish</span><br/>                 2 <span style="border: 1px solid black; padding: 2px 10px;">anything</span> </div> <div> <b>F=Same as first boat angler</b>    0 = Anything    1 = Bottomfish             </div> <div> <b>F2. Reported or unavailable catch (for this angler only)?</b><br/>                 1=Yes, 0=No<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>* F3. Examined catch?</b><br/>                 If yes, code F4-5 &gt;&gt;<br/>                 1=Yes, 0=No<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>A1. RESIDENCE?</b> CA County, State, Country(don't know, get city)<br/> <span style="border: 1px solid black; padding: 2px 10px;">C</span> <span style="border: 1px solid black; padding: 2px 10px;">O</span> <span style="border: 1px solid black; padding: 2px 10px;">N</span> </div> <div> <b>A2. Zip code?</b><br/>                 9=Refused<br/>                 8=DK (get city)<br/> <span style="border: 1px solid black; padding: 2px 10px;">9</span> <span style="border: 1px solid black; padding: 2px 10px;">4</span> <span style="border: 1px solid black; padding: 2px 10px;">5</span> <span style="border: 1px solid black; padding: 2px 10px;">2</span> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>A3. License Type:</b> 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days<br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>A4. Daily License # Days</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> | <div style="display: flex; justify-content: space-between;"> <div> <b>ON THIS FORM</b><br/> <b>* F4. # of contributors</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">1</span> </div> <div> <b>ON OTHER FORM</b><br/> <b>* F5. Interview ###</b><br/> <span style="border: 1px solid black; padding: 2px 10px;"></span> </div> </div> <div> <b>A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...</b><br/> <div style="display: flex; justify-content: space-between;"> <div> <b>A6...in last 12 Months?</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">2</span> </div> <div> <b>A7...in last 2 Months?</b><br/> <span style="border: 1px solid black; padding: 2px 10px;">0</span> </div> </div> </div> <div> <b>NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)</b><br/> <div style="display: flex; justify-content: space-between;"> <div> <span style="border: 1px solid black; padding: 2px 10px;">9</span> </div> <div> <span style="border: 1px solid black; padding: 2px 10px;">R</span> </div> </div> </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

  

|                                                                                                           |                                         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Codes:</b> 0=No 1=Yes    99...8 = Don't know (DK)    <blank> = Not Applicable    99...9 = Refused (RE) | <b>Correct Number Format:</b> 123456789 |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name   | *Species | *No. of Fish | *Disposition | Location |
|---|---------------|----------|--------------|--------------|----------|
| 1 | Rosy RF       | RF ROS   | 4            | 6            | 1        |
| 2 | Yellowtail RF | RF YTL   | 4            | 1            | 2        |
| 3 |               |          |              |              | 3        |
| 4 |               |          |              |              | 4        |
| 5 |               |          |              |              | 5        |
| 6 |               |          |              |              | 6        |

## TYPE 3 EXAMINED CATCH

|    | GROUP Catch   | *Species | *No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------|----------|--------------|----------------|-------------|---|---|----------|
| 1  | Blue RF       | RF BLC   | 1            | 315            | .           | 3 |   | 1        |
| 2  | Olive RF      | RF OLU   | 2            | 390            | .           |   |   | 2        |
| 3  | ↓             | ↓        | ↓            | 431            | .           |   |   | 3        |
| 4  | Yellowtail RF | RF YTL   | 6            | 298            | .           |   |   | 4        |
| 5  | ↓             | ↓        | ↓            | 325            | .           |   |   | 5        |
| 6  | ↓             | ↓        | ↓            | 350            | .           |   |   | 6        |
| 7  | ↓             | ↓        | ↓            | 334            | .           |   |   | 7        |
| 8  | ↓             | ↓        | ↓            | 347            | .           |   |   | 8        |
| 9  | ↓             | ↓        | ↓            | 335            | .           |   |   | 9        |
| 10 | Starry RF     | RF STA   | 1            | 331            | .           |   |   | 10       |
| 11 |               |          |              |                | .           |   |   | 11       |
| 12 |               |          |              |                | .           |   |   | 12       |
| 13 |               |          |              |                | .           |   |   | 13       |
| 14 |               |          |              |                | .           |   |   | 14       |
| 15 |               |          |              |                | .           |   |   | 15       |
| 16 |               |          |              |                | .           |   |   | 16       |
| 17 |               |          |              |                | .           |   |   | 17       |
| 18 |               |          |              |                | .           |   |   | 18       |
| 19 |               |          |              |                | .           |   |   | 19       |
| 20 |               |          |              |                | .           |   |   | 20       |
| 21 |               |          |              |                | .           |   |   | 21       |
| 22 |               |          |              |                | .           |   |   | 22       |
| 23 |               |          |              |                | .           |   |   | 23       |
| 24 |               |          |              |                | .           |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                               |                                             |                                                                                      |                                                 |                                                     |                                    |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|------------------------------------|
| <input type="checkbox"/> SPECIAL FISHERY CODE |                                             | Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only |                                                 | Pg # <input type="text"/> of # <input type="text"/> |                                    |
| MPR2                                          | <input type="text"/> A.* MM Anglers skipped | <input type="text"/> B. MM Anglers that started fishing                              | <input type="text"/> C. # PR2 Boats TR Launched | <input type="text"/> D.* Non-Fishing TR             | <input type="text"/> E.* Missed TR |
| Since last interview                          |                                             | Since last interview                                                                 |                                                 | Since last PR2 boat                                 |                                    |

  

|                                                                                                                                                                           |                                               |   |                  |           |                                                                                                                                      |                                                                            |  |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---|------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|-------|
| *                                                                                                                                                                         | 1. Assignment No                              | * | 3 1 8 2. Sampler | Intercept | *                                                                                                                                    | B1. Interview # of first boat angler.<br>(B2-B11 - First Boat Angler ONLY) |  | Boats |
| *                                                                                                                                                                         | 9 2 9 3. Month/Day                            | * |                  | *         |                                                                                                                                      | B2. # Anglers in boat                                                      |  | *     |
| *                                                                                                                                                                         | 6 4. Interview #                              | * |                  | *         |                                                                                                                                      | B4. Departure Time? if prior day record date-->                            |  | *     |
| *                                                                                                                                                                         | 1 4 3 6 5. Time interview started (24 Hr:Min) | * |                  | *         |                                                                                                                                      | B6. Distance 1 <=3 mi. Code if island -> from any shore? 2 more than 3 mi. |  | *     |
| *                                                                                                                                                                         | 1 - 4 0 1 7. Cnty-Site Code                   | * |                  | *         |                                                                                                                                      | B7. <=3 mi. CA Island                                                      |  | *     |
| 8. Site Name<br>First interview at site                                                                                                                                   |                                               |   |                  | *         | B8. CPFV - DFG Boat Number                                                                                                           |                                                                            |  |       |
| 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat |                                               |   |                  | *         | B9. CPFV Boat Name:                                                                                                                  |                                                                            |  |       |
| 10. Status: 0=Effort-change-only form, 1=Complete, 2=Non-key refusal                                                                                                      |                                               |   |                  | *         | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                                                                      |                                                                            |  |       |
| # of Initial Refusals <input type="text"/> # Language Barriers <input type="text"/> # of Key Refusals <input type="text"/> < These must be in the mode of fishing above   |                                               |   |                  | *         | L2. Location(s)                                                                                                                      |                                                                            |  |       |
| E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico                                                                                      |                                               |   |                  | *         | L5. Bottom Depth(s) [feet]                                                                                                           |                                                                            |  |       |
| E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab Flat#, Rigid#, Pots#, snarE, sCuba, No tank                                                          |                                               |   |                  | *         | L3. Format: 8=DK 9=Refuse                                                                                                            |                                                                            |  |       |
| E3. Wet Gear hours fishing in <u>above mode</u> ?                                                                                                                         |                                               |   |                  | *         | L6. Depthfinder used?                                                                                                                |                                                                            |  |       |
| E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete".                                                                |                                               |   |                  | *         | L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name |                                                                            |  |       |
| F=Same as first boat angler 0=Anything 1=Bottomfish                                                                                                                       |                                               |   |                  | *         | Fishing Site Name [Record code(s) at L2]:                                                                                            |                                                                            |  |       |
| F2. Reported or unavailable catch (for this angler only)? 1=Yes, 0=No                                                                                                     |                                               |   |                  | *         | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch                                         |                                                                            |  |       |
| F3. Examined catch? If yes, code F4-5 >> 1=Yes, 0=No                                                                                                                      |                                               |   |                  | *         | ON THIS FORM * F4. # of contributors                                                                                                 |                                                                            |  |       |
| F4. # of contributors                                                                                                                                                     |                                               |   |                  | *         | ON OTHER FORM * F5. Interview ###                                                                                                    |                                                                            |  |       |
| A1. RESIDENCE? CA County, State, Country(don't know, get city)                                                                                                            |                                               |   |                  | *         | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                   |                                                                            |  |       |
| A2. Zip code? 9=Refused 8=DK (get city)                                                                                                                                   |                                               |   |                  | *         | A6...in last 12 Months?                                                                                                              |                                                                            |  |       |
| A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days                                                                        |                                               |   |                  | *         | A7...in last 2 Months?                                                                                                               |                                                                            |  |       |
| A4. Daily License # Days                                                                                                                                                  |                                               |   |                  | *         | NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)                                                                   |                                                                            |  |       |

  

Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE) Correct Number Format: 123456789

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name                  | *Species  | * No. of Fish | *Disposition | Location |
|---|------------------------------|-----------|---------------|--------------|----------|
| 1 | <del>Rockfish</del> Rockfish | R F G E   | 18            | 1            | 1        |
| 2 | Lingcod                      | L N G C D | 1             | 1            | 2        |
| 3 | Rockfish                     | R F G E N | 2             | 6            | 3        |
| 4 |                              |           |               |              | 4        |
| 5 |                              |           |               |              | 5        |
| 6 |                              |           |               |              | 6        |

## TYPE 3 EXAMINED CATCH

|    | GROUP Catch                                 | *Species  | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------------------------------------|-----------|---------------|----------------|-------------|---|---|----------|
| 1  | <input checked="" type="checkbox"/> Lingcod | L N G C D | 1             | 625            | .           | 3 |   | 1        |
| 2  | Olive RF                                    | R F O L U | 3             | 421            | .           | 1 |   | 2        |
| 3  |                                             |           |               | 446            | .           |   |   | 3        |
| 4  |                                             |           |               | 464            | .           |   |   | 4        |
| 5  | Yellowtail RF                               | R F Y T L | 5             | 371            | .           |   |   | 5        |
| 6  |                                             |           |               | 325            | .           |   |   | 6        |
| 7  |                                             |           |               | 311            | .           |   |   | 7        |
| 8  |                                             |           |               | 302            | .           |   |   | 8        |
| 9  | Black RF                                    | R F B C K | 1             | 313            | .           |   |   | 9        |
| 10 | Bass                                        | R F B O C | 1             | 500            | .           |   |   | 10       |
| 11 | Yellowtail RF                               | R F Y T L | 5             | 314            | .           |   |   | 11       |
| 12 |                                             |           |               |                | .           |   |   | 12       |
| 13 |                                             |           |               |                | .           |   |   | 13       |
| 14 |                                             |           |               |                | .           |   |   | 14       |
| 15 |                                             |           |               |                | .           |   |   | 15       |
| 16 |                                             |           |               |                | .           |   |   | 16       |
| 17 |                                             |           |               |                | .           |   |   | 17       |
| 18 |                                             |           |               |                | .           |   |   | 18       |
| 19 |                                             |           |               |                | .           |   |   | 19       |
| 20 |                                             |           |               |                | .           |   |   | 20       |
| 21 |                                             |           |               |                | .           |   |   | 21       |
| 22 |                                             |           |               |                | .           |   |   | 22       |
| 23 |                                             |           |               |                | .           |   |   | 23       |
| 24 |                                             |           |               |                | .           |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                               |                        |                                                                                      |                            |                                                     |               |
|-----------------------------------------------|------------------------|--------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|---------------|
| <input type="checkbox"/> SPECIAL FISHERY CODE |                        | Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only |                            | Pg # <input type="text"/> of # <input type="text"/> |               |
| MP/PR2                                        | A.* MM Anglers skipped | B. MM Anglers that started fishing                                                   | C. # PR2 Boats TR Launched | D.* Non-Fishing TR                                  | E.* Missed TR |
| Since last interview                          |                        | Since last interview                                                                 |                            | Since last PR2 boat                                 |               |

  

|   |                                                                                                                                                                           |                     |                   |           |   |                                                                                                                                               |  |       |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|-----------|---|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------|
| * | 1. Assignment No                                                                                                                                                          | *                   | 2. Sampler        | Intercept | * | B1. Interview # of first boat angler.<br>(B2-B11 - First Boat Angler ONLY)                                                                    |  | Boats |
|   | 929                                                                                                                                                                       |                     | 318               |           |   |                                                                                                                                               |  |       |
|   | 3                                                                                                                                                                         |                     | 5                 |           |   | B2. # Anglers in boat                                                                                                                         |  |       |
|   | 1635                                                                                                                                                                      |                     | 401               |           |   | B4. Departure Time? if prior day record date-->                                                                                               |  |       |
|   | 1                                                                                                                                                                         |                     | 401               |           |   | B6. Distance 1 <=3 mi. Code if island -> from any shore? 2 more than 3 mi.                                                                    |  |       |
|   |                                                                                                                                                                           |                     |                   |           |   | B7. <=3 mi. CA Island                                                                                                                         |  |       |
|   |                                                                                                                                                                           |                     |                   |           |   | B8. CPFV - DFG Boat Number                                                                                                                    |  |       |
|   | 8. Site Name<br>First interview at site                                                                                                                                   |                     |                   |           |   | B9. CPFV Boat Name:                                                                                                                           |  |       |
|   | 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat |                     |                   |           |   | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                                                                               |  |       |
|   | 10. Status: 0=Effort-change-only form, 1=Complete, 2=Non-key refusal                                                                                                      |                     |                   |           |   | L2. Location(s)                                                                                                                               |  |       |
|   | # of Initial Refusals                                                                                                                                                     | # Language Barriers | # of Key Refusals |           |   | L5. Bottom Depth(s) [feet]                                                                                                                    |  |       |
|   | 0                                                                                                                                                                         | 0                   | 0                 |           |   | L6. Depthfinder used?                                                                                                                         |  |       |
|   | E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico                                                                                      |                     |                   |           |   | L3. Format: 8=DK 9=Refuse                                                                                                                     |  |       |
|   | E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lob/Crab: Flat#, Rigid#, Pots#, snarE, sCuba, No tank                                                         |                     |                   |           |   | 1=Degrees° mins'+grid size<br>3=Degrees° mins' secs"<br>4=Decimal. degrees°<br>5=CDFG Block-Box <+grid size><br>B, B-b, B-b-b, B-b-b-b, B-b+g |  |       |
|   | E3. Wet Gear hours fishing in above mode?                                                                                                                                 |                     |                   |           |   | L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name          |  |       |
|   | E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete".                                                                |                     |                   |           |   | Fishing Site Name<br>[Record code(s) at L2:]                                                                                                  |  |       |
|   | F=Same as first boat angler 0=Anything 1=Bottomfish                                                                                                                       |                     |                   |           |   | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch                                                  |  |       |
|   | F2. Reported or unavailable catch (for this angler only)? 1=Yes, 0=No                                                                                                     |                     |                   |           |   | ON THIS FORM *F4. # of contributors                                                                                                           |  |       |
|   | F3. Examined catch? If yes, code F4-5 >> 1=Yes, 0=No                                                                                                                      |                     |                   |           |   | ON OTHER FORM *F5. Interview ###                                                                                                              |  |       |
|   | A1. RESIDENCE? CA County, State, Country(don't know, get city)                                                                                                            |                     |                   |           |   | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                            |  |       |
|   | A2. Zip code? 9=Refused 8=DK (get city)                                                                                                                                   |                     |                   |           |   | A6...in last 12 Months?                                                                                                                       |  |       |
|   | A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days                                                                        |                     |                   |           |   | A7...in last 2 Months?                                                                                                                        |  |       |
|   | A4. Daily License # Days                                                                                                                                                  |                     |                   |           |   |                                                                                                                                               |  |       |

  

Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE) Correct Number Format: 123456789

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

|   | Common Name   | *Species | * No. of Fish | *Disposition | Location |
|---|---------------|----------|---------------|--------------|----------|
| 1 | Yellowtail RF | RF YTL   | 6             | 1            |          |
| 2 |               |          |               |              |          |
| 3 |               |          |               |              |          |
| 4 |               |          |               |              |          |
| 5 |               |          |               |              |          |
| 6 |               |          |               |              |          |

## TYPE 3 EXAMINED CATCH

☒ GROUP Catch

|    | Common Name   | *Species | * No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|----|---------------|----------|---------------|----------------|-------------|---|---|----------|
| 1  | Yellowtail RF | RF YTL   | 3             | 370            | .           | 3 |   | 1        |
| 2  | ↓             | RF YTL   | 3             | 342            | .           |   |   | 2        |
| 3  | Olive RF      | RF OLU   | 3             | 391            | .           |   |   | 3        |
| 4  | Yellowtail RF | RF YTL   | 3             | 306            | .           |   |   | 4        |
| 5  | Olive RF      | RF OLU   | 3             | 402            | .           |   |   | 5        |
| 6  | ↓             | RF YTL   | 3             | 429            | .           |   |   | 6        |
| 7  | ↓             | RF YTL   | 3             | 397            | .           |   |   | 7        |
| 8  | Blue RF       | RF BLO   | 3             | 356            | .           |   |   | 8        |
| 9  | ↓             | RF BLO   | 3             | 368            | .           |   |   | 9        |
| 10 | ↓             | RF BLO   | 3             | 323            | .           |   |   | 10       |
| 11 | Longcod       | LONGCD   | 1             | 569            | .           |   |   | 11       |
| 12 |               |          |               |                | .           |   |   | 12       |
| 13 |               |          |               |                | .           |   |   | 13       |
| 14 |               |          |               |                | .           |   |   | 14       |
| 15 |               |          |               |                | .           |   |   | 15       |
| 16 |               |          |               |                | .           |   |   | 16       |
| 17 |               |          |               |                | .           |   |   | 17       |
| 18 |               |          |               |                | .           |   |   | 18       |
| 19 |               |          |               |                | .           |   |   | 19       |
| 20 |               |          |               |                | .           |   |   | 20       |
| 21 |               |          |               |                | .           |   |   | 21       |
| 22 |               |          |               |                | .           |   |   | 22       |
| 23 |               |          |               |                | .           |   |   | 23       |
| 24 |               |          |               |                | .           |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)  
 3=Eat (fillets)  
 4=Bait

5=Give away  
 6=Throw back dead  
 7=Some other purpose, specify under common name.

8=Don't know (type 3)  
 9=Refused (type 3)

Fsex M=Male F=Female  
 T=Transitional  
 ✓=Catch at Location

326 Kyle

# ANGLER FORM - CRFS 2011

(V5, 1/3/2011)

Eligibility: Completed saltwater sportfishing trip in US waters for finfish, crabs or lobster (exceptions: Mexico, finfish bycatch, shore 50%)

Privacy Act: Participation in this survey is voluntary. The survey is being conducted in accordance with the Privacy Act.

\* = Key item (needed for estimations). The interview is not valid if response to any key item is missing.

|                                                                                                                            |                        |                                                                                                                                                                           |                                    |                                                                                                                                                                                                         |                            |                                                                                                            |                    |                                                                                                                                                                            |               |          |
|----------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|
| <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <b>SPECIAL FISHERY CODE</b> |                        | Bonus MM or PR2, CPFV Crew, Tournament, PR Private Access, Lobster only, D=Crab only                                                                                      |                                    | Pg # <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> of # <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> |                            |                                                                                                            |                    |                                                                                                                                                                            |               |          |
| MM/PR2<br>Since last interview                                                                                             | A.* MM Anglers skipped | Since last interview                                                                                                                                                      | B. MM Anglers that started fishing | Since last PR2 boat                                                                                                                                                                                     | C. # PR2 Boats TR Launched | Since last PR2 boat                                                                                        | D.* Non-Fishing TR | Since last PR2 boat                                                                                                                                                        | E.* Missed TR | X-Effort |
| 1. Assignment No <b>1</b>                                                                                                  |                        | 2. Sampler <b>318</b>                                                                                                                                                     |                                    | B1. Interview # of first boat angler.<br>(B2-B11 - First Boat Angler ONLY) <b>1</b>                                                                                                                     |                            | B3.*PR Trailer in Count Area? 1=Yes, 0=No, K=kayak                                                         |                    | B5.* Deprt. Date                                                                                                                                                           |               | Boats    |
| 3. Month/Day <b>929</b>                                                                                                    |                        | 4. Interview # <b>4</b>                                                                                                                                                   |                                    | B2. # Anglers in boat                                                                                                                                                                                   |                            | B4. Departure Time? if prior day record date-->                                                            |                    | B6. Distance 1 <=3 mi. Code if island -> 2 more than 3 mi.                                                                                                                 |               |          |
| 5. Time interview started (24 Hr:Min) <b>1634</b>                                                                          |                        | 7. Cnty-Site Code <b>1-401</b>                                                                                                                                            |                                    | B7. <=3 mi. CA Island                                                                                                                                                                                   |                            | B8. CPFV - DFG Boat Number                                                                                 |                    | B9. CPFV Boat Name:                                                                                                                                                        |               |          |
| 8. Site Name<br>First interview at site                                                                                    |                        | 9. Mode: 1=Pier/Dock, 2=Jetty/Breakwater, 3=Bridge/Causeway, 4=Other Structure, 5=Beach/Bank, 6=Party Boat (per head), 7=Charter Boat (group paid), 8=Private/Rental boat |                                    | 10. Status: 0=Effort-change-only form, 1=Complete, 2=Non-key refusal                                                                                                                                    |                            | L1. BOATS: Asked Fishing Location? 1=Yes, 0=No, 3=Same as First                                            |                    | L5. Bottom Depth(s) [feet]                                                                                                                                                 |               |          |
| # of Initial Refusals <b>0</b>                                                                                             |                        | # Language Barriers <b>0</b>                                                                                                                                              |                                    | # of Key Refusals <b>0</b>                                                                                                                                                                              |                            | L2. Location(s)                                                                                            |                    | L6. Depthfinder used?                                                                                                                                                      |               |          |
| E1. Fishing Effort Area: Ocean (or open bay), River, Bay or harbor, S.F. Bay, Mexico                                       |                        | E2. Gear: 1=Hook & line 2=Dip net 3=Cast net 8=Spear 9=Hand Lobb/ Crab/ Flat#, Rigid#, Pots#, snar/E, sCuba, No tank                                                      |                                    | E3. Wet Gear hours fishing in <u>above mode</u> ? <b>7</b>                                                                                                                                              |                            | E4. SHORE trip add'l hours. 0=Complete<br>Trip must be 1/2 done. 50% of all interviews must be "complete". |                    | L3. Format: 8=DK 9=Refuse<br>1=Degrees° mins'+grid size<br>3=Degrees° mins' secs"<br>4=Decimal. degrees°<br>5=CDFG Block-Box <+grid size><br>B, B-b, B-b-b, B-b-b-b, B-b+g |               |          |
| 1 <b>R F G E N</b>                                                                                                         |                        | 2 <b>anything</b>                                                                                                                                                         |                                    | L4. Angler gave location using: <input type="checkbox"/> Chart <input type="checkbox"/> GPS/Loran <input type="checkbox"/> Site name                                                                    |                            | Fishing Site Name<br>[Record code(s) at L2]:                                                               |                    | L7. All catch from this location? 1=Yes, 0=No, then ✓ fish from Location on back. 8=No catch                                                                               |               |          |
| F=Same as first boat angler 0=Anything 1=Bottomfish                                                                        |                        | F2. Reported or unavailable catch (for this angler only)? 1=Yes, 0=No                                                                                                     |                                    | F3. Examined catch? If yes, code F4-5 >> 1=Yes, 0=No                                                                                                                                                    |                            | ON THIS FORM *F4. # of contributors                                                                        |                    | ON OTHER FORM *F5. Interview ###                                                                                                                                           |               | Fish     |
| A1. RESIDENCE? CA County, State, Country(don't know, get city)                                                             |                        | A2. Zip code? 9=Refused 8=DK (get city)                                                                                                                                   |                                    | A6-7. Not counting today, how many days have you gone saltwater sport fin-fishing in CALIFORNIA...                                                                                                      |                            | A6...in last 12 Months?                                                                                    |                    | A7...in last 2 Months?                                                                                                                                                     |               |          |
| A3. License Type: 0=None, 1=Annual (res., non-res., life, free, reduced fee), 3=Daily, record days                         |                        | A4. Daily License # Days                                                                                                                                                  |                                    | NMFS ECONOMIC SURVEY: Name, Address, e-mail, telephone (R=refusal)                                                                                                                                      |                            | #10                                                                                                        |                    | R                                                                                                                                                                          |               |          |
| Codes: 0=No 1=Yes 99...8 = Don't know (DK) <blank> = Not Applicable 99...9 = Refused (RE)                                  |                        | Correct Number Format: 123456789                                                                                                                                          |                                    |                                                                                                                                                                                                         |                            |                                                                                                            |                    |                                                                                                                                                                            |               |          |

# ANGLER FORM - CREEL SURVEY

## TYPE 2 REPORTED OR UNAVAILABLE CATCH (ONLY FOR THE ANGLER ON THIS FORM)

| Common Name | *Species | *No. of Fish | *Disposition | Location |
|-------------|----------|--------------|--------------|----------|
| 1           |          |              |              | 1        |
| 2           |          |              |              | 2        |
| 3           |          |              |              | 3        |
| 4           |          |              |              | 4        |
| 5           |          |              |              | 5        |
| 6           |          |              |              | 6        |

## TYPE 3 EXAMINED CATCH

| GROUP Catch     | *Species | *No. of Fish | Fork Len. (mm) | Weight (kg) | D | L | Fish Sex |
|-----------------|----------|--------------|----------------|-------------|---|---|----------|
| 1 Lingcod       | LMACD    | 1            | 668            |             |   |   | 1        |
| 2 Olive RF      | RFOLU    | 1            | 448            |             |   |   | 2        |
| 3 Blue RF       | RFBLU    | 2            | 360            |             |   |   | 3        |
| 4 ↓             | ↓        | ↓            | 290            |             |   |   | 4        |
| 5 Starry RF     | RFSTA    | 3            | 280            |             |   |   | 5        |
| 6 ↓             | ↓        | ↓            | 290            |             |   |   | 6        |
| 7 ↓             | ↓        | ↓            | 318            |             |   |   | 7        |
| 8 Yellowtail RF | RFYTL    | 3            | 341            |             |   |   | 8        |
| 9 ↓             | ↓        | ↓            | 310            |             |   |   | 9        |
| 10 ↓            | ↓        | ↓            | 309            |             |   |   | 10       |
| 11 Chin RF      | RFCHN    | 1            | 263            |             |   |   | 11       |
| 12              |          |              |                |             |   |   | 12       |
| 13              |          |              |                |             |   |   | 13       |
| 14              |          |              |                |             |   |   | 14       |
| 15              |          |              |                |             |   |   | 15       |
| 16              |          |              |                |             |   |   | 16       |
| 17              |          |              |                |             |   |   | 17       |
| 18              |          |              |                |             |   |   | 18       |
| 19              |          |              |                |             |   |   | 19       |
| 20              |          |              |                |             |   |   | 20       |
| 21              |          |              |                |             |   |   | 21       |
| 22              |          |              |                |             |   |   | 22       |
| 23              |          |              |                |             |   |   | 23       |
| 24              |          |              |                |             |   |   | 24       |

\* What did you do or plan to do with the majority of the fish? (key question)

1=Thrown back alive (type 2)

3=Eat (fillets)

4=Bait

5=Give away

6=Throw back dead

7=Some other purpose, specify under common name.

8=Don't know (type 3)

9=Refused (type 3)

Fsex M=Male F=Female

T=Transitional

✓=Catch at Location