

OMB # XXXX-XXXX (NPS #XX-XXX)
Expiration Date: XX/XX/XXXX

Great Smoky Mountains National Park Backcountry Visitor Survey

2009



ID: _____

Location: _____

Date: _____

Time: _____ **AM / PM**

A. Trip Description

1. How many people are in your group today? [1.GR3]

Group size: _____

**2. Which of the following best describes the hike you are just now completing?
(Check one box.)**

- Day hike
- Overnight backpacking trip

Topic Area 2 – Trip/Visit Characteristics

3. Approximately how much time did you spend hiking today?

Approximate amount of time hiking today: _____ (Minutes)

Topic Area 2 – Trip/Visit Characteristics

4. Have you ever day hiked and/or backpacked in the Cosby area of Great Smoky Mountains National Park before? (Check all that apply.)

- Yes, day hiked previously (CONTINUE TO QUESTION 5)
- Yes, overnight backpacked previously (CONTINUE TO QUESTION 5)
- No (SKIP TO QUESTION 6)

Topic Area 1 – Individual Characteristics

5. Including this hike, approximately how many times have you hiked in the Cosby area of the park?

Total # of day hikes and backpacking trips: _____ **OR** Don't know/Not sure

Topic Area 1 – Individual Characteristics

B. Visitor Experience

6. The following is a list of characteristics commonly associated with backcountry and wilderness areas. Please indicate how important each of the items listed below was to you as a reason to use the trails in the park today. (Check one for each item.) [4.PREF2]

	Not important	Slightly important	Moderately important	Very important	Extremely important	Don't Know/ Not Sure
Experience a pristine natural environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience sounds of nature and natural quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience a sense of connection with others in your group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience a sense of remoteness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience a sense of connection with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Experience a sense of spiritual uplift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS
Avoid more crowded areas of the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK/NS

7. **While you were hiking today, did you have the sense of being in wilderness? (Check one box.)**

- Very much
- Somewhat
- Slightly
- Not at all (SKIP TO QUESTION 9)

Topic Area 6 – Individual Perceptions of their Park Experiences

8. While you were hiking today, what specifically contributed to your sense of being in wilderness?

Topic Area 6 – Individual Perceptions of their Park Experiences

9. While you were hiking today, what specifically detracted from your sense of being in wilderness?

Topic Area 6 – Individual Perceptions of their Park Experiences

10. Please indicate the degree to which you experienced solitude while you were hiking today? (Circle one number.) [5.CROWD14]

1	2	3	4	5	6	7	8	9
Not at all		Somewhat			Moderately		Extremely	

C. The Park Soundscape

11. We would like you to listen to several short recordings of sounds from this part of Great Smoky Mountains National Park. Please rate each recording by indicating how appropriate you would find the sounds heard in the audio clip during a hike in this area of the park. Also, please indicate how similar each recording is to the sounds you experienced during your hike today.

A. (Circle one number after listening to Recording 1.) [5.VERP7]

Very Inappropriate	Recording 1								Very Appropriate
-4	-3	-2	-1	0	+1	+2	+3	+4	

**B. Recording 1 sounds similar to what I heard during most of my hike today.
(Check one box.)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Topic Area 6 – Individual Perceptions of their Park Experiences

ASK THE SURVEY ATTENDANT TO ADVANCE YOUR PLAYER TO THE NEXT RECORDING.

A. (Circle one number after listening to Recording 2.) [5.VERP7]

Very Inappropriate	Recording 2								Very Appropriate
-4	-3	-2	-1	0	+1	+2	+3	+4	

**B. Recording 2 sounds similar to what I heard during most of my hike today.
(Check one box.)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Topic Area 6 – Individual Perceptions of their Park Experiences

ASK THE SURVEY ATTENDANT TO ADVANCE YOUR PLAYER TO THE NEXT RECORDING.

A. (Circle one number after listening to Recording 3.) [5.VERP7]

Very Inappropriate					Recording 3					Very Appropriate
-4	-3	-2	-1	0	+1	+2	+3	+4		

**B. Recording 3 sounds similar to what I heard during most of my hike today.
(Check one box.)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Topic Area 6 – Individual Perceptions of their Park Experiences

ASK THE SURVEY ATTENDANT TO ADVANCE YOUR PLAYER TO THE NEXT RECORDING.

A. (Circle one number after listening to Recording 4.) [5.VERP7]

Very Inappropriate					Recording 4					Very Appropriate
-4	-3	-2	-1	0	+1	+2	+3	+4		

**B. Recording 4 sounds similar to what I heard during most of my hike today.
(Check one box.)**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Topic Area 6 – Individual Perceptions of their Park Experiences

ASK THE SURVEY ATTENDANT TO ADVANCE YOUR PLAYER TO THE NEXT RECORDING.

A. (Circle one number after listening to Recording 5.) [5.VERP7]

Very Inappropriate					Recording 5					Very Appropriate
-4	-3	-2	-1	0	+1	+2	+3	+4		

B. Recording 5 sounds similar to what I heard during most of my hike today.
(Check one box.)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Topic Area 6 – Individual Perceptions of their Park Experiences

**YOU HAVE COMPLETED THIS PORTION OF YOUR LISTENING SESSION.
CONTINUE TO THE NEXT PAGE.**

12a. Did you deliberately do any of the following during your hike today to limit the amount of noise you made in the park? (Check one box for each item.)

	Yes	No	Not Applicable
I limited the amount of talking I did.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talked in a low voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I turned off my cell phone so that it would not make noise that other hikers could hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I turned off my portable music player (e.g., iPod) so that it would not make noise that other hikers could hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I turned off my portable music player (e.g., iPod) so that I could hear natural sounds in the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area 3 – Individual Activities and Uses of Park Resources

12b. Did you deliberately do anything else during your hike today to limit the amount of noise you made in the park? (Check one box.)

- Yes (please specify): _____
- No

Topic Area 3 – Individual Activities and Uses of Park Resources

13a. Did you notice any sounds caused by other visitors during your hike today? (Check one box.)

- Yes
- No (**SKIP TO QUESTION 14a**)

Topic Area 6 – Individual Perceptions of their Park Experiences

13b. Did any of the sounds caused by other visitors bother you? (Check one box.)

- Yes (please specify): _____
- No

Topic Area 6 – Individual Perceptions of their Park Experiences

14a. Did you hear any mechanical sounds (e.g., aircraft, motor vehicles, personal electronics, etc.) during your hike today? (Check one box.)

- Yes (please specify): _____
- No (**SKIP TO QUESTION 15**)
- Don't know/Not sure

Topic Area 6 – Individual Perceptions of their Park Experiences

14b. Did any of the mechanical sounds you heard bother you? (Check one box.)

- Yes (please specify): _____
- No

Topic Area 6 – Individual Perceptions of their Park Experiences

15. About how many other hiking groups did you see during your hike today?
[5.CROWD15]

- # of hiking groups seen today: _____
- OR -
- Did not see any hiking groups today
- OR -
- Don't know/Not sure

D. Background Information

16. Have you ever participated in an official low-impact practices training or workshop (e.g., Leave No Trace training)? (Check one box.) [1.LNT2]

- Yes
- No

17. How familiar are you with the purposes and characteristics of federally designated Wilderness areas? (Check one box.) [1.KNOW9]

- Not at all familiar
- Somewhat familiar
- Very familiar
- Extremely familiar

18. Did you know that you can download and listen to National Park podcasts from the internet? (Check one box.)

Yes (CONTINUE TO QUESTION 19)

No (SKIP TO QUESTION 20)

I don't not know what a podcast is (SKIP TO QUESTION 20)

Topic Area 1 – Individual Characteristics

19. Have you ever downloaded and listened to a National Park podcast from the internet? (Check all that apply.)

Yes, a Great Smoky Mountains National Park podcast

Yes, another national park podcast

No

Topic Area 1 – Individual Characteristics

20. Do you ever listen to music or other audio on a portable audio player (e.g., iPod) while you are hiking? (Check one box.)

Yes, I enjoy doing this on most hikes

Yes, I enjoy doing this occasionally

No, I do not listen to music/audio while hiking

Topic Area 1 – Individual Characteristics

21. What is your gender? (Check one box.) [1.GEND2]

Male

Female

22. In what year were you born? [1.AGE1]

Year born: _____

23. Do you live in the United States? (Check one box.) [1.RES3]

Yes (What is your zip code? _____)

No (What country do you live in? _____)

24. What is the highest level of formal education you have completed? (Check one box.) [1.ED2]

- Some high school
- High school graduate or GED
- Some college, business or trade school
- College, business or trade school graduate
- Some graduate school
- Master's, doctoral or professional degree

25. Are you Hispanic or Latino? (Check one box.) [1.RACE/ETH2]

- Yes
- No

26. What is your race? (Check all that apply.) [1.RACE/ETH3]

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander other than Native Hawaiian
- White

Thank you for your help with this survey!

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