



Social Science Program  
National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Death Valley National Park Wilderness/Backcountry Users Visitor Study





IN REPLY REFER TO:

**United States Department of the Interior**

NATIONAL PARK SERVICE  
Death Valley National Park  
P.O. Box 579  
Death Valley, CA 92328

November, 2009

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of backcountry/wilderness visitors to Death Valley National Park. This information will assist us in our efforts to prepare a Wilderness and Backcountry Stewardship Plan so we can better manage this park and to serve you, our visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, please complete this questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Sarah Craighead  
Superintendent

**DIRECTIONS**

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) For questions that use circles (○), please mark your answer by filling in the circle with black or blue ink, or a #2 pencil-

Like this: ● Not like this: (✓) (X) ( / )

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

**PRIVACY ACT and PAPERWORK REDUCTION ACT statement:**

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your personal group on the questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Burden estimate statement:** Public reporting burden for this form is estimated to average 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

## Your Visit To Death Valley National Park

NOTE: In this questionnaire, your personal group is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. a) Prior to your visit, how did you and your personal group obtain information about Death Valley National Park (NP)? Please mark (●) **all** that apply in column a. [2. **VARIATION TPLAN11**]
- b) After you arrived at Death Valley NP, which sources did you and your personal group use to obtain information about the park? Please mark (●) **all** that apply in column b.

### a) Prior to this visit

### b) After arrival at Death Valley NP

- |   |  |
|---|--|
| <input type="radio"/> Did not obtain information prior to visit                                       | <b>→ Go to part b of this question</b> |
| <input type="radio"/> Previous visits   | N/A                                    |
| <input type="radio"/> Friends/relatives/word of mouth   | <input type="radio"/>                  |
| <input type="radio"/> Newspaper/magazine articles   | <input type="radio"/>                  |
| <input type="radio"/> Inquiry to park via phone, mail, or email                                       | N/A                                    |
| <input type="radio"/> Television/radio programs/videos  | <input type="radio"/>                  |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.)                            | <input type="radio"/>                  |
| <input type="radio"/> Chamber of commerce/visitor's bureau/state welcome center                       | N/A                                    |
| <input type="radio"/> Hiking trails or SUV/Jeep road books  | <input type="radio"/>                  |
| <input type="radio"/> Maps/brochures/park newspaper   | <input type="radio"/>                  |
| <input type="radio"/> Death Valley NP website: <a href="http://www.nps.gov/deva">www.nps.gov/deva</a> | <input type="radio"/>                  |
| <input type="radio"/> Other websites  | <input type="radio"/>                  |
| <input type="radio"/> School class/program  | <input type="radio"/>                  |
| <input type="radio"/> Park rangers  | <input type="radio"/>                  |
| <input type="radio"/> Other (Please specify below)  | <input type="radio"/>                  |

Prior to \_\_\_\_\_ After arrival \_\_\_\_\_

- c) From the sources you used **prior to this visit**, did you and your personal group receive the type of information about the park that you needed? [2. **TPLAN12**]

- No                       Yes **→ Go to Question 2**

- d) If NO, what type of park information did you and your personal group need that was not available? Please be specific. [2. TPLAN13]
- 
2. a) Prior to this visit, were you and your personal group aware that most of the undeveloped areas of Death Valley NP are protected as wilderness? [1. VARIATION KNOW10]
- Yes                       No
- b) Visitors accessing the backcountry roads or wilderness are expected to follow "Leave No Trace" principles. Prior to your visit, were you and your personal group aware of "Leave No Trace" principles? [1. VARIATION LNT3]
- Yes                       No
- c) On this trip, did you and your personal group follow "Leave No Trace" principles while you were on the backcountry roads or in the wilderness of Death Valley NP? [TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]
- Yes                       No                       Not sure
3. a) On this visit, did you or your personal group backpack overnight in the wilderness of Death Valley NP? [3. TBACK1]
- Yes                       No → **Go to part e of this question**
- b) If YES, did you get a voluntary backcountry camping permit? [TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]
- Yes     No
- c) If YES, where did you obtain the permit?      d) If NO, why didn't you get a permit?
- 
- e) Would you and your personal group support a free mandatory permit system to backpack overnight in the wilderness of Death Valley NP? [TOPIC AREA 7 INDIVIDUAL OPINIONS ON PARK MANAGEMENT]
- Yes                       No → **Go to part g of this question**
- f) If YES, how would you and your personal group prefer to obtain a permit? [TOPIC AREA 7 INDIVIDUAL OPINIONS ON PARK MANAGEMENT]
- Visitor center                       Trailhead                       Online
- Other (Please specify) \_\_\_\_\_

- g) If you visit in the future, would you and your personal group be willing to pay for an overnight wilderness permit (e.g., \$10/permit/group for up to 14 people)? [6. VARIATION EVALFEE1]
- Yes, likely                       No, unlikely                       Not sure
4. a) The maximum allowed group size in the wilderness is currently 15 people. What do you think the maximum group size should be? [5. VARIATION VERP5]
- Smaller than 15                       15 people                       Larger than 15
- b) If you answered “smaller” or “larger” above, what maximum allowed group size would you suggest? \_\_\_\_\_ [5. VERP5]
5. On this trip, what was the **primary** reason that you and your personal group came to **Death Valley**? Please mark (●) **one**. [3. VARIATION TRIPC1]
- Visit scenic attractions (i.e. Badwater, Zabriskie Point, etc.)
- View or study desert plants or animals
- Enjoy recreation in the park (i.e., hiking, driving backcountry roads, etc.)
- Experience quiet and solitude
- Experience wilderness and open space
- Other (Please specify) \_\_\_\_\_
6. a) On this trip, did you and your personal group stay overnight (away from your **permanent residence**) either inside Death Valley NP or within the nearby area (a two-hour drive outside of Death Valley NP)? [3. TRIPC13]
- Yes                       No → **Go to Question 7**
- b) If YES, please list the number of nights you and your personal group stayed in Death Valley NP and within two hours of the park. [3. TRIPC14]
- \_\_\_\_\_ Number of nights inside Death Valley NP
- \_\_\_\_\_ Number of nights in the **area** outside Death Valley NP (within two-hour drive)
- c & d) In which types of lodging did you and your personal group spend the night(s) in Death Valley NP or in the area within a two-hour drive? Please mark (●) **all** that apply. [3. TRIPC15]
- | Inside Death Valley NP  | Outside Death Valley NP (within two-hour drive) |
|---|---|
| <input type="radio"/> Lodge, hotel, motel, vacation rental, B&B, etc. | <input type="radio"/>                           |
| <input type="radio"/> RV/trailer camping                              | <input type="radio"/>                           |

- Tent camping in developed campground
- Camping in a backcountry roadside campsite
- Backpacking in wilderness campsite
- Backcountry cabin
- Other (Please specify)

Other inside \_\_\_\_\_ Other outside \_\_\_\_\_

7. On this visit, how much time did you and your personal group spend at Death Valley NP? Please list partial hours or days as 1/4, 1/2, or 3/4. [3. TRIPC11]

\_\_\_\_\_ Number of hours, **if less than 24 hours**

**OR**

\_\_\_\_\_ Number of days, **if 24 hours or more**

8. a) On this visit, in which activities did you and your personal group participate within Death Valley NP? Please mark (●) **all** that apply. [3. ACT22]

- Attending ranger-led talks/programs
- Driving on backcountry dirt roads
- Camping overnight along backcountry dirt roads
- Backpacking overnight in wilderness
- Creative arts (photography/drawing/painting/writing, etc.)
- Experiencing solitude/quiet
- Viewing the dark night sky
- Picnicking
- Birdwatching
- Visiting the visitor center or museum
- Touring Scotty's Castle
- Walking/hiking
- Viewing scenic attractions (i.e. Badwater, Dante's View, etc.)
- Other (Please specify) \_\_\_\_\_

b) Which **one** of the above activities was the most important to you and your personal group on this visit to Death Valley NP? Please list only **one**. [3. ACT23]

\_\_\_\_\_

9. a) On this visit, what was/were your destination(s) along the backcountry roads or in the wilderness of Death Valley NP? [TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Why did you and your personal group choose the above destination(s)? Please mark (●) **all** that apply. [TOPIC AREA 2 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

- A favorite place to visit
- Had never visited before
- Other (Please specify) \_\_\_\_\_
- Suggested by a ranger
- Suggested by a friend

c) How did you and your personal group access your destination? Please mark (●) **all** that apply. [3. TBACK11]

- Drove backcountry dirt roads
- Hiked established trails
- Hiked cross-country routes
- Other (Please specify) \_\_\_\_\_
- Hiked closed vehicle routes

10. a) On this visit, how crowded was (were) the backcountry road(s) or wilderness location(s) that you and your personal group visited in Death Valley NP? [5.CROWD1]

Backcountry roads or wilderness locations visited (Please specify)	How crowded?				
	Not at all crowded	A little crowded	Moderately crowded	Very crowded	Extremely crowded
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



b) If you marked “very crowded” or “extremely crowded” above, would you and your personal group support use restrictions to limit the number of visitors who use a given site at one time? [TOPIC AREA 7 INDIVIDUAL OPINIONS ON PARK MANAGEMENT]

Yes                       No                       Not sure

11. a) On this visit, were the signs directing you and your personal group around the backcountry roads in Death Valley NP adequate? [6. EVALSERV17]

Backcountry road signs       Yes               No               Did not use

Trailhead signs                       Yes               No               Did not use

b) If you answered NO for the above, please explain.

Backcountry road signs \_\_\_\_\_

Trailhead signs \_\_\_\_\_

12. a) Please mark (●) **all** the visitor services and facilities that you and your personal group **used** at Death Valley NP during this visit. [6. EVALSERV19]

b) Next, for only those services and facilities that you and your personal group **used**, please rate their importance to your visit from 1-5.

c) Finally, for only those services and facilities that you and your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used Mark (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Backcountry roads passable only to 4x4 vehicles	_____	_____
<input type="radio"/> Backcountry roads passable to vehicles without 4x4	_____	_____
<input type="radio"/> Open camping (non-designated sites)	_____	_____
<input type="radio"/> Directional signs on backcountry roads	_____	_____

- |                       |   |       |       |
|-----------------------|---|-------|-------|
| <input type="radio"/> | Developed campsites or campgrounds  | _____ | _____ |
| <input type="radio"/> | Trails  | _____ | _____ |
| <input type="radio"/> | Backcountry cabins  | _____ | _____ |
| <input type="radio"/> | Death Valley backcountry road map   | _____ | _____ |
| <input type="radio"/> | Park website: <a href="http://www.nps.gov/deva">www.nps.gov/deva</a><br>used before or during visit | _____ | _____ |
| <input type="radio"/> | Picnic tables   | _____ | _____ |
| <input type="radio"/> | Restrooms   | _____ | _____ |
| <input type="radio"/> | Visitor center (other than restrooms)   | _____ | _____ |

13. Which tools did you and your personal group use to find your way through the Death Valley NP backcountry or wilderness? Please mark (●) **all** that apply. [TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]

- Global Positioning System (GPS) unit
- USGS topographic maps
- Death Valley NPS backcountry roads map
- Death Valley park brochure or park newspaper
- Other maps (e.g. Death Valley AAA, Tom Harrison, or Trails Illustrated)
- Other (Please specify) \_\_\_\_\_

14. Death Valley NP was established to preserve and protect outstanding geological features and scenery while conserving natural and cultural resources, and allowing for public enjoyment of the resources. On this visit, how important were the following attributes/resources to you? Please mark (●) **one** answer for each attribute/resource. [6. VARIATION OPMGMT4]

Attribute/resource	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geologic features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air/visibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic buildings/mining sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, camping, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Were you and your personal group able to experience any of the following wilderness characteristics during your visit to Death Valley NP? Please mark (●) **all** that apply. [TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]

- Untrammeled (unrestricted/unrestrained) wilderness
- Undeveloped and natural lands
- Opportunities for solitude
- Opportunities for primitive camping
- Other (Please specify) \_\_\_\_\_

16. a) What is your opinion about the number of developed hiking trails used to access the wilderness? Please mark (●) **one**. [6. VARIATION OPMGMT3]

- Current number of developed trails is adequate
- Number of developed trails should be increased
- Number of developed trails should be decreased

b) Comments about the number of developed trails: \_\_\_\_\_

17. During this visit to Death Valley NP, please indicate how the following elements affected your park experience. Please mark (●) **one** response for each element. [TOPIC AREA 6 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

**Affect your experience?**

Element	Added to	No effect	Detracted from	Did not experience
Vehicles on established roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence of illegal off-road activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence of mining activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility corridors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aircraft overflights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash along backcountry roadsides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. a) Campfires are currently prohibited in the Death Valley NP wilderness. Do you think that wood campfires should be allowed at the park backcountry roadside campsites? [TOPIC AREA 7 INDIVIDUAL OPINIONS ON PARK MANAGEMENT]

Yes                       No

b) If YES, would you be willing to bring and use a fire pan and remove your wood campfire ashes from the backcountry? [TOPIC AREA 6 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

Yes                       No

19. a) During this visit to Death Valley NP, did you and your personal group have any personal interaction with a park ranger? [3. VARIATION ACT8]

Yes                       No → **Go to Question 20**

b) If YES, please rate the quality of your interaction with the park ranger. Please mark (●) one response for each element. [6. EVALSERV23]

Element	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. On this visit, were you and your personal group part of one of the following types of organized groups? [1. GR6]

a) Commercial guided tour group                       Yes                       No

b) School/educational group                       Yes                       No

c) Other group (scouts, work, church, etc.)                       Yes                       No

d) If you were with one of these organized groups, how many people, including yourself, were in this group? [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

\_\_\_\_\_ Number of people in organized group

21. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? [1. GRP5]

- Alone
- Family
- Other (Please specify) \_\_\_\_\_
- Friends
- Family and friends

b) On this visit, how many people were in your personal group, including yourself? [1. GRP3]

\_\_\_\_\_ Number of people

c) On this visit, how many vehicles did you and your personal group use to arrive at the park? [1. GRP4]

\_\_\_\_\_ Number of vehicles

22. For you and your personal group on this visit, please provide the following. (If you do not know the answer, leave blank). [1. AGE3]

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Number of lifetime visits to Death Valley NP (including this visit)
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

23. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services? [1. GRP2]

- Yes
- No → Go on to Question 24

b) If YES, what services or activities did the person(s) have difficulty accessing or participating in?

\_\_\_\_\_

24. a) Did you and your personal group **stay overnight** in any backcountry cabins?  
[TOPIC AREA 2 TRIP/VISIT CHARACTERISTICS]

- Yes                       No → **Go on to Question 25**

- b) Please list cabins in which you and your personal group stayed on this visit.  
 c) Please list number of nights that you and your personal group spent in each cabin.  
 d) Please rate the condition of the cabin.

b) Cabin name	c) Number of nights	d) Cabin condition				
		Very poor	Poor	Average	Good	Very good
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. a) During this visit to Death Valley NP backcountry roads or wilderness, was there anything that you or your group wanted to see or do but were unable to? [3. ACT25]

- Yes                       No → **Go on to Question 26**

b) If YES, what was it? \_\_\_\_\_ [3. ACT26]

c) What prevented you from being able to see that feature or do that activity? [3. ACT27]

\_\_\_\_\_

26. For you only, what is the highest level of education you have completed? Please mark (●) only **one**. [1. ED1]

- Some high school                       Bachelor's degree  
 High school diploma/GED                       Graduate degree  
 Some college

27. a) Are you or members of your personal group Hispanic or Latino? Please mark (●) **one** for each group member. [1. RACE/ETH1]

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for each group member. [1. RACE/ETH4]

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. a) Which category best represents your annual **household** income before taxes? Please mark (●) **only one**. [1. INCOME1]

- Less than \$24,999       \$50,000-\$74,999       \$150,000-\$199,999
- \$25,000-\$34,999       \$75,000-\$99,999       \$200,000 or more
- \$35,000-\$49,999       \$100,000-\$149,999       Do not wish to answer

b) How many people are in your household? \_\_\_\_\_ Number of people [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

29. a) What did you and your personal group like **most** about your backcountry road or wilderness experience at Death Valley NP? [6.EVALSERV25]

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b) What did you and your personal group like **least** about your backcountry road or wilderness experience at Death Valley NP? [6. EVALSERV24]

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30. If you were a manager planning for the future of Death Valley NP's backcountry roads and wilderness, what would you propose? [6. OPNMGMT6]

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30. Is there anything else you and your personal group would like to tell us about your visit to Death Valley NP? [6. OPNMGMT7]

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31. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Death Valley NP during this visit? Please mark (●) **one**. [6. EVALSERV1]

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

 Printed on recycled paper

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139**





**Social Science Program  
National Park Service  
U.S. Department of the Interior**

**Visitor Services Project**

# **Virgin Islands National Park Visitor Study**

**Need photo/artwork**

**United States Department of the Interior****NATIONAL PARK SERVICE**

Virgin Islands National Park  
1300 Cruz Bay Creek  
St. John, VI 00830

IN REPLY REFER TO:

February 2010

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Virgin Islands National Park. This information will assist us in our efforts to better manage this park and to serve you, our visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, please complete this questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Need electronic signature

Mark Hardgrove  
Superintendent, Virgin Islands National Park

**DIRECTIONS**

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) For questions that use circles (○), please mark your answer by filling in the circle with black or blue ink, or a #2 pencil-

Like this: ● Not like this: (✓) (X) ( / )

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

**PRIVACY ACT and PAPERWORK REDUCTION ACT statement:**

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your personal group on the questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Burden estimate statement:** Public reporting burden for this form is estimated to average 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

## Your Visit To Virgin Islands National Park

NOTE: In this questionnaire, your **personal group** is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. a) Prior to your visit, how did you and your personal group obtain information about Virgin Islands National Park? Please mark (●) **all** that apply in column (a). [2. VARIATION TPLAN11]
- b) If you were to visit Virgin Islands National Park in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

### a) Prior to this visit

### b) Prior to future visits

- |                       |  |                       |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Did not obtain information prior to visit → <b>Go to part b of this question</b>             |                       |
| <input type="radio"/> | Previous visits  | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth  | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (AAA, etc.)   | <input type="radio"/> |
| <input type="radio"/> | Maps/brochures   | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles  | <input type="radio"/> |
| <input type="radio"/> | Inquiry to park via phone, mail, or email  | <input type="radio"/> |
| <input type="radio"/> | Television/radio programs/videos   | <input type="radio"/> |
| <input type="radio"/> | Virgin Islands National Park website: <a href="http://www.nps.gov/viis">www.nps.gov/viis</a> | <input type="radio"/> |
| <input type="radio"/> | Other websites   | <input type="radio"/> |
| <input type="radio"/> | School class/program   | <input type="radio"/> |
| <input type="radio"/> | Local businesses (hotels, motels, restaurants, etc.)   | <input type="radio"/> |
| <input type="radio"/> | Chamber of commerce/visitor bureau/welcome center  | <input type="radio"/> |
| <input type="radio"/> | Tourist information at St. Thomas Airport  | <input type="radio"/> |
| <input type="radio"/> | Tour director (cruise ship, bus or other organized group)                                    | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below)   | <input type="radio"/> |

Prior to this visit \_\_\_\_\_

Prior to future visits \_\_\_\_\_

c) From the sources you used prior to this visit, did you and your personal group receive the type of information about the park that you needed? [2. TPLAN12]

No  Yes → **Go to Question 2**

d) If NO, what type of park information did you and your personal group need that was not available? Please be specific. [2. TPLAN13]

---

2. a) Prior to your visit, were you and your personal group aware of Virgin Islands Coral Reef National Monument? [1. KNOW1]

Yes  No → **Go to part c of this question**

b) Have you and your personal group visited Virgin Islands Coral Reef National Monument? [1. VISITHIS1]

Yes  No

c) Would you and your personal group like more information about Virgin Islands Coral Reef National Monument? [3. VARIATION LEARN2]

Yes  No

3. On this visit, were the signs directing you and your personal group to Virgin Islands National Park adequate? Please mark (●) **one** answer for each. [6. EVALSERV17]

a) Island road signs  Yes  No  Did not use

b) Signs in local communities  Yes  No  Did not use

c) If you answered NO for any of the above, please explain.

Island road signs \_\_\_\_\_

Signs in local communities \_\_\_\_\_

4. On this trip, what was the **primary** reason that you and your personal group visited the U.S. Virgin Islands? Please mark (●) **one**. [3. VARIATION TRIPC1]

Resident of the U.S. Virgin Islands

Part of cruise ship package tour

Visit Virgin Islands National Park

Visit other attractions in the area

Visit friends/relatives in the area

Business

Other (Please specify) \_\_\_\_\_



5. On this trip, what were the reasons that you and your personal group visited Virgin Islands National Park? Please mark (●) **all** that apply. [3. VARIATION TRIPC1]
- Resident of St. John Island
  - Part of cruise ship package tour
  - Learn about history
  - Visit a national park area
  - Attend ranger-led/interpretive programs
  - Purchase souvenirs/gifts
  - Recreation (sunbathe, swim, snorkel, fish, boat, etc.)
  - Visit an International Biosphere Reserve
  - Seek quiet/solitude
  - View scenery
  - Other (Please specify) \_\_\_\_\_
6. On this visit, what was your primary destination? Please mark (●) **one**. [2. VARIATION TPLAN4]
- St. John Island       Virgin Islands National Park
  - Other (Please specify) \_\_\_\_\_
7. a) On this visit, how much time did you and your personal group spend at Virgin Islands National Park? Please list partial hours or days as 1/4, 1/2, 3/4. [3. TRIPC11]
- \_\_\_\_\_ Number of hours if less than 24 hours **OR**  
 \_\_\_\_\_ Number of days if 24 hours or more
- b) On this visit, how much total time did you and your personal group spend on St. John, including time spent at Virgin Islands National Park? Please list partial hours or days as 1/4, 1/2, 3/4. [3. TRIPC11]
- \_\_\_\_\_ Number of hours if less than 24 hours **OR**  
 \_\_\_\_\_ Number of days if 24 hours or more

8. How did the time that you and your personal group spent visiting Virgin Islands National Park compare with the time you had planned to visit the park? Please mark (●) **one**. [3. TRIPC33]
- Did not have a planned amount of time to visit
- About the same time as planned
- Longer than planned → Why was visit longer? \_\_\_\_\_
- Shorter than planned → Why was visit shorter? \_\_\_\_\_
9. a) On this visit, in which activities did you and your personal group participate within Virgin Islands National Park? Please mark (●) **all** that apply. [3. ACT22]
- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Sailing                      | <input type="radio"/> Snorkeling     |
| <input type="radio"/> Sunbathing                   | <input type="radio"/> Fishing        |
| <input type="radio"/> Visiting ruins               | <input type="radio"/> Photography    |
| <input type="radio"/> Visiting the visitor center  | <input type="radio"/> Walking/hiking |
| <input type="radio"/> Power boating                | <input type="radio"/> Scuba diving   |
| <input type="radio"/> Swimming                     | <input type="radio"/> Picnicking     |
| <input type="radio"/> Camping                      |                                      |
| <input type="radio"/> Other (Please specify) _____ |                                      |
- b) Which **one** of these activities was the most important to you and your personal group on this visit to Virgin Islands National Park? Please list only **one**. [3. ACT23]
- \_\_\_\_\_
10. a) On this trip, did you and your personal group stay overnight, **away from your permanent residence**, in Virgin Islands National Park or on St. John Island? [3. TRIPC13]
- Yes       No → **Go to Question 11**
- b) If YES, please list the number of nights you and your personal group stayed in Virgin Islands National Park. [3. TRIPC14]
- \_\_\_\_\_ Number of nights in Virgin Islands National Park
- c) Please list the number of nights you and your personal group stayed on St. John Island **outside** of Virgin Islands National Park. [3. TRIPC14]
- \_\_\_\_\_ Number of nights on St. John Island

d) In which types of lodging did you and your personal group spend the night(s) on St. John Island? Please mark (●) **all** that apply. [3. TRIPC15]

- Resort hotel (Please list location) \_\_\_\_\_
- Camping in developed campground
- Residence of friends or relatives
- Villa renting for \$5,000 or more/week (Please list location) \_\_\_\_\_
- Villa renting for less than \$5,000/week (Please list location) \_\_\_\_\_
- Timeshare
- Seasonal residence
- Other (Please specify) \_\_\_\_\_

11. On this visit, which of the following sites in Virgin Islands National Park did you and your personal group visit? Please mark (●) **all** that apply. [3. ACT19]

- |  |                                     |
|--|-------------------------------------|
| <input type="radio"/> Cruz Bay Visitor Center  | <input type="radio"/> Hawksnest Bay |
| <input type="radio"/> Trunk Bay                | <input type="radio"/> Cinnamon Bay  |
| <input type="radio"/> Annaberg Sugar Mill      | <input type="radio"/> Maho Bay      |
| <input type="radio"/> Catherineberg Sugar Mill | <input type="radio"/> Lameshur      |
| <input type="radio"/> Saltpond Bay             | <input type="radio"/> Ram Head      |
| <input type="radio"/> North Shore Boating Zone | <input type="radio"/> Reef Bay      |
| <input type="radio"/> South Shore Boating Zone |                                     |

12. a) On this trip, what was the last form of transportation you and your personal group use to arrive in the U.S. Virgin Islands? Please mark (●) **one**. [3. TRANS1]

- Personal boat       Cruise ship       Airplane

b) On this trip, what forms of transportation did you and your personal group use to get around in Virgin Islands National Park? Please mark (●) **all** that apply. [3. VARIATION TRANS1]

- |  |  |
|--|--|
| <input type="radio"/> Rental boat                  | <input type="radio"/> Personal boat    |
| <input type="radio"/> Rental vehicle               | <input type="radio"/> Personal vehicle |
| <input type="radio"/> Open-air safari bus tour     | <input type="radio"/> Taxi             |
| <input type="radio"/> Other (Please specify) _____ |  |

13. a) If you and your personal group drove a vehicle around the island, were you able to find parking at all the areas you wanted to visit? [5. CROWD5]

- No                       Yes → **Go to part c of this question**

b) If NO, at which area(s) were you unable to find parking? [5. CROWD6]

---

c) In your opinion, how safe were the roads around the island? Please mark (●) one. [6. VARIATION EVALSERV19]

- Very unsafe       Somewhat unsafe       Neither safe nor unsafe       Somewhat safe       Very safe

d) If you answered “very unsafe” or “somewhat unsafe,” what do you think needs to be done to improve the safety of the island roads? [6. VARIATION EVALSERV20]

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14. a) Please mark (●) **all** the visitor services and facilities that you and your personal group **used** at Virgin Islands National Park during this visit. [6. EVALSERV19]

b) Next, for only those services and facilities that you and your personal group **used**, please rate their importance to your visit from 1-5.

c) Finally, for only those services and facilities that you and your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Visitor center bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Directional signs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park website: <a href="http://www.nps.gov/viis">www.nps.gov/viis</a> used before or during visit	_____	_____
<input type="radio"/> Trunk Bay restroom/change area	_____	_____
<input type="radio"/> Trunk Bay concession area (snack bar, snorkel gear rental, gift shop)	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Cinnamon Bay Campground	_____	_____
<input type="radio"/> Video/film in visitor center	_____	_____
<input type="radio"/> Visitor center information desk	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Mooring buoys	_____	_____

15. a) During this visit to Virgin Islands National Park, did you and your personal group have any personal interaction with a park ranger? [3. VARIATION ACT8]

Yes  No → **Go to Question 16**

b) If YES, please rate the quality of your interaction with the park ranger. Please mark (●) one response for each element. [6. EVALSERV23]

Element	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. a) Have you visited the town of Cruz Bay on St. John Island before this visit? [1. VISITHIS1]

Yes  No → **Go to Question 17**

b) If YES, did you notice any changes in the town of Cruz Bay? [TOPIC ARE 6 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

Yes  No → **Go to Question 17**

c) If YES, what changes did you notice?

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17. a) If you were to visit Virgin Islands National Park in the future, how would you and your personal group prefer to learn about the cultural and natural history of the park? Please mark (●) **all** that apply. [3. FVIS3]

Not interested in learning about the park → **Go to Question 18**

Films, movies, slideshows  Evening events

Indoor exhibits  Special events

Outdoor exhibits  Self-guided tours

Park website: [www.nps.gov/viis](http://www.nps.gov/viis)  Volunteer opportunities

Printed materials (brochures, books, maps, etc.)

Ranger-led/interpretive programs

Electronic media/devices for visitors (MP3 players, cell phone tours, interactive computer programs/tours, audio devices, etc.)



19. a) Are you a member of the Friends of Virgin Islands National Park, a non-profit organization dedicated to protecting and preserving the natural and cultural resources of the park and promoting responsible enjoyment of the park? [1. PART1]

No                       Yes → **Go to Question 20**

b) If NO, would you be interested in joining?

Yes                       No                       Maybe, need more information

20. a) Have you visited Virgin Islands National Park in the past? [1. VISITHIS1]

Yes                       No → **Go to Question 21**

b) If YES, what year did you last visit? [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS] \_\_\_\_\_

c) Did you notice any changes in park facilities/services/resources since the last time you visited? Please mark (●) **one** answer for each facility/service/resource. [TOPIC AREA 6 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

Facility/service/resource	Negative change	No change	Positive change	Not applicable
Beach facilities (e.g., restrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trails on land	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underwater trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underwater resources (coral reefs, fish, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic structures/ruins (sugar mill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viewscapes (views from park locations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ranger-led programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mangroves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





24. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services? [1. GRP2]

- Yes                                       No → **Go on to Question 25**

b) If YES, what services or activities did the person(s) have difficulty accessing or participating in?

\_\_\_\_\_

c) Because of the physical condition, what specific problems did the person(s) have? Please mark (●) **all** that apply.

- Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)
- Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- Other (Please specify) \_\_\_\_\_

25. For you and your personal group on this visit, please provide the following information. If you do not know the answer, leave blank. [1. AGE3]

	a) <b>Current age</b>	b) <b>U.S. ZIP code or name of country other than U.S.</b>	c) <b>Number of lifetime visits to Virgin Islands National Park (including this visit)</b>
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____



27. When visiting an area such as Virgin Islands National Park, which languages do you and most members of your personal group prefer to use for the following?

[1. VARIATION LANG2]

a) Speaking:  English  Other (Specify) \_\_\_\_\_

b) Reading:  English  Other (Specify) \_\_\_\_\_

c) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify a service(s) or mark (●) "None."

Service(s) \_\_\_\_\_  None

28. For you only, what is the highest level of education you have completed? Please mark (●) only **one**. [1. ED1]

Some high school  Bachelor's degree

High school diploma/GED  Graduate degree

Some college

29. If you were a manager planning for the future of Virgin Islands National Park, what would you and your personal group propose? [6. OPNMGMT6]

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30. Is there anything else you and your personal group would like to tell us about your visit to Virgin Islands National Park? [6. OPNMGMT7]

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31. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Virgin Islands National Park during this visit? Please mark (●) **one**. [6. EVALSERV1]

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139**





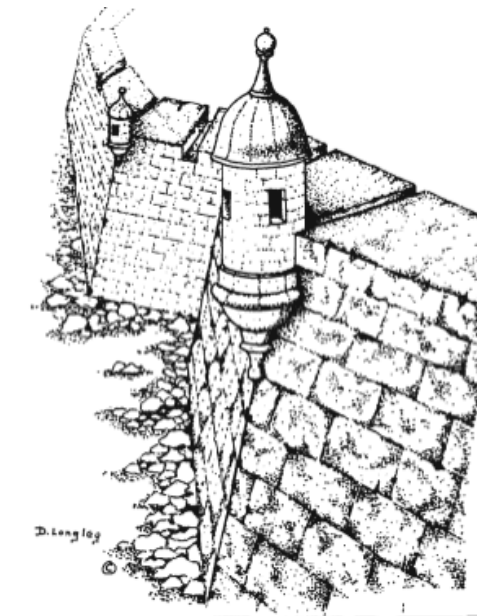
Social Science Program  
National Park Service  
U.S. Department of the Interior

Visitor Services Project

# San Juan National Historic Site

## Visitor Study

Placeholder art



**REVIEW DRAFT #4**



IN REPLY REFER TO:

## United States Department of the Interior

NATIONAL PARK SERVICE  
San Juan National Historic Site  
Fort San Cristobal  
Old San Juan, Puerto Rico 00901

February 2010

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to San Juan National Historic Site. This information will assist us in our efforts to better manage this park and to serve you, our visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, please complete this questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Need electronic signature

Walter Chavez  
Superintendent



**DIRECTIONS**

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) For questions that use circles (○), please mark your answer by filling in the circle with black or blue ink, or a #2 pencil-

Like this: ● Not like this: (✓) (X) ( / )

- 4) Seal it with the stickers provided.
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Thank you!

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## Your Visit To San Juan National Historic Site

NOTE: In this questionnaire, your **personal group** is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. a) Prior to your visit, how did you and your personal group obtain information about San Juan National Historic Site? Please mark (●) **all** that apply in column (a). [2. VARIATION TPLAN11]

Did not obtain information prior to visit → **Go to part b of this question**

- b) If you were to visit San Juan National Historic Site in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

Not interested in obtaining information for future visit

**a) Prior to this visit**

**b) Prior to future visits**

- |   |                       |
|---|-----------------------|
| <input type="radio"/> Previous visits   | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth   | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.)  | <input type="radio"/> |
| <input type="radio"/> Tour director (cruise ship, bus or other organized group)                                       | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles   | <input type="radio"/> |
| <input type="radio"/> Inquiry to park via phone/mail/email  | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/DVDs  | <input type="radio"/> |
| <input type="radio"/> San Juan National Historic Site website: <a href="http://www.nps.gov/saju">www.nps.gov/saju</a> | <input type="radio"/> |
| <input type="radio"/> Other websites  | <input type="radio"/> |
| <input type="radio"/> School class/program  | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.)  | <input type="radio"/> |
| <input type="radio"/> Tourism company/chamber of commerce/welcome center  | <input type="radio"/> |
| <input type="radio"/> Tourist information at the airport  | <input type="radio"/> |
| <input type="radio"/> Travel agent  | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below)  | <input type="radio"/> |

This visit: \_\_\_\_\_ Future visits: \_\_\_\_\_

c) From the sources you used prior to this visit, did you and your personal group receive the type of information about the park that you needed? [2. TPLAN12]

No  Yes → **Go to Question 2**

d) If NO, what type of park information did you and your personal group need that was not available? Please be specific. [2. TPLAN13]

---

2. a) If you and your personal group used the park website (www.nps.gov/saju/) prior to or during this visit, please rate how helpful the website was in planning your visit, by marking (●) **one** response below. [TOPIC AREA 5 INDIVIDUAL EVALUATION OF PARK SERVICES]

Did not use the park website → **Go to Question 3**

Not at all helpful  Somewhat helpful  Moderately helpful  Very helpful  Extremely helpful

b) If you rated the park website as “Not at all helpful” or “Somewhat helpful,” how would you improve the current website information? [6. VARIATION EVALSERV2]

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3. a) San Juan National Historic Site has a friends group called Friends of the Forts that supports the park through educational programs, awareness, and funding. Prior to this visit, were you and your group aware of this friends group? [1. PART2]

Yes  No  Not sure

b) Are you or any members of your personal group a member of Friends of the Forts? [1. PART1]

No  Yes → **Go to Question 4**

c) If NO, would you or any members of your personal group be interested in joining or supporting Friends of the Forts?

No, unlikely  Yes, likely  Not sure  
 ↓ **Go to Question 4** ↙

d) If NO, why not? \_\_\_\_\_

4. a) Prior to this visit to San Juan National Historic Site, were you and your personal group aware of the park site, Fortin San Juan de la Cruz, known locally as El Cañuelo? [1. KNOW1]

Yes  No → **Go to Question 5**

b) If YES, have you and your personal group ever visited El Cañuelo? [1.

VISITHIS1]

- Visited on this visit       Visited on past visits       Have never visited  
 ↘ **Go to Question 5**

c) If YES, what services or activities would you like to have available there? [3.

VARIATION FVIS8]

5. a) What form of transportation did you and your personal group use to arrive at Puerto Rico? Please mark (●) **one**. [3. TRANS1]

Live in Puerto Rico → **Go to part b of this question**

Airplane

Cruise ship

Other (Please specify) \_\_\_\_\_

b) and c) On this visit, what forms of transportation did you and your personal group use for accessing San Juan National Historic Site? Please mark (●) **all** that apply. [3. VARIATION TRANS1]

Form of transport used	b) To arrive at park	c) To visit park sites
Free tram/trolley	<input type="radio"/>	<input type="radio"/>
Private or rental vehicle	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>
Tour bus	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>

d) If you and your personal group rode the free tram/trolley, how would you rate the amount of time that you waited for a ride? [3. VARIATION TRANS4]

Did not ride free tram/trolley → **Go to Question 6**

Too long

Just about right

Did not have to wait

e) How long was your wait? \_\_\_\_\_ Number of minutes [3. TRANS4]

6. On this visit, were the signs directing you and your personal group to San Juan National Historic Site adequate? Please mark (●) **one** answer for each. [6. EVALSERV17]

a) Signs in city to find park       Yes       No       Did not use

b) Signs within the park       Yes       No       Did not use

c) If you answered NO for either of the above, please explain.

City signs \_\_\_\_\_

Signs within park \_\_\_\_\_

7. a) On this trip, what were the reasons that you and your personal group visited San Juan National Historic Site? Please mark (●) **all** that apply. [3. VARIATION TRIPC1]

b) Which of the below reasons was the **primary** reason that you and your personal group visited San Juan National Historic Site? Please mark (●) **one**.

a) **Reasons visited**

b) **Primary reason for visit**

Learn about the history of the fortifications     

Part of cruise ship package tour     

Visit a national park area     

Part of my cultural and historic heritage     

Show fortifications to a friend/relative     

Recreation (relax, fly kites, sunbathe, etc.) at the Esplanade –  
the open area in front of El Morro     

Other (Please specify below)     

Reasons visited: \_\_\_\_\_ Primary reason: \_\_\_\_\_

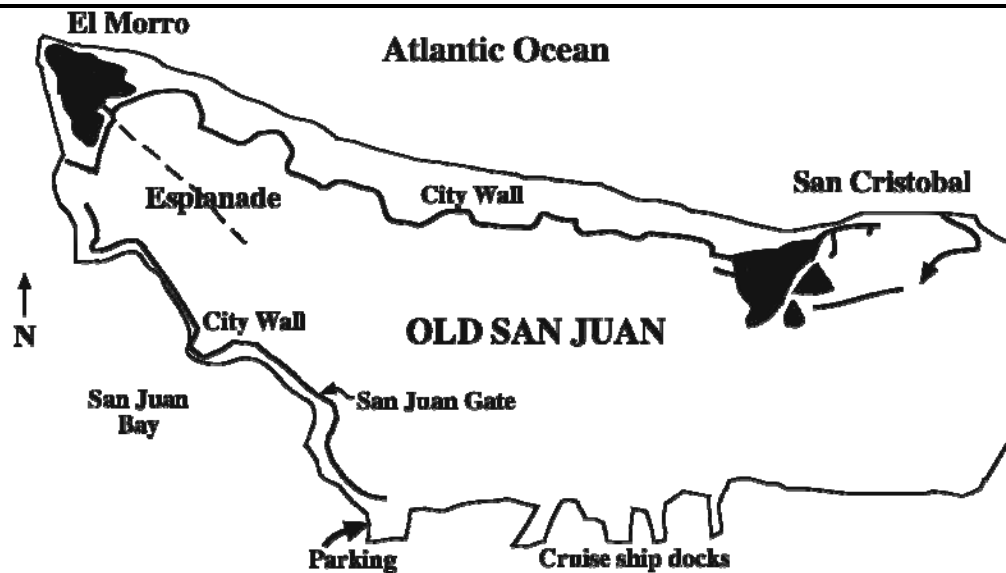
8. On the list below, please mark (●) **all** of the places at San Juan National Historic Site that you and your personal group visited during this visit. Use the map below to help you locate the places. [2. ITIN1]

El Morro       Esplanade (open area near El Morro)

San Cristóbal       San Juan Gate/Paseo del Morro

City Wall       El Cañuelo

PLACEHOLDER MAP



9. On this visit, in which activities did you and your personal group participate at San Juan National Historic Site? Please mark (●) **all** that apply. [3. ACT22]

- |   |  |
|---|--|
| <input type="radio"/> Visiting/touring fortifications             | <input type="radio"/> Viewing the video      |
| <input type="radio"/> Viewing indoor exhibits                     | <input type="radio"/> Picnicking             |
| <input type="radio"/> Viewing outdoor exhibits                    | <input type="radio"/> Flying kites           |
| <input type="radio"/> Attending ranger-led activities             | <input type="radio"/> Photography            |
| <input type="radio"/> Visiting San Juan Gate                      | <input type="radio"/> Viewing the city walls |
| <input type="radio"/> Walking/visiting Paseo del Morro            | <input type="radio"/> Visiting El Cañuelo    |
| <input type="radio"/> Visiting the Esplanade in front of El Morro |  |
| <input type="radio"/> Other (Please specify) _____                |  |

10. a) During this visit to San Juan National Historic Site, did you and your personal group have any personal interaction with a park employee? [3. VARIATION ACT8]

- Yes       No → **Go to Question 11**

b) If YES, please rate the quality of your interaction with the park employee. Please mark (●) one response for each element. [6. EVALSERV23]

Element	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. a) On this visit, did you and your personal group have any children with you?

[TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

Yes                       No → **Go to Question 12**

b) If YES, were they offered the chance to become a Junior Ranger? [3.

VARIATION ACT4]

Yes                       No → **Go to Question 12**

c) If YES, did they complete the activity booklet and become a Junior Ranger?

Yes                       No    d) If NO, why couldn't the child/children complete the booklet? [3. ACT5]

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e) Did you find the activities appropriate for your child/children? [TOPIC AREA 5 INDIVIDUAL EVALUATION OF PARK SERVICES]

Yes                       No

12. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at San Juan National Historic Site during this visit. [6.EVALSERV19]

b) Next, for only those services and facilities that you or your personal group **used**, please rate their **importance** to your visit from 1-5.

c) Finally, for only those services and facilities that you or your personal group **used**, please rate their **quality** from 1-5.

b) <b>If used, how important?</b> 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) <b>If used, what quality?</b> 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
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a) **Visitor services/facilities used**

Mark (●)

- |  |       |       |
|--|-------|-------|
| <input type="radio"/> Access for people with disabilities                              | _____ | _____ |
| <input type="radio"/> Assistance from park staff                                       | _____ | _____ |
| <input type="radio"/> Audiovisual program (in Spanish & English)                       | _____ | _____ |
| <input type="radio"/> Bookstore sales items in fortifications (selection, price, etc.) | _____ | _____ |
| <input type="radio"/> Directional signs on fortification grounds                       | _____ | _____ |





g) If you and your personal group did not participate in ranger-led activities on this visit, why not? Please mark (●) **all** that apply. [3. ACT9]

- Not interested in ranger-led activities → **Go to Question 14**
- Did not have time for this activity
- Not aware of any ranger-led activities offered at park
- Program subjects were not of interest
- Not enough activities offered
- Other (Please specify) \_\_\_\_\_

14. a) On the day that you received this questionnaire, how long did you and your personal group stay at San Juan National Historic Site? [3. TRIPC11]

Number of hours \_\_\_\_\_ Please list partial hours as 1/4, 1/2, 3/4.

b) Did you and your personal group visit the park on more than one day? [3. TRIPC12]

- Yes
- No → **Go to Question 15**

c) If YES, on how many days did you and your personal group visit?

Number of days \_\_\_\_\_

15. During this visit to San Juan National Historic Site, please indicate how the following elements may have affected you and your personal group's park experience. Please mark (●) **one** response for each element. [TOPIC AREA 6 INDIVIDUAL PERCEPTIONS OF THEIR PARK EXPERIENCES]

Element	Detracted from	No effect	Added to	Did not experience
Kite flying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aircraft flying overhead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closed areas due to preservation work or projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street vendors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. a) San Juan National Historic Site currently has the following daily admission fees. In your opinion, how appropriate are the amounts for daily admission? (Children under 16 years are admitted free.) [6. EVALFEE2]

Fee amount	Too high	About right	Too low
Adult fee \$3/fortification (age 16 and up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult fee \$5/both fortifications (age 16 and up)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b) Were you and your personal group aware that part of the fee you pay helps fund preservation of the fortifications and provides ranger-led activities? [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

Yes                       No

- c) If you and your personal group visit again in the future, would you be willing to pay an additional admission fee of up to \$3 per adult? [6. EVALFEE1]

Yes, likely               No, unlikely               Not sure

17. San Juan National Historic Site bookstores inside the fortifications currently sell postcards, publications, and other items, such as bottled water. If you and your personal group visit in the future, what types of items would you like to have available for purchase in the bookstores? Please mark (●) **all** that apply. [3. VARIATION FVIS22]

Not interested in sales items → **Go to Question 18**

Maps

Publications about fortification history

DVDs/CDs

Self-guided walking audio tour

Other (Please specify) \_\_\_\_\_

18. If you were to visit San Juan National Historic Site in the future, what subjects would you and your personal group be most interested in learning about? Please mark (●) **all** that apply. [3. FVIS6]

Not interested in learning about the park → **Go to Question 19**

Architecture/construction of the fortifications

Soldiers' life in the fortifications

Cannons and defense of the fortifications

U.S. military period of fortification history

- The fortifications' place in Puerto Rican history
- Other (Please specify) \_\_\_\_\_
19. If you were to visit in the future, how would you and your personal group prefer to learn about the cultural and natural history of San Juan National Historic Site? Please mark (●) **all** that apply. [3. FVIS4]
- Not interested in learning about the park → **Go to Question 20**
- Films, movies, slideshows  Evening events
- Exhibits inside the fortifications  Special events
- Exhibits outside the fortifications  Self-guided tours
- Park website: www.nps.gov/saju  Volunteer opportunities
- Printed materials (brochures, books, maps, etc.)
- Ranger-led activities and interpretive programs
- Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)
- Other (Please specify) \_\_\_\_\_
20. a) If you were to visit San Juan National Historic Site in the future, would you and your personal group be interested in attending programs (such as a candlelight tour, lecture by subject expert, etc.) in the fortifications after closing? [3. VARIATION FVIS10]
- Yes  No  Not sure
- b) If YES, how long should the program be? [3. FVIS11]
- ½ hour  1 hour  More than 1 hour
- c) Would you be willing to pay a modest fee of \$5/adult to attend an after-hours program? [6. VARIATION EVALFEE1]
- Yes  No  Not sure
21. Would you and your personal group be likely to visit San Juan National Historic Site again in the future? [2. FVIS1]
- Yes, likely  No, unlikely  Not sure

22. On this visit, were you and your personal group part of one of the following types of organized groups? [1. GR6]

- a) Commercial guided tour group  Yes  No
- b) School/educational group  Yes  No
- c) Other group (scouts, work, church, etc.)  Yes  No

d) If you were with one of these organized groups, how many people, including yourself, were in this group? [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

\_\_\_\_\_ Number of people in organized group

23. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? [1. GRP5]

- Alone  Friends
- Family  Family and friends
- Other (Please specify) \_\_\_\_\_

b) On this visit, how many people were in your personal group, including yourself? [1. GRP3]

\_\_\_\_\_ Number of people

c) On this visit, how many vehicles did you and your personal group use to arrive at the park? Please write 0 if you did not use any vehicles. [1. GRP4]

\_\_\_\_\_ Number of vehicles

24. a) Were you and your personal group prepared for the physical conditions that can be experienced while visiting the San Juan National Historic Site fortifications, such as long walks, steep ramps, sun, heat, etc? [TOPIC AREA 1 INDIVIDUAL CHARACTERISTICS]

- Yes  No

b) On this visit, did anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services? [1. GRP2]

- Yes  No → **Go to Question 25**

c) If YES, what activities or services did the person(s) have difficulty accessing or participating in during this visit? Please be specific.

\_\_\_\_\_

d) Did any of the following conditions contribute to the access problems? Please mark (●) **all** that apply.

- Hearing (difficulty hearing ranger-led activities, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)
- Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- Other (Please specify) \_\_\_\_\_

25. For you and your personal group on this visit, please provide the following information. If you do not know the answer, leave blank. [1. AGE3]

	a) <b>Current age</b>	b) <b>U.S. ZIP code or name of country other than U.S.</b>	c & d) <b>Number of visits to San Juan National Historic Site</b>	
			<b>past 12 months</b>	<b>lifetime</b>
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

26. When visiting an area such as San Juan National Historic Site, which languages do you and most members of your personal group prefer to use for the following? [1. VARIATION LANG2]

a) Speaking:  English  Other (Specify) \_\_\_\_\_

b) Reading:  English  Other (Specify) \_\_\_\_\_

c) In your opinion, what **services** in the park need to be provided in languages other than English and Spanish? Please specify a service(s) or mark (●) "None."

Service(s) \_\_\_\_\_  None

27. a) On this visit, what did you and your personal group like **most** about your visit to San Juan National Historic Site? [6.EVALSERV25]

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- b) On this visit, what did you and your personal group like **least** about your visit to San Juan National Historic Site? [6. EVALSERV24]

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28. If you were a manager planning for the future of San Juan National Historic Site, what would you and your personal group propose? [6. OPNMGMT6]

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29. Is there anything else you and your personal group would like to tell us about your visit to San Juan National Historic Site? [6. OPNMGMT7]

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30. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at San Juan National Historic Site during this visit? Please mark (●) **one**. [6. EVALSERV1]

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139**







## Visitor Services Project — (Park name)

Introductory script used in contacting visitors:

Hello! The National Park Service is conducting a visitor survey at (Park name) National Park to gather your opinions about the park's programs and services. Participation is voluntary. If you decide to participate we would like to have the survey mailed back. The mail-back questionnaire takes about 20 minutes to complete during or after your visit. Would you like to participate?

**IF NO:** Thank you. **IF YES:** Thank you. I have a few quick questions for you. Who in your group (at least 16 years old) has the next birthday?

Questions 1-4: Topic area 2—Trip/visit characteristics Question 5: Topic area 1—Individual Characteristics
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- 1) What type of group are you traveling with today?
- 2) (If with an organized group-tours, school, etc.) How many people are in your group?
- 3) How many adults, 18 years and older, are in your personal group?
- 4) How many children, 17 years and younger, are in your personal group?
- 5) How old is the person who will complete the questionnaire?

So we can thank you and remind you to mail back the questionnaire, please write your name, address, and email address/phone number. Thank you. Be sure to mail the questionnaire—your opinions are important!

Training for interviewers: each interviewer receives 1-1/2 hours of training on how to conduct interviews. This training goes over every aspect of interviewing, including conducting the interviews using a sampling interval, avoiding sampling bias, and how to handle all types of interviewing situations, including safety of the visitor and the interviewer. Quality control is ensured by monitoring interviewers in the field, and by checking their paperwork at the end of each day of surveying.

1st follow-up printed on a scenic park postcard (sent to all participants 11 working days after completion of survey)

Dear Visitor:

Thank you for participating in the (Park name) National Park visitor study. We look forward to hearing from you.

A select number of people were contacted for this study, so your opinions are very important!

If you have already returned your questionnaire, thank you. If not, please mail it today.

After eight months, look for the survey results at:  
[www.psu.uidaho.edu/vsp.reports.htm](http://www.psu.uidaho.edu/vsp.reports.htm).

(Insert electronic signature)

First, MI, Last, Superintendent  
(Park name)

2nd follow-up note and letter with replacement questionnaire (sent to non-respondents 21 working days after completion of survey)



## United States Department of the Interior

### NATIONAL PARK SERVICE

Park Name  
P.O. Box  
City, ST Zip Code

IN REPLY REFER TO:

Month, Day, 2009 or 2010

Dear Visitor:

The National Park Service would like to thank you for participating in the (Park name) National Park visitor study. Only a select number of visitors were contacted, therefore each visitor's opinions are very important.

If you have already returned your questionnaire, thank you. If you have not returned your questionnaire, please mail it today. Unless your questionnaire was mailed in the last few days, we would appreciate you completing the enclosed replacement questionnaire since we have not received yours as of today.

In approximately eight months, the results of the visitor survey will be posted on the Visitor Services Project website at [www.psu.uidaho.edu/vsp.reports.htm](http://www.psu.uidaho.edu/vsp.reports.htm).

If you have any questions regarding your questionnaire, please contact Margaret Littlejohn, National Park Service Visitor Services Project Director by phone 208-885-7863 or email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

Thank you for sharing your opinions with us.

Sincerely,

(Insert electronic signature)

First, MI. Last, Superintendent  
Park name

3rd follow-up letter with replacement questionnaire (sent to non-respondents 35 working days after completion of survey)



IN REPLY REFER TO:

## United States Department of the Interior

### NATIONAL PARK SERVICE

Visitor Services Project  
PSU, College of Natural Resources  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139

Month Day, 2009 or 2010

I am writing about the visitor study at (Park name) National Park, in which you agreed to participate. The waiting period for incoming questionnaires is almost over and we have not yet received yours. I would appreciate you completing another one unless you mailed it within the past few days.

The staff of (Park name) National Park is anxiously awaiting the survey results. They want to use your ideas and opinions in making decisions about what services and programs to provide for visitors in the future.

I urge you to complete the enclosed questionnaire and return it by (Month Day). Your contribution to the success of this study is greatly appreciated.

In approximately eight months, the results of the visitor survey will be posted on the Visitor Services Project website at [www.psu.uidaho.edu/vsp.reports.htm](http://www.psu.uidaho.edu/vsp.reports.htm).

Should you have questions regarding your questionnaire, please contact me by phone: (208)-885-7863 or email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

Sincerely,

Margaret Littlejohn  
Director, Visitor Services Project