

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

**Visitor Services Project** 

### Black Canyon of the Gunnison National Park

### **Visitor Study**



OMB Approval 1024-0224 (NPS #xx-xx)

Expiration date: xxx



### **United States Department of the Interior**

### NATIONAL PARK SERVICE

Black Canyon of the Gunnison National Park 102 Elk Creek Gunnison. CO 81230- 9304

IN REPLY REFER TO:

Summer 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Black Canyon of the Gunnison National Park. This information will help us improve our management of this park and better serve you, our visitor.

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

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

Results of this study will be available to the public in 2011 and will be posted on the web at www.nps.gov/blca and www.psu.uidaho.edu.

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.

We appreciate your help.

Sincerely,

Constance A. Rudd Superintendent

Black Canyon of the Gunnison 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: (



Not like this: (✓)





- 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 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 Black Canyon of the Gunnison National Park

**NOTE**: In this questionnaire "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.

- a) Prior to this visit, how did you and your personal group obtain information to plan your visit to Black Canyon of the Gunnison National Park (NP)? Please mark (●) all that apply in column (a). [2. TPLAN11]
  - b) If you were to visit Black Canyon of the Gunnison NP 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) Prio	r to this visit	b) Prior to future visits
Ο	Did not obtain information prior to visit →Go to par	rt b of this question
0	Black Canyon of the Gunnison NP website: www.np	os.gov/blca O
Ο	Other websites	0
Ο	Friends/relatives/word of mouth	Ο
Ο	Inquiry to park via phone, mail, or email	0
Ο	Local businesses (hotels, motels, restaurants, etc.)	0
Ο	Maps/brochures	0
Ο	Newspaper/magazine articles	0
Ο	Previous visits	0
Ο	Other National Park Service sites/units	0
Ο	School class/program	0
Ο	Social media (such as Facebook, Twitter, etc.)	0
Ο	State welcome center/visitors bureau/Chamber of C	Commerce O
Ο	Television/radio programs/videos	0
Ο	Travel guides/tour books (such as AAA, etc.)	0
Ο	Other (Please specify below)	0
Prior to t	his visit Prior to future visits _	

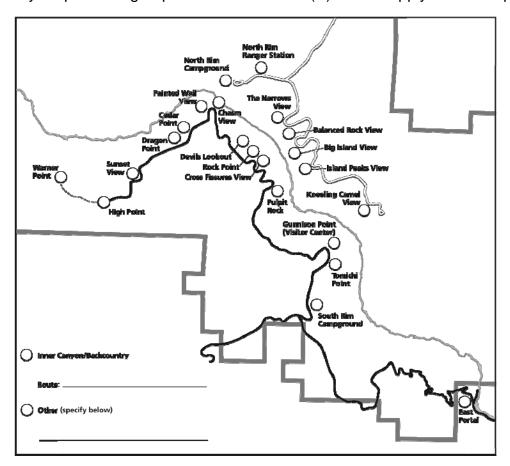
		sources marked in co						p receive
C	No No	O Y	es →	Go to	Question 2			
		at type of park inform ble? Please be speci				rsonal g	group ne	ed that was
rul	es/regula	s visit, were you an ations at Black Cany m in column (a). [1.	on of t	he Gu	nnison NP? F			
the Ple	ese rules	d your group learn (v /regulations <b>during</b> t k (●) <b>one</b> answer fo EARN5]	this vi	i <b>sit</b> to	Black Canyor	of the		
a) Awar to vi	e prior						b) Lea	
Yes	No	Rules/r	egula	tions			Yes	No
0	0	An entrance fee is of the Gunnison		red to	enter Black C	anyon	0	0
0	0	•	Permits are required for hiking, climbing and kayaking below the canyon rim					0
Ο	Ο	Gold medal fishing	g regul	lations	apply		0	0
Ο	Ο	Certain restrictions	s apply	y for fir	earms		0	0
Ο	Ο	Campsites can be reservation systematics		ved thi	ough a natio	nal	0	0
0	0	Collecting of any n rocks, historic ar				owers,	0	Ο
		earn about the above VARIATION LEARN		s/regul	ations on this	visit? P	lease m	ark (●) <b>all</b>
0	Park r	newspaper		0	Visitor ce	nter exh	nibits	
0	Outdo	or/wayside exhibits		0	Ranger/p	ark staff	:	
0	Signs							
		how many vehicles of write a 0 if you did it	•		•		use to ar	rive at the
· 		mber of vehicles			•			

Ь		Black Canyon of the Gunnison National Park Visitor Study
4.		lid this visit to Black Canyon of the Gunnison NP fit into your travel plans? e mark (●) one. [2. TPLAN4]
	Ο	Black Canyon of the Gunnison NP was primary destination
	Ο	Black Canyon of the Gunnison NP was one of several destinations
[2	O	Black Canyon of the Gunnison NP was not a planned destination
5.	On thi	s trip, what was the <b>primary</b> reason that you and your personal group came to ack Canyon of the Gunnison NP <b>area</b> ? Please mark (•) <b>one</b> .
	0	Resident of the area (within 20 miles of the park) → Go to Question 6
	0	Visit Black Canyon of the Gunnison NP
	Ο	Visit other attractions in the area
	Ο	Visit friends/relatives in the area
	Ο	Traveling through - unplanned visit
	Ο	Business
	Ο	Other (Please specify)
6.		this visit, how long did you and your personal group spend visiting Black nyon of the Gunnison NP? Please list partial hours as ½, ½, ¾. [3. TRIPC11]
		Number of hours, if less than 24 hours OR
[3	\/A DIA	Number of days, <b>if 24 hours or more</b> TION TRIPC11
ĮO.	b) Hov	w long did you and your personal group stay in the Black Canyon of the Gunnisor area (within a 60 mile radius of Montrose)? Please list partial hours as $\frac{1}{2}$ , $\frac{3}{4}$ .
	Ο	Resident of the area → Go to Question 7
		Number of hours <b>if less than 24 hours</b> OR
		Number of days if 24 hours or more
7.		this trip, did you and your personal group camp <b>inside</b> Black Canyon of the innison NP? Please mark (●) <b>one</b> [3. VARIATION TRIPC15]
	0	Yes
	0	No, day use only → Go to Question 8
	0	No, stayed overnight but did not camp inside the park → Go to Question 8
	[3. V	'ARIATION ACT9]

	Canyon of the Gunnison National							7
b)	If you and your personal group d NP, why not? Please mark (●) al	id not II that	t camp apply.	ins	ide B	lack Ca	nyon	of the Gunnisc
	O Campgrounds were full			0	) [	_ocation	not o	convenient
	O Lack of desired campsite type					Campgr	ound	s lacked facilit
10 TD	O Other (Please specify)							
	IPC20] If the campgrounds lacked desire personal group needed that was							you and your
	C29] hich other local and regional attra p to Black Canyon of the Gunnisc							
0	West Elk Loop Scenic Byway			0	Cra	wford S	tate F	Park
Ο	Curecanti National Recreation Ar	rea		Ο	Cold	orado Na	ationa	al Monument
Ο	Florissant Fossil Beds National N	/lonun	nent	0	Telluride			
Ο	Grand Mesa			0	Ute Indian Museum			
Ο	Gunnison Gorge Wilderness Area	а		0	Crested Butte			
Ο	Ridgway State Park			0	Our	ay		
0	Silver Thread Scenic Byway			Ο	Lak	e City		
<mark>[6. EV</mark> 9. On	Other (Please specify)  ALSERV17] I this visit, were the signs directing Gunnison NP adequate? Please	g you a	and yo	our p	ersor	nal grou	•	•
a) Si	gns on U.S. Hwy 50	Ο	Yes		0	No	0	Did not use
b) Si	gns on state highways 347 or 92	0	Yes		0	No	0	Did not use
,	gns on county roads eading to north rim	0	Yes		0	No	0	Did not use
c) Si	gns inside the park	0	Yes		0	No	0	Did not use
d) If	you answered NO to any of the a	bove,	pleas	e exp	olain.			

[2. ITIN1]

10. On this visit to Black Canyon of the Gunnison NP, which of the following sites did you and your personal group visit? Please mark (●) all that apply on the map.



11.	a) On	this visit, did you and your personal group walk/nike any trail? [3. TBACK 12]
	0	Yes → Go to Question 11c O No
	b) If N	O, why not? Please mark (●) all that apply. [3. VARIATION ACT9]
	0	Physical constraints
	Ο	Interested in activities other than hiking
	0	Lack of trail with desired distance
	0	Lack of trail with desired difficulty level

c) If Black Canyon of the Gunnison NP does not have the trails with the desired distances and difficulty levels, would you be interested in having the park add such trails?
 [3. VARIATION FVIS8]

O Yes O No → Go to Question 11e

Other (Please specify) \_

d) If YES, what distance and difficulty level would you desire? Please be spe [3. VARIATION FVIS8]						
[ <b>3</b> .	Distance	):	_Difficulty:			
	difficu outsic	Ity levels, would you be	interested in	information a	Is with desired distance and about other trails in the area a 7—Visitor opinions on park	
	0	Yes	Ο	No		
12.	a) On th Black [3. AC	Canyon of the Gunniso	lid you and y n NP? Pleas	our personal e mark (●) <b>all</b>	group participate in within that apply in column (a).	
	activit	were to visit Black Can ies would you and your at apply in column (b). [3	personal gro	up prefer to p	the future, in which articipate? Please mark (●)	
	a) This			_	b) Future visits	
	0	General sightseeing			0	
	0	Attending ranger-led p	rograms		Ο	
	0	Creative arts (photogra	phy/painting	/drawing)	Ο	
	0	Learning/studying geol	ogy		Ο	
	0	Nature study (birds, wi	ldlife, wildflov	vers, etc.)	Ο	
	0	Camping in developed	campground	ls	Ο	
	0	Day hiking			Ο	
	0	Backpacking			Ο	
	0	Fishing			Ο	
	0	Taking scenic drives			0	
	0	Picnicking			0	
	0	Kayaking			Ο	
	0	Rock climbing			Ο	
	0	Other (Please specify I	pelow)		Ο	
	This visi	t	Future \	isits		

	,			n a was most important to you and your n of the Gunnison NP? [3. ACT23]						
d)	What services and/or facilities would enhance your participation in this activity? Please explain. [3. VARIATION FVIS8]									
	a) Did	TION ACT22] anyone in your group participate nnison NP on this visit or past vis		k climbing in Black Canyon of the Please mark (●) <b>one.</b>						
	0	No, we have not participated in climbing activities → Go to part d								
	0	Yes, we climbed on both this vis	sit and	past visit(s)						
	0	This is our first time climbing he	re							
	Ο	We have climbed in the past, but	ıt not o	n this visit						
	b) Wh	ere is your preferred area to clim	b in the	e park? [3. VARIATION ACT22]						
	0	Don't have a preferred area								
OR	list on	e								
	c) Hav	ve you ever developed a new clin	nbing r	oute? [3. VARIATION ACT24]						
	0	Yes	0	No						
	d) Hav		Nation	al Recreational Area? [3. VARIATION						
	Ο	Yes	0	No						
		ve you ever participated in ice-clir or Curecanti National Recreation		n either Black Canyon of the Gunnison a? [3. VARIATION ACT22]						
	0	Yes	0	No → Go to Question 14						
	,	ase list the location of the approanbing area. [3. VARIATION FVIS		l used to gain access to your ice-						
	ser	were to visit Black Canyon NP in vices would you like to have avail TION OPMGMT7]		ture, which of the following commercial Please mark (●) <b>all</b> that apply.						
	Ο	Not interested in commercial se	rvices	→ Go to Question 15						
	0	Restaurant/food service	Ο	Snack/vending machine						

Black Canyon of the Gunnison National Park Visitor Study

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O	Camp store		O Sou	uvenir/gift s	shop		
0	Other (Please specify)			J	·		
· ·	outer (Floade speelig)						_
<sup>´</sup> this	ase indicate how safe you visit to Black Canyon of h location. <mark>[6. VARIATIO</mark>	the Gunn ON EVALS	nison NP. F SERV19]	Please mai	rk (●) one	answ	er for
Loc	ation	Very S unsafe		Neither S afe/unsafe		•	did not use/visit
On	roads	0	Ο	Ο	0	0	0
On	trails	Ο	Ο	0	0	Ο	0
In c	ampsites	Ο	Ο	Ο	0	0	0
In p	arking areas	Ο	Ο	Ο	0	0	0
At c	verlooks	0	0	0	0	0	0
6. It is the	e National Park Service'	s respons	ibility to pr	otect Blacl	k Canyon	of the	
6. It is the NP's n these.		s respons iral resour ction of the attribute/r	ibility to pr ces and vi following esource/e	otect Black sitor exper to you and xperience.	k Canyon riences that d your gro [6. OPNI	of the at depure Plant of the MT of	end on lease <mark>4]</mark>
NP's n these. mark (	e National Park Service' natural, scenic, and cultu How important is protec	s respons ral resour ction of the attribute/r	ibility to process and view following resource/e	otect Black sitor exper to you and	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
16. It is the NP's n these. mark (	e National Park Service' atural, scenic, and cultu How important is proted one answer for each	s respons iral resour ction of the attribute/r Not important	ibility to process and view following resource/e	rotect Black sitor exper to you and xperience. t Moderate	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
16. It is the NP's n these. mark (  Attribute/	e National Park Service' natural, scenic, and cultu How important is protect one answer for each resource/experience	s respons iral resour ction of the attribute/r Not important	ibility to process and view following resource/e	rotect Black sitor exper to you and xperience. t Moderate	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
16. It is the NP's n these. mark (  Attribute/ Scenic vie Cultural re	e National Park Service' natural, scenic, and culture. How important is protected on the end of the	s respons iral resour ction of the attribute/r Not important	ibility to process and view following resource/e	rotect Black sitor exper to you and xperience. t Moderate importan	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
6. It is the NP's n these. mark (  Attribute/ Scenic vie Cultural re Recreation (hiking, etc.)	e National Park Service' natural, scenic, and culture. How important is protected one answer for each discource/experience was without development esources/history nal opportunities camping, climbing,	s respons ral resour ction of the attribute/r Not important  O	ibility to process and view following resource/e	rotect Black isitor exper to you and xperience. t Moderate importan	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
6. It is the NP's n these. mark (  Attribute/ Scenic vie Cultural re Recreation (hiking, etc.) Clean wat	e National Park Service' natural, scenic, and cultural, scenic, and cultural how important is protected) one answer for each resource/experience was without development esources/history nal opportunities camping, climbing, er	s respons ral resour ction of the attribute/r Not important  O	ibility to process and view following resource/e	rotect Black isitor experito you and experience. to Moderate importanto O	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
Attribute/ Scenic vie Cultural re Recreation (hiking, etc.) Clean wat	e National Park Service' natural, scenic, and cultural, scenic, and cultural how important is protected) one answer for each resource/experience was without development esources/history nal opportunities camping, climbing, er	s respons ral resour ction of the attribute/r Not important  O	ibility to process and view following resource/e	rotect Black isitor experito you and experience. to Moderate importanto to Control Con	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Pl MGMT Extre	end on lease 4] emely
Attribute/ Scenic vie Cultural re Recreation (hiking, etc.) Clean wat Clean air ( Solitude	e National Park Service' natural, scenic, and cultural, scenic, and cultural how important is protected) one answer for each resource/experience was without development esources/history nal opportunities camping, climbing, er	s respons ral resour ction of the attribute/r Not important  O	ibility to process and view following resource/e	rotect Black isitor experito you and xperience. t Moderate importanto OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Place Extrement imposed (	end on lease 4] emely
Attribute/ Scenic vie Cultural re Recreation (hiking, etc.) Clean wat Clean air ( Solitude Natural qu	e National Park Service' atural, scenic, and culture How important is protected on one answer for each are without development esources/history and opportunities camping, climbing, er (visibility)	s respons ral resour ction of the attribute/r Not important  O  O  O  O	ibility to process and view following resource/e	rotect Black isitor experito you and experience. It Moderate important OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	k Canyon riences the d your gro [6. OPNI ly Very	of the at dep up? Place Extrement imposed (	end on lease 4] emely ortant  O

Black Cany	on of the G	unnison Nationa	al Park \	√isitor	Study
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17. Please list one aspect of the park's story that you might share with family and friends. Please be specific. [Topic area 1 — Visitor characteristics]

### [6. EVALSERV21]

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- 18. a) Please mark (●) all the visitor services and facilities that you or your personal group used during this visit to the Black Canyon of the Gunnison NP.
  - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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.

	sitor services and ities used	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good
Mark	(●)	5=Extremely important	5=Very good
0	Assistance from park staff		
0	Black Canyon of the Gunnison NP www.nps.gov/blca (used before or		
0	Campsites		
0	Junior Ranger program		
0	Park brochure/map		
0	Picnic areas		
0	Ranger-led programs		
0	Restrooms		
0	Sales items in park bookshop (selection, price, etc.)		
0	Self-guided tour booklets		
0	Visitor center		
0	Visitor center exhibits		
0	Visitor center film		
0	Wayside exhibits		

19.	9. If you were to visit Black Canyon of the Gunnison NP in the future, which topics would you and your personal group like to learn (or learn more) about? Please mark (●) all that apply. [3. VARIATION FVIS6]								
	0	Not interested in learning about the park → Go to Question 28							
	0	Geology		0		Fire ecolo	gy and ma	anagement	
	0	Plants and	animals	Ο		Rock clim	bing		
	Ο	Ecosystem		0		History			
	Ο	Wilderness	use and value	es					
	If you winterpre	ON FVIS7] ere to visit E tive progran	ase specify) Black Canyon on the second you a bural aspects of	of the Gu and your	ınniso perso	n NP in the nal group li	future, wl	hat types of nd to learn a	
	0	Not interes	ted in interpre	tive prog	rams	→ Go to C	Question 2	29	
	0	Ranger-led	walks		Ο	Audio/vi	deo tour		
	Ο	Ranger tall	<b>KS</b>		Ο	Auto tou	ır		
	0	Campfire p	rograms		Ο	Children	's activitie	es	
	0	Self-guided	d with materials	S	Ο	Astronor	my progra	ms	
	Ο	Other (Plea	ase specify)						_
21.	and reci	reational op	you and your portunities at E	Black Car	nyon d				
	Very C	poor )	Poor O	Average O	Э	Good O	Ver	y good <b>O</b>	
22.			ou and your por rk (●) <b>one</b> for				owing typ	e of organiz	ed
	a) Comi	mercial guid	ed tour group		Ο	Yes	0	No	
	b) Scho	ol/educatior	nal group		0	Yes	0	No	
	c) Climb	ing group			Ο	Yes	0	No	
	•	r organized	group n, scout, etc.)		0	Yes	Ο	No	
	e) If you	were with o	one of these or this organized					, including	
	Number of people in organized group								

23.	3. a) On this visit, which kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) one. [1. GR5]								
	0	Alone			0	Friends			
	0	Family			0	Family and friends			
	0	Other	(Please speci	fy)					
	b) On	this visi	it, how many	people we	re in your	personal group, including yourself?			
		_ Num	ber of people	in persona	al group [	I. GR3]			
24.	•		your persona answer, plea a) Current age	b) U.S. Zi		c) Frequency of visits to park 1=First visit 2=Less than 1 time/year 3=From 1 to11 times/year 4=From 12 to 51 times/year 5=More than 51 times/years			
	Yours	elf				<u> </u>			
	Memb	er #2		_		<u> </u>			
	Memb	er #3		_		<u> </u>			
	Memb	er #4				<del></del>			
	Memb	er #5				<u> </u>			
	Memb	er #6				<u> </u>			
	Memb	er #7				<del></del>			
25.	,	•	, ,		•	physical condition that made it difficult services? [1. GR2]			
	Ο	Yes	(	O No	→ Go to	Question 24			
	b) If Y	ES, wh	at services or	activities	were diffic	cult to access/participate in?			
26.	26. a) & b) When visiting an area such as Black Canyon of the Gunnison NP, which <b>one</b> language do you and most members of your personal group prefer to use for the following? [1. LANG2]								
a) S	peakin	g O	English	0	Other la	nguage (Specify)			
b) R	Reading	0	English	Ο	Other la	nguage (Specify)			

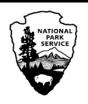
<u>Bla</u> c	ck Canyon of t	<u>ne Gunn</u> is	<u>on Natio</u> na	<u>ai Park V</u> is	itor Study			15		
	a) Are you or each group	members	of your gro	oup Hispar		o? Pleas	e mark (	) <b>one</b> for		
		Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7		
	es, Hispanic or Latino	0	0	Ο	Ο	0	Ο	Ο		
	o, not Hispanic or Latino	0	0	Ο	0	0	Ο	Ο		
	b) What is you Please mai		or more f Memb	or you and oer Memb		ıp memb	er. [1. RA	ČE/ĖTH4]		
	erican Indian or Iaska Native		0	0	Ο	0	0	0		
Asian			0	0	0	Ο	Ο	Ο		
Black or African American			0	0	0	0	0	0		
Native Hawaiian or other Pacific Islander			0	Ο	Ο	Ο	Ο	Ο		
Whi	te	(	0	0	0	Ο	0	Ο		
28.	For you only, (●) one. [1. V		_	evel of edu	cation you	have co	mpleted?	Please mark		
	O Some	high schoo	ol	(	O Bachelor's degree					
	O High so	chool diplo	ma/GED	GED O Graduate degree						
	O Some	college								
	If you were a NP, what wou							nnison		
	Is there anyth visit to Black (						o tell us al	bout your		

Black Canyon of the Gunnison National Park Visitor Study
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**

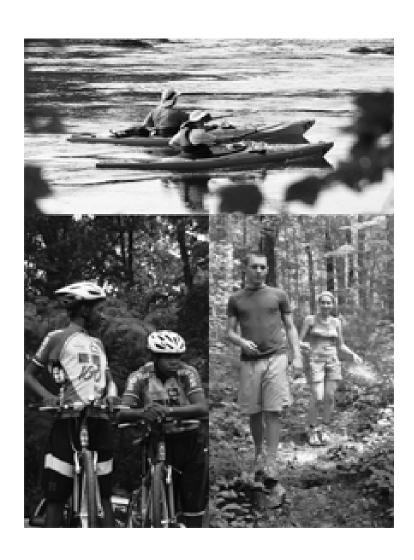
Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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

**Visitor Services Project** 

### Chattahoochee River National Recreation Area Visitor Study



OMB Approval xxx (NPS# xxx)

Expiration date: xxxx



### **United States Department of the Interior**

NATIONAL PARK SERVICE
Chattahoochee River National Recreation Area
1978 Island Ford Parkway
Sandy Springs GA 30350

June 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 Chattahoochee River National Recreation Area. This information will assist us in our efforts to better manage this park and to serve you.

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.

We appreciate your help.

Sincerely.

Daniel R Brown Superintendent

Daniel R. Berun

### **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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.



Like this: Not like this: (1)





- 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: littlei@uidaho.edu.

### Your Visit to Chattahoochee River National Recreation Area

NOTE: In this questionnaire "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.

- a) Prior to this visit, how did you and your personal group obtain information about Chattahoochee River National Recreation Area (NRA)? Please mark (●) all that apply in column (a). [2. TPLAN11]
  - b) If you were to visit Chattahoochee River NRA 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).

( <b>●</b> ) an	(•) <b>an</b> that apply in column (b).									
a) Prior	to this visit	b) Prior to future visits								
0	Did not obtain information prior to visit -> Go to	o part b of this questio	'n							
0	Chamber of commerce/visitors bureau/state well	Icome center O								
0	Chattahoochee River NRA website: www.nps.go	ov/chat O								
0	Other websites	Ο								
0	Friends/relatives/word of mouth	0								
0	Inquiry to park via phone, mail, or email	Ο								
0	Local businesses (hotels, motels, real estate co	mpanies, etc.)								
0	Maps/brochures	Ο								
0	Newspaper/magazine articles	Ο								
0	Other National Park Service sites/units	Ο								
0	Previous visits	Ο								
0	School class/program	Ο								
0	Social media (Facebook, Twitter, etc.)	Ο								
0	Travel guides/tour books (such as AAA, etc.)	Ο								
0	Other (Please specify below)	Ο								
Prior to this \	visitPrior to future visit		_							
c) From the sources marked in column (a) did you and your personal group receive the type of information about the park that you needed? [2. TPLAN12]										

Yes → Go to Question 2

No

		O, what type of not available?				nd your personal group need that .AN13]				
2.			•	•	_	oup aware that Chattahoochee VARIATION KNOW2]				
	0	Yes	0	No						
3.						oup aware of the safety see River NRA? [1. KNOW8]				
	Ο	Yes	Ο	No						
4.	grou	During your travel to Chattahoochee River NRA, how did you and your personal group locate the sites that you wanted to visit? Please mark (●) <b>all</b> that apply.  [6. VARIATION EVALSERV4]								
O Knew the locations from previous visit(s) or from living in the are										
	0	Road signs								
	O Map/travel guide/tour book									
	0	Written or ve	rbal dire	ections from	the pa	rk				
	O GPS or other electronic navigation systems									
	0	Park website	: www.r	nps.gov/cha	t					
	Ο	Other (Pleas	e specif	y)						
	b) Did	b) Did you have any difficulty locating the sites? [6. VARIATION EVALSERV3]								
	0	Yes	0	No → G	o to Q	uestion 5				
	c) If YE	ES, what was th	e proble	em? [6. VAF	RIATIOI	N EVALSERV4]				
5.	Whas y	at type of inform	ation wo	ould be mos	st usefu	t units along 48 miles of the river. If to you and your personal group nark (●) <b>all</b> that apply. [2.				
	0	None → Go	to Qu	estion 6						
	0	Restroom loc	cations		0	Fee payment locations				
	0	Rules and re	gulatior	ıs	0	Trail maps				
	0	Other (Pleas	e specif	y)						

b)		vould you and your pers hoochee River NRA? F N11]								
	Ο	Brochures		0	Signs					
	0	Bulletin boards		0	Park website					
	0	Cell phone/iPod downle	oad	0	Park travel ra	dio station				
	Ο	Other (Please specify)								
6. a)	<ul> <li>[6. EVALSERV19]</li> <li>6. a) For the safety issues below, please indicate how safe you and your personal group felt from crime and accidents during this visit to Chattahoochee River NRA. Please mark (•) one answer for each issue.</li> </ul>									
	How safe did you feel in the park?									
Safet	ty issu	e	Very S Unsafe	Somewha unsafe	t Neither unsa nor safe	fe Somewhat safe	Very safe			
Perso	onal sa	afety—from crime	0	0	0	0	0			
Perso	onal sa	afety—from accidents	Ο	Ο	0	0	0			
Perso	onal pr	operty—from crime	0	0	0	0	0			
		narked "very unsafe" or ' explain why. <mark>[6. EVALSI</mark>		at unsafe	on any of the	e above iten	ns,			
	For th group	SERV19] e safety issues below, p feel from crime and acc e answer for each issue	idents in	licate hov	w safe you an n neighborhod	d your perso od. Please m	onal ark			
		How safe did you	feel in yo	ur own	•	d?				
Sat	fety iss	sue	Very Unsafe	Somew unsaf		Somewhat safe	Very safe			
Pe	rsonal	safety—from crime	0	0	0	0	0			
Pe	rsonal	safety—from accidents	0	Ο	0	Ο	0			
Pe	rsonal	property—from crime	0	0	0	0	0			
,	b) If you marked "very unsafe" or "somewhat unsafe" on any of the above items, please explain why. [6. EVALSERV20]									

<ol> <li>a) On this visit, which activities did you and your personal group participate in within Chattahoochee River NRA? Please mark (●) all that apply. [3. ACT24]</li> </ol>									
		ast visits, which activities did you and your personal gr Chattahoochee River NRA? Please mark (●) <b>all</b> that							
	O First visithave not visited in the past								
	a) This v	visit t	o) Past visits						
	0	Attending ranger-led talks/programs/demonstrations or special events	Ο						
	Ο	Bicycle riding	0						
	Ο	Kayaking/canoeing	0						
	Ο	Tubing/rafting	0						
	Ο	Motor boating	0						
	Ο	Creative arts (photography/drawing/painting/writing)	0						
	Ο	Enjoying solitude/quiet	0						
	Ο	Fishing with guide	0						
	Ο	Fishing (unguided)	0						
	Ο	General sightseeing	0						
	Ο	Exercising/running/jogging	0						
	Ο	Nature study (wildlife, wildflowers, birds, etc.)	0						
	Ο	Picnicking	0						
	Ο	Attending fitness class	0						
	Ο	Walking/hiking	0						
	0	Other (Please specify)	0						
	This visit	t Past visits							
[3.	ACT23] c) Which	one of the above activities from column a was most	important to you and						

your personal group on this visit to Chattahoochee River NRA? Please list one.

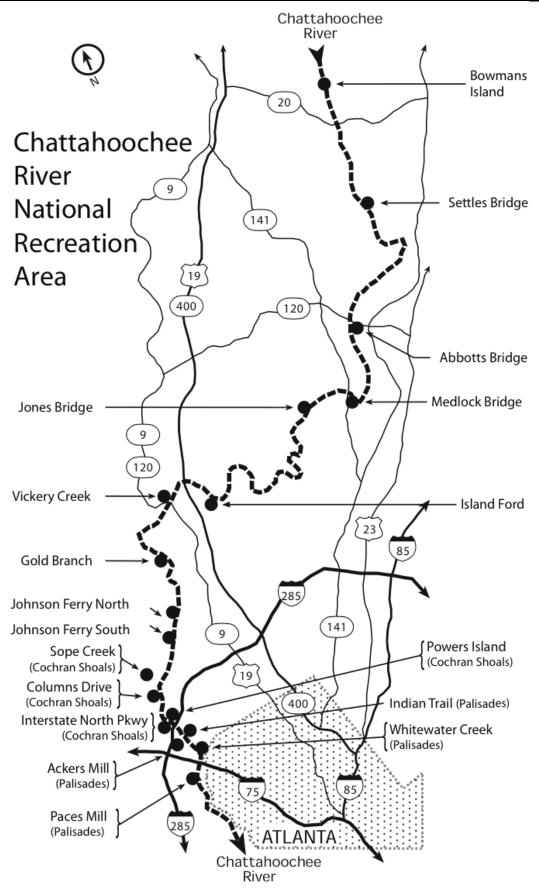
### [3. VARIATION ITIN3]

 $\cap$ 

- a) On this visit, which of the following units at Chattahoochee River NRA did you and your personal group visit/use? Use the map on the next page to help you identify the units. Please mark (•) all that apply.
  - b) On past visits, which of the following units have you and your personal group visited? Please mark (●) all that apply.

Ο	First visithave not visited in the past	
a) This	visit	b) Past visits
0	Paces Mill (Palisades)	Ο
0	Akers Mill (Palisades)	Ο
0	Whitewater Creek (Palisades)	Ο
0	Indian Trail (Palisades)	Ο
0	Columns Drive (Cochran Shoals)	Ο
0	Interstate North Parkway (Cochran Shoals)	Ο
0	Powers Island (Cochran Shoals)	Ο
0	Sope Creek (Cochran Shoals)	Ο
0	Johnson Ferry North	Ο
0	Johnson Ferry South	Ο
0	Gold Branch	Ο
0	Vickery Creek	Ο
0	Island Ford	Ο
0	Jones Bridge	Ο
0	Medlock Bridge	Ο
0	Abbotts Bridge	Ο
0	Settles Bridge	Ο
Ο	Bowmans Island	Ο
0	Other (Please specify)	Ο
This visi	t Past visits	

c) If you and your personal group visited only one site on this visit, why did you choose that site? [2. VARIATION TPLAN22]



- 10. a) Please mark (●) **all** the information services that you or your personal group **used** at Chattahoochee River NRA during this visit. [6. EVALSERV21]
  - b) Next, for only those services that you or your personal group **used**, please rate their importance to your visit from 1-5.
  - c) Finally, for only those services that you or your personal group **used**, please rate their quality from 1-5.

<b>a) Infor</b> Mark	mation services (●)	used	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
Ο	Park brochure	/map		
0	Assistance fro	m park staff		
0	Outdoor exhib	its		
0	River Guide B	rochure		
0	Ranger-led pro	ograms		
0	Junior Ranger	program		
0	Directional sig	ns		
0	Regulation sig	ns		
0	Information sig	ıns		
0	Bulletin boards	3		
0		www.nps.gov/chat or during visit)		
0	Visitor center to (selection, property)	pookstore sales item rice, etc.)	ns	
11. a) O	n this visit, how o	lid you and your per e mark (●) <b>all</b> that a	sonal group arrive at Chapply. [3. VARIATION TR	attahoochee ANS1]
C	<b>)</b> Walk	0	Bicycle	
C	Vehicle→	b) If marked, pleas	se list number of vehicles	[1. GR4]
C	Other (Pleas	se specify)		

12.									rsonal group plan		
		_						[3. VARIATION	HIN1]		
		0	Yes	O				uestion 13			
b) I			ich site was it? [								
	c)	On this	•	able to			_	B. VARIATION TI	RIPC9]		
		O	Yes	O	No	<b>→</b>	Go to Q	uestion 13			
	d)	On this	s visit, were you	able to	finc	pa	ırking at t	that site? [5. VAF	RIATION CROWD5]		
		O	Yes	0	No						
13.								cilities that you ong this visit. [6. E			
			for only those se please rate thei					you or your pers t from 1-5.	sonal group		
	<ul> <li>c) Finally, for only those services and facilities that you or your personal group used, please rate their quality from 1-5.</li> </ul>										
							b) <b>If use</b> how in	d, mportant?	c) If used, what quality?		
,	a) <b>Visitor services/facilities used</b> Mark (●)						3=Moder 4=Very ir	what important ately important mportant	1=Very poor 2=Poor 3=Average 4=Good		
							5=Extren	nely important	5=Very good		
		O	Access for peop	ole with	disa	abili	ties		<del></del>		
		0	Boat or step-do	wn ram	nps						
		0	Picnic areas								
		0	Restrooms								
		0	River								
		Ο	Trails								
		0	Visitor center								
-	Or	attaho	isit, how long in ochee River NR		•			ersonal group spurs as ¼, ½, or §			
		N	lumber of hours								

12		Chattah	nooche	e River Natio	nal Re	creation Ar	ea Visitor Study				
-	[3. FVIS12] 15. a) If you were to visit Chattahoochee River NRA in the future, would you and your personal group be interested in attending ranger-led talks/programs?										
	0	Yes, likely	0	No, unlikely		Ο	Not sure				
[3. '	[3. VARIATION FVIS6] c) Which types of ranger-led programs would interest you and your personal group? Please mark (●) all that apply.										
	0	Nature hike		Ο	Nigh	t hike					
	0	Canoe/kayak float	trip	Ο	Histo	ory program	1				
	0	Children's program	S	Ο	Ever	ning progra	ms				
	0	Other (Please spec	ify)								
[3.		.] ich program length wo up? Please mark (●) <b>o</b>		most suitable	for yo	ou and your	personal				
	Ο	Under 1/2 hour	0	1/2 - 1 hou	ur	0	1 - 2 hours				
	Ο	Other (Please specify	)								
16.	your p	were to visit Chattahoo ersonal group prefer to shoochee River NRA?	learn	about cultura	ıl and ı	natural histo	ory/features of				
	0	Not interested in lear	ning ab	oout the park	<b>→</b> G	o to Quest	ion 17				
	0	Indoor exhibits			Ο	Outdoor	exhibits				
	Ο	Park website: www.n	ps.gov	/chat	Ο	Self-guid	ed tours				
	Ο	Films, movies, slide s	shows		Ο	Special e	events				
	Ο	Ranger-led programs	6		Ο	As a volu	unteer in the park				
	$\circ$	Electronic media/devi	cas for	vicitore (dow	nloada	hla dinital f	files nodeasts				

cell phone tours, interactive computer programs/tours, audio, etc.)

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

Other (Please specify)

0

0

O

17.				ere you and lps? <mark>[1. GR</mark>	•	onal gro	up pa	art of	the following	g types	of	
	a)	Comn	nercial	guided fish	ning group		C	)	Yes	Ο	No	
	b)			guided gro canoe, kaya	oup k, raft, tube,	or bicyc	le)	)	Yes	0	No	
	c)	Schoo	ol/educ	ational gro	up		C	)	Yes	Ο	No	
	d)	Other	group	(scouts, we	ork, church	, etc.)	C	)	Yes	0	No	
	e)	-			these organgang	_	-		many peop ON GR3]	le, inclu	ding	
			_ Nur	nber of peo	ple in orgai	nized gr	oup					
18.	a)	On thi	is visit, 1. GR5	which kind	d of persona	al group	p were you with? Please mark (●)					
		O	Alone	•			0	Frie	nds			
		Ο	Famil	у		(	0	Fan	nily and frien	nds		
		0	Other	· (Please sp	pecify)							
	b)			-	people we	•	•		ıl group, incl 3]	uding yo	ourself?	
-	a)	,		_					River NRA, ver to use for			
a) S	ре	aking	0	English	0	Other	langu	age	(Specify)			
b) R	ea	ding	0	English	0	Other	langu	age	(Specify)			
c) I t	n y hai	our op n Engli	inion, v sh? Pl	what <b>servic</b> ease specit	<b>ces</b> in the p fy a service	ark nee (s) or m	d to b ark (	e pro ●) "N	ovided in lan one."	guages	other	
Ο		None	Se	ervice(s)								
20.	a)								I condition to ervices? [1.		le it	
		Ο	Yes		0 1	No →	Go to	Que	estion 21			
	b)			nis visit, wh		or serv	ices c	did th	e person(s)	have di	fficulty	

14		С	hattah	oochee River National R	ecreat	ion Area Visitor Study		
[1. AGE3] 21. For you and your personal ground provide the following. If you deleave blank.					1=F 2=C b	c) Number of visits to Chattahoochee River NRA (including this visit) 1=First visit 2=Occasionally during year, but not every month 3=Every month		
		a) Current	age	name of country other than U.S.	4=E	Every month Every week Daily		
Yours	self							
Memb	oer #2		_					
Memb	oer #3		_			·		
Memb	oer #4		_					
Memb	oer #5		_					
Memb	oer #6		_					
Memb	oer #7		_					
			st repre	esents your annual <b>hous</b>	sehold	income? Please mark		
0	Less th	nan \$24,999	0	\$50,000-\$74,999	0	\$150,000-\$199,999		
Ο	\$25,00	0-\$34,999	0	\$75,000-\$99,999	0	\$200,000 or more		
0	\$35,00	0-\$49,999	0	\$100,000-\$149,999	0	Do not wish to answer		
[1. VAR b) H		_	re in y	our household?	Nu	mber of people		

23. 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	0	0	0	0	0	0	0
No, not Hispanic or Latino	0	0	0	0	0	0	0

Ì	۲1	١ ١	1	Δ	R	IΔ	т		A	П	R	Δ	0	E.	/E	П	ц	1	i	
		١. ١	V.	м	ҡ	ı	ш	ı	ı١١		ҡ	м	U	$\Box$			П	4	1	

b) What is your ra	ice? What is the race of each member of your personal grou	лр?
Please mark (	one or more for you and each group member.	

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indi Alaska Native	( )	Ο	0	0	Ο	Ο	Ο
Asian	0	0	0	0	Ο	0	0
	rs are Asian, p , Filipino, Japa			oup(s) that	the perso	n(s) belon	gs to
Black or Africa American	o O	0	0	0	0	Ο	Ο
Native Hawaii or other Paci Islander	_	Ο	0	0	0	0	0
White	0	0	0	0	Ο	0	0
have av	vere to visit C nal facilities or vailable? [6. V	services	that you a N OPMGN	nd your pe	ersonal g	roup woul	•
	what services	s or facilitie					FVIS8]
25. Is there ar visit to Ch	nything else y attahoochee	•	•	•	ould like	to tell us a	about your
opportunit	ow would you ies provided t ng this visit? F	to you and	l your pers	onal grou	p at Chat	es, and rec	creational e River
Very po	oor Po	or	Average	G	ood	Very go	od
0	0	)	0	(	0	0	

Thank you for your help! Please seal the questionnaire with the attached stickers 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** 

## Curecanti National Recreation Area Visitor Study



OMB Approval 1024-0224 (NPS #xx-xx)

Expiration date: xxx



### **United States Department of the Interior**

### **NATIONAL PARK SERVICE**

Curecanti National Recreation Area 102 Elk Creek Gunnison, CO 81230- 9304

IN REPLY REFER TO:

Summer 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Curecanti National Recreation Area. This information will help us improve our management of this park and better serve you, our visitor.

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

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

Results of this study will be available to the public in 2011 and will be posted on the web at www.nps.gov/cure and www.psu.uidaho.edu.

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.

We appreciate your help.

Constance A. Dudd

Sincerely,

Connie A. Rudd 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: (



Not like this: (**√**)





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

Thank you!

### PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

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**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 Curecanti National Recreation Area

**NOTE**: In this questionnaire "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.

### [2. TPLAN11]

- 1. a) Prior to this visit, how did you and your personal group obtain information about Curecanti NRA (NRA)? Please mark (●) all that apply in column (a).
  - b) If you were to visit Curecanti NRA 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) Pric	or to this visit	o) Prior to future visits
0	Did not obtain information prior to visit → Go to par	t b of this question
0	Curecanti NRA website: www.nps.gov/cure	0
0	Other websites	Ο
0	Friends/relatives/word of mouth	Ο
0	Inquiry to the park via phone, mail, or email	0
0	Local businesses (hotels, motels, restaurants, etc.)	0
0	Maps/brochures	0
0	Newspaper/magazine articles	0
0	Other National Park Service sites/units	0
0	Previous visits	0
0	School class/program	0
0	Social media (such as Facebook, Twitter, etc.)	Ο
0	State welcome center/visitors bureau/chamber of co	ommerce O
0	Television/radio programs/videos	Ο
0	Travel agency	Ο
0	Travel guides/tour books (such as AAA, etc.)	0
0	Other (Please specify below)	0
Prior to	this visit Prior to future visits _	

,				•	. , .			and your person needed? <mark>[2. TF</mark>	•	
C	) No	)	0	Yes	<b>→</b>	Go	to Q	uestion 2		
,		nat type of panot available				•		nd your persona TPLAN13]	al group i	need
rule in ( [3. VARI b) Did sta	es/regucolumn ATION d you auff, etc.)	llations at Ci (a). [1. VAR LEARN5] nd your pers	urecant NATION sonal gr e rules/i	i NRA N KNO oup I regula	A? F OWa earr ation	Pleas <mark>8]</mark> n (via	e ma a pub uring	group aware of ark (•) one answer of ark (•) one answer of ark (•) one answer of ark (•) one ark (•) o	wer for e , talking t	ach item
a) Aware	e prior						0	o.a (8).	b) <b>Lea</b> <b>during</b>	
Yes	No		Rules	/regu	ılati	ons			Yes	No
Ο	Ο	Boat permi	ts are r	equir	ed f	or al	l mot	orized craft	0	0
0	0	Campsites reserv	can be ation s			d thre	ough	national	0	0
0	Ο		pection ed wate		•	ed fo	or mo	torized and	Ο	0
0	Ο	ORV use is design	allowe			ignat	ed a	reas or on	Ο	0
0	0		otation the ag			are r	equir	ed for children	Ο	0
0	O	Pets are al	lowed b	out m	ust	be le	eashe	ed at all times	0	0
0	Ο	State hunti	ng and	fishir	ng re	egula	ations	s apply	Ο	0
								the above rule: ATION LEARN		ions on
0	Did r	not learn abo	out rule:	s/regi	ulati	ons	<b>→</b> G	o to Question	4	
0	Park	newspaper					0	Visitor center	exhibits	
0	Outd	loor/wayside	exhibit	ts			0	Ranger/park	staff	
0	Loca	I business(e	s)				0	Signs		
0	Othe	r (Please sp	ecify) _							
is	a unit d	of the Nation   KNOW2]	•	•	tem <sup>2</sup>			group aware tha mark (●) <b>one.</b>	at Cureca	anti NRA

	<ul> <li>b) Prior to this visit, were you and your person between a National Park and a National Reone. [1. VARIATION KNOW7]</li> </ul>	
	O Yes O No	
4.	<ol> <li>a) On this visit, how many vehicles did you an at the park? Please write 0 if you did not ar</li> </ol>	, , , , , , , , , , , , , , , , , , , ,
	Number of vehicles	
	<ul><li>b) On this visit, how many times did you and y</li><li>[3. TRIPC5]</li><li> Number of entries</li></ul>	our group enter Curecanti NRA?
5.	<ol> <li>How did this visit to Curecanti NRA fit into you one. [2. TPLAN4]</li> </ol>	ır travel plans? Please mark (●)
	O Curecanti NRA was primary destination	า
	O Curecanti NRA was one of several des	tinations
	O Curecanti NRA was not a planned dest	tination
6.	<ol><li>a) On this visit, how long did you and your per Curecanti NRA? (List partial days/hours as</li></ol>	•
	Number of hours if less than 24 hours	s - OR - [3. TRIPC11]
	Number of days if 24 hours or more	
	b) How long did you and your personal group (within a 50 mile radius of Gunnison)? [3. V	
	O Resident of the area → Go to Que	stion 7
	Number of hours if less than 24 ho	ours - OR -
	Number of days if 24 hours or mor	е
	[3. VARIATION TRIPC15] 7. a) On this trip, did you and your personal gro campgrounds? Please mark (●) one [3. \	up camp <b>in any Curecanty NRA</b> VARIATION TRIPC15]
	O Yes	
	O No, day use only → Go to Quest	ion 8
	O No, stayed overnight but did not can Question 8	np inside the park → Go to

[3. VARIATION ACT9]

		ational Recreation Area Visitor S			7
b)	If you camp	and your personal group <b>did no</b> ground, why not? Please mark (	t cam	p in a hat a	any Curecanti NRA apply.
	0	Campgrounds were full	O	Lac	k of desired campsite type
	0	Location not convenient	0	Car	npgrounds lacked facilities
	0	Other (Please specify)			
		l campgrounds lacked desired typ personal group needed that was			
8. W		] ther local and regional attraction rip to Curecanti NRA? Please ma			
0	West	Elk Loop Scenic Byway		0	Crawford State Park
0	Black	Canyon of the Gunnison NP		0	Colorado National Monument
0	Floris	sant Fossil Beds National Monur	ment	0	Telluride
Ο	Grand	d Mesa		Ο	Ute Indian Museum
Ο	Gunn	ison Gorge Wilderness Area		0	Crested Butte
Ο	Ridgw	vay State Park		0	Ouray
0	Silver	Thread Scenic Byway		0	Lake City
Ο	Other	(Please specify)			
9. a)	On th	is trip, please check (●) all visito visited at Curecanti NRA . [3. V	r cente	ers th	nat you and your personal
C		id not visit any visitor centers			•
C	<b>)</b> c	imarron		0	Elk Creek
b)	and c	) What were the reasons for vis Please mark (●) all that apply			
Ć		isited at least one park visitor what were your reasons for	c) If y	ou d	lid not visit any park visitor s, why not?
	0	Obtain information	C	)	Have visited in the past
	0	View exhibits	C	)	Not interested
	0	Use restrooms	C	)	Not enough time
	0	Visit bookstore	C	)	Not aware of visitor centers

8		Curecant	i Nationa	I Recreation	Area Visitor Study
	0	Obtain boat permit	0	Other (Ple	ease specify)
	0	Other (Please specify)			
	•				
	On thi	s visit, which activities did you a Curecanti NRA? Please mark (			
,	your p	were to visit Curecanti NRA in the ersonal group prefer to participan (b). [3. VARIATION ACT22]	ne future, te in? Ple	which activi ease mark (	ties would you and  ) all that apply in
<u>a)</u>	This v	risit			b) Future visits
	0	Attending ranger programs (oth	er than b	oat tour)	0
	0	Motor boating			0
	0	Camping in developed campgro	ounds		0
	Ο	Day hiking			0
	0	Fishing			0
	0	General sightseeing			0
	0	Horseback riding			0
	0	Kayaking/rafting/canoeing			0
	0	Learning/studying geology			0
	0	Nature study (wildlife, birds, wild	dflowers,	etc.)	0
	0	Overnight backpacking			0
	0	Creative arts (photography/pain	ting/draw	ving )	0
	0	Picnicking			0
	Ο	Rock climbing			0
	0	Taking Morrow Point boat tour			0
	Ο	Other (Please specify below)			0
Th [3. AC	nis visit T23]	Futu	ure visits		

	,	ich <b>one</b> of the above activities in column a was most important to you and ir personal group on this visit to Curecanti NRA?
	,	at resources and/or facilities would enhance your participation in this activity? ase explain. [3. VARIATION FVIS8]
11.		s visit to Curecanti NRA , which of the following sites did you and your nal group visit? Please mark (●) <b>all</b> that apply on the map.
(Pla	ce hol	der- park map)
[3. V	/ARIA	TION FIVS24]
		were to visit Curecanti NRA in the future, which of the following ercial services would you like to have available? Please mark (●) all that
	Ο	Not interested in commercial services → Go to Question 13
	Ο	Guided fishing trip
	0	Snack/vending machine
	0	Boat rental
	Ο	Souvenir/gift shop
	Ο	Restaurant/food service
	0	Grocery/camp store
	Ο	Marina facilities
	Ο	Bookstore
	0	Other (Please specify)

Location

### [3. VARIATION ACT24]

- 13. a) If you were to visit Curecanti NRA in the future, would you and your personal group be interested in the following additional activities? Please mark (●) **Yes** or **No** for each activity in column (a).
  - b) For the activity in which you and your group would be interested, where would you prefer that it take place? Please indicate a preference for **inside** or **outside** the park by marking the appropriate choice in column (b). If you are interested in both locations, mark (•) both.

b) Location of activity a) Interested in In the area activity? Inside the									
Yes	No		Activity		park?		park?		
Ο	Ο	Multiple da	y hikes on mu	ıltiple days	Ο		Ο		
0	Ο	Day hiking	, one day		0		0		
Ο	0	Overnight I	oackpacking		Ο		Ο		
0	Ο	Mountain b	oiking		0		0		
0	0	Ranger pro	ograms		0		0		
14.a)P dur	lease inc	Kayaking/o ALSERV19] dicate how satisficitity to Curec.	anoeing afe you and yo anti NRA . Ple	our group f ease mark	O elt in the follo (●) <b>one</b> ans	owing lower for	O ocations each		
Loca		Very unsafe	Somewhat unsafe	Neither safe nor unsafe	Somewhat safe	Very safe	Did not use/visit location		
On ro	oads	0	0	0	0	0	0		
On tr	ails	0	0	0	0	0	0		
In ca	mpsites	0	0	0	0	0	0		
In pa	•	0	0	O	0	0	0		
areas At ov	Ο	Ο	0	Ο					
			ery unsafe" or ain <b>where</b> and				<sup>:</sup> the		

Reason for feeling unsafe

### [6. EVALSERV21]

- 15. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** during this visit to the Curecanti NRA .
  - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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.

	Visitor services and acilities used	b) If used, now important? I=Not important 2=Somewhat important B=Moderately important I=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good		
0	Assistance from park staff				
0	Boat docks				
0	Campsites				
Ο	Curecanti NRA website: www.nps.gov/cure (used before or duri	ng visit)			
Ο	Junior Ranger program				
0	Marina				
0	Park brochure/map				
0	Picnic areas				
0	Ranger-led programs				
0	Restaurant				
0	Sales items in park bookstore (selection, price, etc.)				
Ο	Self-guided tour booklets				
0	Visitor center				
Ο	Visitor center exhibits				
0	Visitor center restrooms				
0	Outdoor exhibits				

61	OF	>N/	IGI	ИТ	۲41

16. It is the National Park Service's responsibility to protect Curecanti NRA's natural, scenic, and cultural resources and the visitor experiences that depend on these. How important is the protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	•	Extremely importan
A healthy fishery	0	0	0	0	0
Clean air (visibility)	0	0	0	0	0
Clean water	0	0	0	Ο	0
Cultural resources (train, archeological sites, etc.)	0	Ο	Ο	Ο	Ο
Dark, starry night sky	0	0	0	0	0
Native plants and animals	0	0	0	0	0
Natural quiet/sounds of nature	0	0	0	Ο	0
Recreational opportunities (boating, hiking, camping, fishing, etc.)	Ο	Ο	0	0	0
Scenic views	0	0	0	0	0
Solitude	0	0	0	Ο	0
17. Overall, how would you and y services, and recreational op Please mark (●) only one. [6]	portunities	at Cureca	ate the qua nti NRA dur	lity of faci	ilities, isit?
Very poor Poor	Avera	age	Good	Very g	good
0 0	0		0	0	
18. Please list one aspect of Cure and friends. Please be specifi					ith family

19.	your	ou were to visit Curecanti NRA in personal group prefer to learn a VIS6]						
	Ο	Not interested in interpretive programs → Go to Question 2						
	Ο	Fire management	Ο	Н	liking, cam	ping, fi	shing skills	
	Ο	Geology	0	А	stronomy			
	Ο	Plants and animals	Ο	F	Fishing			
	0	Other (Please specify)						
	to lea	n types of interpretive programs varn about the park's cultural and v. [3. VARIATION FVIS4]	would natura	you an al histo	nd your per ry? Please	sonal ( mark (	group prefer (●) <b>all</b> that	
	Ο	Audio tour	0	C	Children's a	ctivity		
	Ο	Self-guided booklet tour	Ο	А	uto tour			
	Ο	Ranger-led kayak program	0	В	Boat tour			
	Ο	Ranger-led walk/hike/talk	0	А	mphitheate	er prog	ram	
	Ο	Other (Please specify)						
20.		visit, were you and your persona ed groups? Please mark ( <b>●</b> ) <b>one</b>				ng type	es of	
	a) Com	mercial guided tour group	0	Υe	es	0	No	
	b) Scho	ol/educational group	0	Υe	es	0	No	
	c) Guide	ed fishing group	0	Υe	es	0	No	
	•	r organized group siness/church/scout, etc.)	0	Υe	es	0	No	
		u were with one of these organizeself, were in this organized group	_	•		•	including	
		Number of people in organize	ed gro	up				
21.		nis visit, what kind of personal groniced group) were you with? Plea					her	
	O A	Alone	0	Friend	ds			
	O F	amily	0	Famil	y and frien	ds		

14			Cı	ırecanti Na	tional Re	creation <i>F</i>	Area Visito	or Study
	O Other	(Please spec	ify)					
	b) On this vis		people	were in you	ır persona	al group,	including	
	Num	ber of people	e in pers	onal group				
22.	•	your personations your personation the answer	wer, plea		blank. [1 c) Fred (include) 1=Firs 2=Les	. AGE3] quency of ding this vi st visit ss than 1 tin	f visits to   isit) ne/year	•
	_	a) Current age	nan	ne of count er than U.S	ry 4=Fro	m 1 to11 tin m12 to 51 ti re than 51 ti	imes/year	
	Yourself							
	Member #2				<u> </u>			
	Member #3							
	Member #4				_			
	Member #5				_			
	Member #6							
	Member #7							
23.	For you only, mark (●) one		nighest le	evel of edu	cation you	u have co	mpleted?	Please
	O Some	high school		(	Э Вас	chelor's d	egree	
	O High s	school diplom	a/GED	(	O Gra	aduate de	gree	
	O Some	college						
24.	a) Are you or (●) <b>one</b> fo	members of reach group	your pe member	rsonal grou r. [1. RACE	ıp Hispan /ETH1]	ic or Latir	no? Pleas	e mark
		Yourself	/lember #2	Member #3	Member #4	Member #5	Member #6	Member #7
	Yes, Hispanic or Latino	0	0	0	0	0	0	0
	No, not Hispanic or Latino	Ο	0	0	0	Ο	Ο	0

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

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7	
American Indian or Alaska Native	0	0	Ο	0	0	Ο	0	
Asian	0	0	0	0	0	0	0	
Black or African OOOOOO					0			
Native Hawaiian or other Pacific Islander	0	0	0	0	Ο	0	0	
White	0	Ο	0	0	0	0	0	
25. a) and b) When visiting an area such as the Curecanti NRA, which <b>one</b> language do you and most members of your personal group prefer to use for the following? [1. LANG2]								
a) Speaking O	English	O	Other I	anguage	(Specify)			
b) Reading O	English	0	Other I	anguage	(Specify)			
26. a) Does anyone difficult to ac			•				de it	
O Yes		O N	o <b>→ Go</b> 1	to Questi	on 27			
b) If YES, what	services o	or activitie	s were diff	ficult to ac	cess/part	icipate in	?	
27. If you were a m propose? Pleas					anti NRA	, what wo	ould you	
28. Is there anythin your visit to Cu					uld like to	tell us ab	oout	

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** 

### Fort Union National Monument Visitor Study



OMB Approval 1024-xxxx (NPS #xx-xx)

Expiration date: xx/2010



### **United States Department of the Interior**

### NATIONAL PARK SERVICE

Fort Union National Monument P.O. Box 127 Watrous, NM 87753

IN REPLY REFER TO:

July 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Fort Union National Monument. This information will help us improve our management of this park and better serve you.

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

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

Results of this study will be available to the public in 2011 and will be posted on the web at www.psu.uidaho.edu.

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.

We appreciate your help.

Sincerely,

Marie A. Frias Sauter Superintendent

Marie a Souter

### **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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: (



Not like this: (J)





- 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 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 Fort Union National Monument**

**NOTE**: In this questionnaire "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.

### [2. TPLAN11]

- 1. a) Prior to this visit, how did you and your personal group obtain information about Fort Union National Monument? Please mark (●) all that apply in column (a).
  - b) If you were to visit Fort Union National Monument 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) Pric	or to this visit b) Price	<u>r to future visits</u>
0	Did not obtain information prior to visit - Go to part b or	f this question
Ο	Fort Union National Monument website: www.nps.gov/four	n O
Ο	Other websites	Ο
Ο	Friends/relatives/word of mouth	Ο
0	Genealogy research	0
0	Inquiry to park via phone, mail, or email	0
Ο	Local businesses (hotels, motels, restaurants, etc.)	Ο
0	Maps/brochures	Ο
0	Newspaper/magazine articles	Ο
0	Other National Park Service sites/units	Ο
0	Previous visits	Ο
0	Social media (such as Facebook, Twitter, etc.)	Ο
Ο	State welcome center/visitors bureau/chamber of commer	ce O
0	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	Ο
0	Other (Please specify below)	Ο
Prior to	this visit Prior to future visits	

	c)							our personal groueded? [2. TPLAN1	
		0	No	0	Yes -	Go to C	uestion 2		
	d)	If NO was r	, what type not available	of park info ? Please b	ormation be specif	i did you a fic. <mark>[2. TPL</mark>	nd your pers .AN13]	onal group need	that
		If you	ON TPLAN used the p	ark website	e (http://	www.nps.	gov/foun) did	you find the	
		0	No	0	Yes -	Go to C	uestion 2c		
	b)	If NO not a	, what type vailable on	of informat the park we	ion did y ebsite? F	ou and you Please be	our personal specific. [2. \	group need that w	vas AN13]
	c)	webs	ite? Please	mark (●) c	one. [6. \	/ARIATIO	N EVALŠER	_	
		Very	poor	Poor	Ave	erage	Good	Very good	
3.	to	the F	trip, what w ort Union N mark (●) <b>or</b>	ational Moi	nument a	ison that y area (the a	ou and your area within 5	personal group can be can be can be can be can be care of the par be can be care as the care of the par be care	ame k)?
	C	) F	Resident of	he area 👈	Go to	Question	4		
	C	) \	/isit Fort Un	ion Nationa	al Monur	ment			
	C	) \	/isit other at	tractions in	the are	а			
	C	) \	/isit friends/	relatives in	the area	a			
	C	) E	Business						
	C	) т	raveling thr	ough - unp	lanned	visit			
	C	) (	Other (Pleas	e specify)					

4.	On this visit, what was your <b>primary</b> reason/motivation for visiting Fort Union National Monument? Please mark (●) <b>one</b> . [3. VARIATION TRIPC1]									
	Ο	Visit historic site/learn history								
	0	Saw sign on highway								
	0	Visit a National Park Service site								
	Ο	Visit other attractions in the area								
	Ο	Show the park to friends/relatives								
	Ο	Attend a special event in the park or the area								
	0	Passing through to another	er desti	nation						
	Ο	Obtain stamp in National Park Passport Book								
	Ο	Research genealogy								
	Ο									
	On this	SERV17] s visit, were the signs direct al Monument adequate? Pl		•	•	_	•			
a) :	Signs c	on interstates	0	Yes	0	No	0	Did not use		
b) :	Signs c	on state highways	0	Yes	0	No	0	Did not use		
c) (	City str	eet signs in communities	0	Yes	0	No	0	Did not use		
d)		nswered NO to any of the a								
	State	highway:								
	In loc	al communities:								
6.	, pe	n this trip, did you and your ermanent residence in the onument? [3. TRIPC13]	•		•	_	,	•		
	Ο	Yes O No	<b>→</b> G	o to Que	estion	7				
		ES, please list the number Fort Union National Monur	ment a	rea. [3. T	RIPC1	[3]	nal gro	oup stayed in		
		Number of nights within	n 50 m	iles of th	e nark	?				

c) I	n which he are	ch types of lodging did you an ea within 50 miles of the park)	nd your pe )? Please	rsonal mark (	group spend ●) <b>all</b> that ap	I the night(s) in oply.		
(	C	Lodges, hotels, vacation rent	tals, B&B,	etc.				
(	C	RV/trailer camping						
(	O Tent camping in developed campground							
(	С	Backcountry camping						
(	С	Personal seasonal residence	)					
(	С	Residence of friends or relati	ves					
[3 7. Wh		Other (Please specify) PC29] her local and regional attraction or Fort Union National Monum	ons did yo	ou and	your persona			
0 1	None v	visited on this trip -> Go to 0	Question	8				
0 (	Capuli	n Volcano National Monumer	nt	0	Cimarron, N	IM		
O Bent's Old Fort NHS, Colorado O Pecos NHP, NM					, NM			
O Storrie Lake State Park, NM O Raton, NM								
О Е	Encha	nted Circle Scenic Byway		Ο	Mora, NM			
Οι	Jnited	World College, Montezuma,	NM	Ο	Las Vegas,	NM		
Ο ι	₋as Ve	egas Nat'l Wildlife Refuge		0	Santa Fe Tı	rail in New Mexico		
0 (	Other	(Please specify)						
and	d your	visit to Fort Union National M personal group spend visiting lumber of hours (Please list p	g the park	? [3. TI	RIPC11]	n <b>total</b> did you		
Ŋ	Please Monur Very unsaf		IATION E' ther	VALSE Some	RV19] what	National Very safe		
	0	O (	)	(	)	0		
ŗ	olease	marked that you felt "very uns explain <b>where</b> and <b>why</b> . [6. Why:	EVALSEF	RV20]	nat unsafe" ir	•		

8 [3. ACT22]

- 10. a) On this visit, which activities did you and your personal group participate in within Fort Union National Monument? Please mark (●) all that apply in column (a).
  - b) If you were to visit Fort Union National Monument in the future, which activities would you and your personal group prefer to participate in? Please mark (●) all that apply in column (b). [3. VARIATION ACT22]

<u>a) <b>Th</b>i</u>	s visit			b) Future visits
Ο	Attending a special ev	ent ent		Ο
Ο	Attending living history	y demonstrations		Ο
0	Creative arts (photogr	aphy/painting/drawing	)	Ο
0	Nature study (wildlife,	birds, wildflowers, etc.	.)	Ο
0	Participating in Junior	Ranger program		Ο
0	Picnicking			Ο
0	Researching genealog	gy/family history		Ο
0	Shopping at park bool	kstore		Ο
0	Taking ranger-led tou	r of fort		Ο
Ο	Taking self-guided tou	ır of fort		Ο
Ο	Viewing indoor exhibit	'S		Ο
Ο	Viewing outdoor exhib	oits		Ο
Ο	Viewing park video			Ο
Ο	Other (Please specify	below)		Ο
c) Wh	risit		s most imp	
	uld you and members o tional Monument again i			siting Fort Union
0	Yes, likely C	No, unlikely	0	Not sure
,	at would bring you and nument again in the futu		ack to visit	Fort Union National

Ī	2	ΕV	/Δ	7	Н	B١	121	П	٠
Г'	v.	_ \	$^{\prime}$	$ \circ$		۱ <b>۱</b> ۱	/ _	ш	

- 12. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** during this visit to the Fort Union National Monument.
  - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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.

<ul><li>a) Visitor services and facilities used</li><li>Mark (●)</li></ul>				b) If used, how importan 1=Not importan 2=Somewhat in 3=Moderately in 4=Very importan 5=Extremely im	nt nportant mportant int	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good	
	)	Park brochu	ure/map				
(	)		s (e.g. <i>Sites</i> o	& Structure	S,	_	
C	)	Visitor cente	er				
(	)		in park book , price, etc.)	store		_	
(	)	Visitor cente	er restrooms				
(	)	Assistance	from park sta	ıff			
(	)	Ranger-led	programs				
(	)	Junior Rang	ger program			<u> </u>	
(	)	Picnic areas	5				
(	)	Interpretive	trails				
(	)	Interpretive	trail exhibits				
(	)	Visitor cente	er exhibits				
13.	serv	rices, and red	uld you and y creational opp mark (●) <b>on</b>	oortunities a	al group rate that Fort Union N SERV1]	ne quality o ational Mo	of facilities, onument during
	Ve	ery poor	Poor	Averag	je Goo	d \	ery good/
		0	Ο	Ο	0		Ο

14.	It is the National Park Service's responsibility to protect Fort Union National
	Monument's natural, scenic, and cultural resources and the visitor experiences that
	depend on these. How important is protection of the following to you and your
	personal group? Please mark (•) one answer for each attribute/resource/experience

person	iai group? Please mark (	•				•
Attribute/	resource/experience	Not important	important	Moderately important	Very important	Extremely important
Archeologi	ical sites	0	0	0	0	0
Clean wate	er	0	0	Ο	0	0
Clean air (	visibility)	0	0	0	0	0
Dark, starr	ry night sky	0	0	0	0	O
Education	al opportunities	0	0	0	0	0
Historic str	ructures	0	0	0	0	0
Native anii	mals (including birds)	0	0	0	0	O
Native plan	nts	0	0	0	0	0
Natural qu	iet/sounds of nature	0	0	0	0	0
Scenic vie	ws without development	0	0	0	0	0
Solitude		0	0	0	0	0
Santa Fe	Trail ruts	0	0	0	0	0
your pe	were to visit Fort Union Nersonal group prefer to le Please mark (●) <b>all</b> that	earn about	cultural and			
0	Not interested in learning	ng about th	e park 👈	Go to Que	estion 16	
0	Indoor exhibits		0	Outdo	or exhibits	3
0	Park website: www.nps	.gov/foun	0	Self-g	uided tour	·s
Ο	As a volunteer in the pa	ark	0	Speci	al events	
0	Ranger-led interpretive	programs	0	Childr	en's activi	ties
0	O Living history demonstrations/costumed interpretive programs					
0	O Electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs/tours, etc.)					
0	Audiovisual programs (	DVD, video	o, or audio)			
0	Printed materials (brock	hures, bool	ks, maps, e	tc.)		
0	Other (Please specify)					

- 16. a) During this visit to Fort Union National Monument, did you and your personal group learn (or learn more) about the following topics? Please mark (●) one answer for each topic in column a. [3. VARIATION LEARN1]
  - b) If you were to visit Fort Union National Monument in the future, would you and your personal group be interested in learning about these topics on a future visit? Please mark (●) one answer for each topic in column b.

	a) Learned	this visit?	b) Learn on future visit?		
Торіс	Yes	No	Yes	No	
Santa Fe Trail	0	0	0	0	
New Mexico Volunteers	0	0	0	0	
Civil War in the New Mexico Territory	Ο	0	0	0	
U.S. military history	Ο	0	0	0	
Native American history	Ο	0	0	0	
New Mexico history	Ο	0	0	0	
Westward expansion	0	0	0	0	
Function of Fort Union as a military outpost	Ο	Ο	0	0	
Native wildlife	Ο	0	0	0	
How the National Park Service fulfills mission to preserve resources and provide opportunities for visitor enjoyment	Ο	Ο	0	Ο	
Other (Please specify below)	Ο	0	0	0	
This visit	Future v	risit			

17. If you were a manager planning for the future of Fort Union National Monument, what would you propose? Please be specific. [6. OPNMGMT7]

18. a) In <b>column a</b> , please mark (●) all the services that you and your personal group used that were specifically related to this park visit in the nearby communities of Las Vegas, Mora, Cimarron and Raton. [3. TRIPC21]							
<ul> <li>O Did not use any services on this visit → Go to part c of this question</li> <li>b) In which communities did you obtain these support services? Please mark (●)</li> </ul>							
all that apply in column b. [3. TRIPC21] b) Community (●)							
a) (	Used on this visit (●)	Las Vegas	Mora	Cimarron	Raton		
0	Bought gasoline	0	0	0	Ο		
0	Ate meals in restaurants	0	0	0	Ο		
0	Bought groceries	0	0	0	Ο		
0	Stayed overnight in a motel/hotel/B&B	Ο	Ο	0	Ο		
0	Stayed overnight in a campground/RV park	Ο	0	Ο	Ο		
0	Shopped	0	0	0	Ο		
0	Obtained information about Fort Union National Monument	Ο	Ο	Ο	0		
0	Obtained other travel/tourist information	0	0	0	Ο		
0	Visited other nature/historic/ museum sites	0	0	0	0		
0	Other (Please specify)	Ο	Ο	Ο	Ο		
c) Do you have any comments about community services? [3. TRIPC22]							
Service (List) Community		(Name)	Comment (Please be specific)				

- 19. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Fort Union National Monument and the surrounding area (within 50 miles of the park). Please write "0" if no money was spent in a particular category. [3. TRIPC26]
  - a) Please list your group's total expenditures inside the park.
  - b) Please list your group's total expenditures in the **surrounding area** outside the park (within 50 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Fort Union National Monument.

	EXPENDITURES				
	a) Ins	ide park	b) Outs	side park	
Lodges, hotels, motels, cabins, B&B, etc.		n/a	\$		
Camping fees and charges		n/a	\$		
Guide fees and charges		n/a	\$		
Restaurants and bars		n/a	\$		
Groceries and takeout food		n/a	\$		
Gas and oil (auto, RV, boat, etc.)		n/a	\$	\$	
Other transportation expenses (rental cars, taxis, auto repairs, but NOT a		n/a	\$		
Admission, recreation, entertainment fees	\$		\$		
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$		\$		
Donations	\$		\$		
c) How many people do the above exper	nses co	over? [3. TF	RIPC27]		
Adults (18 years or over)  Please write "0" if no children were			•	,	
20. On this visit, were you and your personal organized groups? Please mark (●) <b>one</b> to	group or eac	with the fol h. [1. GR6]	lowing typ :	es of	
a) Commercial guided tour group	Ο	Yes	O	No	
b) School/educational group	Ο	Yes	0	No	
c) Other organized group (business, church, scout, etc.)	0	Yes	0	No	
d) If you were with one of these organized	d group	s, how ma	ny people	, includina	

yourself, were in this organized group? [1. VARIATION GR3]

14			Fort Un	ion National Monument	t Visitor Study		
	N	umber of peop	ole in organized g	roup	,		
21.		a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) one. [1. GR5]					
	O Alone		0	Friends			
	O Family	y	Ο	Family and friends			
	O Other	(Please speci	ify)				
	b) On this vis	sit, how many	people were in yo	our personal group, incl	uding yourself?		
	Nu	ımber of peop	le in personal gro	up [1. GR3]			
	,		-	and your personal group ive by vehicle. [1. GR4]			
	Nu	ımber of vehic	cles				
	d) On this visit, how many times did you and your group enter Fort Union National Monument? [3. TRIPC5]						
	Number of entries on this visit						
22.	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. GR2]						
	O Yes	6	O No <b>→ Go</b>	to Question 23			
	b) If YES, what services or activities were difficult to access/participate in?						
	c) Please exp	plain the diffic	ulty: [1. GR2]				
23.	<ol> <li>For you and your personal group on this visit, please provide the following. If you do not know the answer, please leave it blank. [1. AGE3]</li> <li>c &amp; d) Number of visits to</li> </ol>						
			b) U.S. ZIP code				
		a) Current	name of counti	ry (including thi	•		
		age	other than U.S	. past 5 years	lifetime		
	Yourself	<del></del>			<del></del>		
	Member #2						
	Member #3			_			
	Member #4						
	Member #5						
	Member #6						

	<sup>'</sup> each	n group r	nembers of nember. [1	. RACE/	ETH1]			·	
		_	Yourself	lember #2	Member #3	Member #4	Member #5	Member #6	Member #7
Y	es, His Latino	panic or	0	0	Ο	0	0	0	0
Ν	lo, not l or Lati	Hispanic no	Ο	0	Ο	0	0	0	0
			race? Wha (●) one or Yourself	more fo	or you an	d each gro		er. [1. RA	group? CE/ETH4] Member #7
_	rican In ska Nat	idian or ive	0	0	Ο	Ο	Ο	Ο	0
Asia	n		0	0	Ο	0	0	0	0
	k or Afr erican	ican	0	0	0	Ο	0	0	0
		aiian or ic Islande	er O	0	0	0	0	Ο	0
Whit	е		0	Ο	0	Ο	0	0	0
	-	u only, w ●) <b>one.</b> [	hat is the h	nighest le	evel of ed	ucation yo	ou have co	mpleted?	Please
	O Some high school			O Bachelor's degree					
	O High school diploma/GED				O Graduate degree				
	0	Some co	llege						
26.	lang	uage do							which <b>one</b> use for the
a) Speaking O		English	0	Othe	· language	e (Specify)	)		
b) Reading O		English	0	Othe	· language	e (Specify)	)		
			g else you t Union Na					o tell us a	bout

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**

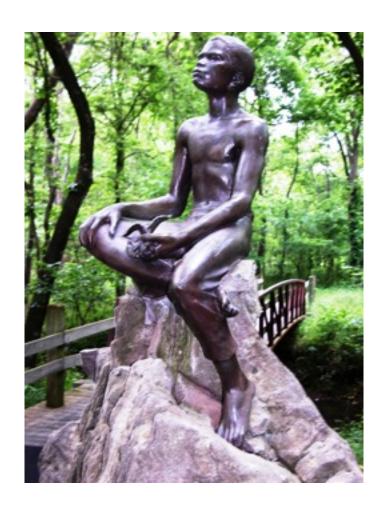
Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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

**Visitor Services Project** 

### George Washington Carver National Monument Visitor Study



OMB Approval 1024-XXX (NPS# 10-XXX)

Expiration date: XXX-2010



### **United States Department of the Interior**

NATIONAL PARK SERVICE George Washington Carver National Monument 5646 Carver Road Diamond, MO 64840-8314

June 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 George Washington Carver National Monument. This information will assist us in our efforts to better manage this park and to serve you.

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 after your visit to complete.

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 Coordinator, 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.

We appreciate your help.

Sincerely,

James R. Heaney

James Heaney Superintendent

This visitor study is partially funded by Recreation Fee Program funding.

### **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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this:







- 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 George Washington Carver National Monument**

NOTE: In this questionnaire "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.

### [2. TPLAN11]

- a) Prior to this visit, how did you and your personal group obtain information about George Washington Carver National Monument (NM)? Please mark (●) all that apply in column (a).
  - b) If you were to visit George Washington Carver NM 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) <b>P</b>	rior to this visit b) Figure 1. Please mark (•) all that apply in column (b).	Prior to future visits
0	Did not obtain information prior to visit → Go to part b o	
0	Chamber of commerce/visitors bureau/state welcome cer	nter O
О	Friends/relatives/word of mouth	0
0	George Washington Carver NM website: www.nps.gov/gv	vca O
0	Carver Birthplace Association including its website www.carversfriends.org	Ο
Ο	Other websites	Ο
Ο	Inquiry to park via phone, mail, or email	Ο
Ο	Local businesses (hotels, motels, restaurants, etc.)	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Other National Park Service sites/units	Ο
Ο	Previous visits	Ο
Ο	Social media (such as Facebook, Twitter, etc.)	Ο
Ο	Television/radio programs/videos/DVDs	Ο
Ο	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Other (Please specify below)	Ο
	visitFuture visit	
-	PLAN12] From the sources marked in column (a), did you and your preceive the type of information about the park that you need	<b>O</b> .
	O No O Yes → Go to Question 2	

12. 11 6/11/10
----------------

0

Yes

.—-	d) If NO, what type of park information did you and your personal group need that was not available? Please be specific.								
<ol> <li>a) Prior to this visit to George Washington Carver NM, were you and your personal group aware of the following tourist attractions? Please mark (●) all that apply in column (a). [1. VARIATION KNOW6]</li> </ol>									
	<ul> <li>b) Which of the following sites did you and your personal group visit on this trip to George Washington Carver NM? Please mark (●) all that apply in column (b).</li> <li>[2. VARIATION TRIPC28]</li> </ul>								
	a) Aware of site prior to this visit? b) Visited on the								
	0	Battle of Carthage Civil War Museum in Carthage, MO	0						
	0	Joplin Museum Complex in Joplin, MO	0						
	0	Neosho National Fish Hatchery in Neosho, MO	0						
	0	Precious Moments in Carthage, MO	0						
	0	Wildcat Glades Conservation & Audubon Center in Joplin, MO	0						
	0	Wilson's Creek National Battlefield in Republic, MO	0						
	0	Other (Please specify)							
3.	came	is trip, what was the <b>primary</b> reason that you and your personal gr to the George Washington Carver NM <b>area</b> (within 30 miles of the e mark (●) <b>one</b> .	oup park)?						
	0	Resident of the area → Go to Question 4							
	0	Visit George Washington Carver NM							
	0	Visit other attractions in the area							
	0	Traveling through - unplanned visit							
	0	Visit friends/relatives in the area							
	0	Business							
[1. 4.	a) Pri Birt	Other (Please specify) TION PART2 or to your visit, were you and your personal group aware of the "Cathplace Association," a non-profit group providing support for activity orge Washington Carver NM?							

0

Not sure

No

6			George V	Vashir	ngton Ca	arver Na	tional N	/lonumer	nt Visitor Study
[1.	b) Would		nyone in yo						eiving Association?
	Yours	elf: C	Yes	0	No	(	A C	Iready a	member
	Group	): C	<b>)</b> Yes	0	No	(	А С	lready a	member
5.	5. On this visit, were the signs directing you and your personal group to George Washington Carver NM and inside the park adequate? Please mark (●) one answer for each. [6. EVALSERV17]								
a) lı	nterstate	signs		0	Yes	. 0	No	0	Did not use
b) S	State high	way sign:	S	0	Yes	0	No	Ο	Did not use
c) F	Road sign	s in local	communitie	s O	Yes	. O	No	0	Did not use
d) S	Signs with	in the pa	rk	0	Yes	. 0	No	0	Did not use
e) I	e) If you answered NO for any of the above, please explain. [6. EVALSERV18]  Interstate  State highway								
	State hig	ghway							
	In local of	communit	ies						
	Within th	ne park							
6.	6. a) After this visit, do you feel that you are able to make a personal connection to George Washington Carver (i.e. do his life and legacy have a relevant connection to your life today)? [4. VARIATION PA1]								
	0	Yes		Ο	No →	Go to	Questic	on 7	
	has re		to your life to						Carver's life
7.	commen Washing	norate Afi Iton Carv	nan 20 sites rican Americ er National I American? [	an He Monur	eritage. \ nent wa	Were yos the fire	u aware st nation	e that Ge	
	Ο	Yes		Ο	No				

8.	a)	perma		<b>e</b> in th	e area around	l Ge	stay overnight <b>away from your</b> orge Washington Carver NM TRIPC13]			
		Ο	Yes	Ο	No <b>→ Go to</b>	Que	estion 9			
	b)						nd your personal group stayed con Carver NM. [3. TRIPC14]			
			_ Number of ni	ghts in	the <b>surround</b>	ling	area			
	c)		ch types of lodo e mark (●) <b>all</b> ti				rsonal group spend the night(s)?			
		Ο	Lodges, hotels	s, vaca	tion rentals, B	&B,	etc.			
		0	RV/trailer cam	ping						
		0	Tent camping	in deve	eloped campg	roun	nd			
O Seasonal residence										
		0	Residence of f	friends	or relatives					
		0	Other (Please	specif	y)					
8.	a)		his visit to Geo o visit the park o				NM, did you and your personal  3. TRIPC12]			
		0	Yes <b>↓</b>		(	C	No J			
	b)		•	•	ays did you visit		) If NO, how many hours did you visit George Washington Carver			
			_ Number of d	ays			NM?			
			Please list partial days/hours as 1/4, 1/2, or 3/4.							
	d)	On this visit to George Washington Carver NM, how many times did you and your group enter the park? [3. TRIPC5]								
[3.		On thi	Number of er DN TRIPC11] is trip, how mar the visitor cent	ny hour	rs in <b>total</b> did y tching film, vie	you a	and your personal group spend g exhibits, etc.)?			
			_ Total number	of hou	ırs (Please list	part	tial hours as 1/4, 1/2, or 3/4.)			

10.	<ol> <li>a) On this visit, which activities did you and your personal group participate in within George Washington Carver NM? Please mark (●) all that apply in column (a). [3. ACT22]</li> </ol>								
	b) If you were to visit George Washington Carver NM in the future, which activities would you and your personal group prefer to participate in? Please mark (●) all that apply in column (b). [3. VARIATION ACT22]								
	a) Act	ivities on this visit b) Activities	on future visit						
	Ο	Viewing visitor center museum exhibits	0						
	0	Watching film at visitor center	0						
	0	Taking guided tour of the Carver Trail	0						
	0	Walking the Carver Trail, self-guided	0						
	Ο	Walking the contemplative trail loop	Ο						
	0	Attending ranger-led talk	0						
	0	Attending living history demonstration	0						
	0	Attending science lab demonstration	0						
	0	Creative arts (photography, sketching, painting)	0						
	0	Enjoying solitude/quiet	0						
	0	Nature study (wildlife, birds, wildflowers, etc.)	0						
	n/a	Video-conferencing or distance learning with the park from offsite locations	0						
	0	Shopping at park bookstore/gift shop	0						
	0	Picnicking	0						
	0	Other (Please specify below)	0						
	is visit:	Future visit:							
-	<ul><li>[3. ACT23]</li><li>c) Which one of the above activities in column (a) was most important to you and your personal group on this visit to George Washington Carver NM?</li></ul>								
-	<ul><li>[3. ACT25 VARIATION]</li><li>11. a) On this visit, was there anything that you and your personal group wanted to do or see in George Washington Carver NM, but were not able to?</li></ul>								
	0	Yes O No → Go to Question 12	<u> </u>						

	nge vv	asılıngıdır Garver Mational Mont	ATTIOTIC V	VISITOI C	luuy						
[3. /	CT26 b) If Y	] ES, what was it?									
	and yo	were to visit George Washington our personal group prefer to lear rk? Please mark (•) <b>all</b> that app	n abou	t the cu	the fut Itural ar	ure, how nd natura	would al history	you y of			
	Ο	Not interested in learning about	ut the p	ark →	Go to	Questio	n 13				
	Ο	Indoor exhibits		0	O	Outdoor exhibits					
	Ο	Park website: www.nps.gov/gv	vca	0	O Self-guide			ed tours			
	Ο	As a volunteer in the park		0	Sp	oecial ev	ents				
	Ο	O Ranger-led interpretive programs									
	0	Electronic media/devices avail cell phone tours, podcasts, in			`		•				
	O Environmental education trail										
	O Audiovisual programs (DVD, video, or audio)										
O Printed materials (brochures, books, maps, etc.)											
O Other (Please specify)											
<ol> <li>a) Please mark (●) all the types of indoor exhibits in column (a) that you and your personal group viewed/used during this visit at George Washington Carver NM. [3. VARIATION ACT13]</li> </ol>							d				
	Next, for only those exhibits that you and your personal group <b>viewed/used</b> during this visit, please provide <b>one</b> response to each of the following questions:  [3. VARIATION ACT14]  b) Was the exhibit lighting and/or audio adequate for viewing and use?										
	c) Was	s the exhibit easy to understand	?								
	d) Wa	as the exhibit easy to use?									
a) <sup>-</sup>	Type o	of exhibit viewed/used	b) Lig adeq Yes	nting uate? No	c) Eas unders Yes	sy to stand? No	d) Eas use Yes				
C	<b>)</b> Did	d not view/use any exhibits → (	So to C	uestio	n 13						
C	•	atic exhibits (exhibits that are read)	0	Ο	0	0	0	0			
C	) Int	eractive exhibits	Ο	Ο	0	0	0	Ο			
C	) Ele	ectronic devices/exhibits	Ο	0	0	0	0	0			
C	) Fili	ms in the theatre	0	0	0	Ο	0	0			
C	) Otl	her:	0	0	0	0	0	0			
							l				

10					Washin	gton (	Carver Natio	nal Monu	ment Visitor	Study
[2.			ON TPLAN e provide a	-	stions to	o help	improve the	exhibits:		
14.	a)	Please		<b>all</b> the se	rvices t	hat yo	a wide range ou were awa			
	b)		e mark (●) n (b) <mark>[3</mark> . '			-	ou became a			
<u>a) <i>I</i></u>	١wa	are pri	or to visit					k	o) <b>Became</b> a of during	
0		Annua	al special e	vents (e.c	. Carver	Day iı	n July, Prairie	Day in Se	eptember)	0
0			rch library	, ,		,	• ,	,	,	0
0		Educa	ational prog	grams (fie	d trips t	to the	park)			0
0		Georg	je Washinç	ton Carve	er NM 'T	Гeach	er Packets' a	and curric	culum	0
Ο		Gift sh	nop/bookst	ore						0
0		Guide	d tours of t	he Carve	r Trail ( <i>'</i>	10 a.n	n. & 2 p.m. d	aily)		0
Ο		Junior	Ranger pr	ogram						0
Ο		Park p	oublications	s available	e in Brai	ille				0
Ο		Park p	oublications	s available	e in Spa	ınish				0
Ο		Park "	Quarterly (	Calendar	of Activi	ities"				Ο
Ο		Georg	je Washing	ton Carve	er NM w	ebsite/	e: www.nps.	gov/gwca		0
Ο		Trail g	juide (self-	guided bo	oklet)					0
Ο		Trave	ling trunk lo	oan progr	am					0
Ο		Video	loan librar	y (Carver	videos, A	African	American he	ritage vide	eos)	0
0		Volun	teer-In-Par	k opportu	nities					0
15.	a)	shade acces	ed areas a ss, phone a	long the taccess, re	rail, picr creation	nicking nal op	uch as indoc g, snacks, dr portunities, e RIATION TRI	inking wa etc.) your	iter, internet	
		Ο	Yes	0	No →	Go t	o Question	15		

´ t	George Washington Ca opics related to the life Please mark (●) <b>all</b> the	and acco	mplishm	ents of Geo	rge Was	shington Ca	arver.			
0	Did not learn about ar	ny topics o	n this vi	sit 🗕 Go to	part c	of this qu	estion			
	<ul> <li>b) Please indicate how much your level of understanding of each topic improved during your visit. Please mark (●) one answer for each topic. [3. LEARN1]</li> </ul>									
<ul> <li>c) Next, mark (●) the topics you would be interested in learning more about on a future visit. [3. LEARN1]</li> </ul>										
	a) Learned on b) Level of understanding improved? c) Learn more on future visit?									
		Not at all	A little	Somewhat	A lot	Yes	No			
0	Carver's childhood	0	0	Ο	0	0	0			
0	Carver's educational pursuits	0	0	Ο	0	0	0			
0	Carver's life's work	0	0	0	0	0	0			
0	Carver's view of God and science	Ο	Ο	0	Ο	0	0			
0	Carver's artistic expressions	0	0	Ο	0	0	0			
0	Carver's humanitarian work	0	0	0	0	0	0			
0	Carver's work on race relations	0	0	Ο	0	0	0			
d) Please list any additional topics you and your personal group are interested in learning about George Washington Carver. [3. LEARN2]										

- 17. For you and your personal group, please estimate all expenditures for the items listed below for this visit to George Washington Carver NM and the surrounding area (within 30 miles of the park). Please write "0" if no money was spent in a particular category. [3. TRIPC26]
  - a) Please list your group's total expenditures inside George Washington Carver NM.
  - b) Please list your group's total expenditures in the **surrounding area** outside the park (within 30 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to George Washington Carver NM.

			EXPEN	IDITURES
			a) Inside park	b) Outside park
Lodg	es, hotels, motels, cabins, B&B, etc		N/A	\$
Cam	ping fees and charges		N/A	\$
Guid	e fees and charges		N/A	\$
Resta	aurants and bars		N/A	\$
Groc	eries and takeout food		N/A	\$
Gas	and oil (auto, RV, boat, etc.)		N/A	\$
(rer	r transportation expenses ntal cars, taxis, auto repairs, but T airfare)		N/A	\$
Admi	ssion, recreation, entertainment fee	S	\$	\$
	her purchases (souvenirs, film, book orting goods, clothing, etc.)	ks,	\$	\$
Dona	ations		\$	\$
c)	How many people do the above ex	pen	ses cover?	
	Adults (18 years or over) Please write 0 if no children		<u> </u>	` '
	r you only, what is the highest level ark (●) <b>one.</b> [1. ED1]	of e	ducation you hav	e completed? Please
Ο	Some high school	Ο	Graduate degr	ee
0	High school diploma/GED	O	Bachelor's de	gree
0	Some college			

19.	<ol> <li>On this visit, were you and your personal group part of the following types of organized groups? ? Please mark (●) one. [1. GR6]</li> </ol>										
	a)	Comm	nercial guided tour gro	oup	Ο	Yes	Ο	No			
	b)	Schoo	ol/educational group		0	Yes	0	No			
	c)	Other	(scouts, work, church	Ο	Yes	Ο	No				
	d) If you were with one of these organized groups, how many people, including yourself, were in this organized group? [1. VARIATION GR3]										
	Number of people in organized group										
20.	a)		•	•	oup (not guided tour/school/other ease mark (●) <b>one.</b> [1. GR5]						
	0	Al	lone		Ο	Friends					
	0	) Fa	amily		Ο	Family ar	nd friend	ls			
	O Other (Please specify)										
	b) On this visit, how many people were in your personal group, including yourself? [1. GR3]										
			_ Number of people i	in personal	group						
	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 arrive by vehicle. [1. GR4]:										
	Number of vehicles										
21.	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. GR2]										
		Ο	Yes	0 1	lo <b>→ Go</b>	on to Que	estion 2	21			
	b) If YES, what services or activities were difficult to access/participate in?										
	c) Because of the physical condition, what specific difficulties did the person(s) have? Please mark (●) all that apply.										
	O Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)										
	O Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)										
	O Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)										
		O Other (Please specify)									

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]

		b) U.S. ZIP code or name of country	c & d) Number of visits to George Washington Carver NM (including this visit)			
<u>-</u>	a) Current age	other than U.S.		Last 12 months		
Yourself						
Member #2						
Member #3						
Member #4						
Member #5						
Member #6						
Member #7						

23. a) Are you or members of your 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	0	0	0	0	Ο	0	0
No, not Hispanic or Latino	Ο	0	0	0	Ο	Ο	0

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

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	Ο	Ο	Ο	Ο	Ο	Ο	Ο
Asian	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0
Native Hawaiian or other Pacific Islander	Ο	0	0	Ο	Ο	0	0
White	0	0	0	0	0	0	0

Printed on recycled paper

24.	a)	Which category be mark (●) one. [1.		sents your annual <b>h</b> o	ouseholo	income? Please
(	C	Less than \$24,99	9 <b>O</b>	\$50,000-\$74,999	Ο	\$150,000-\$199,999
(	C	\$25,000-\$34,999	Ο	\$75,000-\$99,999	0	\$200,000 or more
( [1. '		\$35,000-\$49,999 RIATION GR3] How many people		\$100,000-\$149,999 ur household?	O N	Do not wish to answer
25.		What did you and y Washington Carve		onal group like <b>mos</b> EVALSERV25]	t about y	our visit to George
	į					
		What did you and Washington Carve		onal group like <b>leas</b> EVALSERV24]	<b>t</b> about y	our visit to George
	•					
26.				g for the future of G onal group propose?		ashington Carver NM IMGMT7]
•						
•						
27.		, ,	•	your personal group on Carver NM? <mark>[6. C</mark>		
•						
•						
28.	rec	creational opportun	ities prov	e quality of the facili ided to you and you this visit? Please m	r persona	rices, and al group at George o <b>ne</b> . [6. EVALSERV1]
		Very poor	Poor	Average	Good	Very good
		0	0	0	0	0
		you for your help! op it in any U.S. ma		eal the questionnair	_	e stickers provided

# **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** 

## Kalaupapa National Historical Park Visitor Study



OMB Approval XXXX-XXXX (NPS# XX-XXXX)

Expiration date: XX/XX/XXXX



## **United States Department of the Interior**

NATIONAL PARK SERVICE Kalaupapa National Historical Park POB 2222 Kalaupapa, Hawai'i 96742

Month Day, 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 Kalaupapa National Historical Park. This information will assist us in our efforts to better manage this park and to serve you.

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 after your visit to complete.

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 Coordinator, 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.

We appreciate your help.

Steple Robys

Sincerely,

Stephen Propko Superintendent

Kalaupapa National Historical 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

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 Kalaupapa National Historical Park**

NOTE: In this questionnaire "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.

- a) Prior to your visit, how did you and your personal group obtain information about Kalaupapa National Historical Park (NHP)? Please mark (●) all that apply in column (a). 2. TPLAN11]
  - b) If you were to visit Kalaupapa NHP 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).

<u>a) <b>Prio</b></u>	r to this visit	o) Prior to future visits
0	Did not obtain information prior to visit → Go to pa	ert b of this question
0	Chamber of commerce/visitors bureau/state welcom	ne center O
0	Inquiry to park via phone, mail, or email	Ο
0	Friends/relatives/word of mouth	Ο
0	Information from another park	Ο
0	Kalaupapa NHP website: www.nps.gov/kala	Ο
0	Other websites	Ο
0	Local businesses (hotels/motels/restaurants, etc.)	Ο
0	Maps/brochures	Ο
0	Newspaper/magazine articles	Ο
0	Previous visits	Ο
Ο	School class/program	Ο
0	Social media (such as Facebook, Twitter, etc.)	Ο
0	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Other (Please specify below)	Ο
This	visit Future visit	

[2.	c) Fro	TION TPLAN on the sources type of inform	s marked in		. ,	•	nd your personal group receive ded?
	Ο	No	0	∕es →	Go to	Questio	n 2
		IO, what type s not available					our personal group need that 3]
[1. 2.	Prior t	TION KNOW1 to this visit, we anaged by the	ere you and			•	ware that Kalaupapa NHP is ealth?
	0	Yes	0	No		0	Not sure
3.	On thi Kalau	is trip, what w papa NHP? P	as the <b>prin</b> lease mark	nary rea (●) all	ason tha that ap	at you an ply. <mark>[3. \</mark>	nd your personal group visited (ARIATION TRIPC1]
	Ο	Learn about	the genera	l history	of the	Kalaupa	pa Peninsula
	Ο	Learn about	the patient	comm	unity of	Kalaupa <sub>l</sub>	oa
	Ο	Learn about	Hansen's [	Disease	(lepros	sy)	
	Ο	Learn about Saint Damien (Joseph De Veuster)					
	Ο	Learn about	Mother Ma	rianne			
	Ο	Learn about	Native Hav	vaiian h	istory		
	O Learn about Kalaupapa's natural features (such as wildlife, plants, geology and marine resources)						
	0	Visit a patien	t resident				
	0	Visit for a sp	ritual or rel	igious p	oilgrima	ge	
	0	Visit a graves	site				
	0	Other (Pleas	e specify) _				
4.		w did this visit ase mark (●)			P fit into	your pe	ersonal group's travel plans?
	Ο	Kalaupapa N	IHP was th	e prima	ıry desti	nation	
	0	Kalaupapa N	HP was or	ne of se	veral de	estinatior	ns
	Ο	Kalaupapa N	IHP was no	t a plar	nned de	stination	

		his visit, how many vehicles did you and your personal group use to arrive side" of the park? Please write 0 if you did arrive by vehicle. [1. VARIATION]
		Number of vehicles
5.	On this to the is	trip, what was the <b>primary</b> reason that you and your personal group came sland of Moloka`i? Please mark (●) <b>only one</b> . [3. TRIPC1]
	О і	Resident of Moloka`i → Go to Question 6
	Ο '	Visit Kalaupapa NHP
	Ο ,	Visit other attractions on Moloka`i
	Ο ,	Visit friends/relatives on Moloka`i
	0	Traveling through - unplanned visit
	О 1	Business
[3. 6.	VARIAT a) On the	Other (Please specify)  ION TRIPC13] his trip, did you and your personal group stay overnight away from your nanent residence at Kalaupapa NHP or on Moloka`i?
	Ο	Yes O No → Go to Question 7
		S, please list the number of nights you and your personal group stayed at upapa NHP or on Moloka`i. [3. TRIPC14]
		Number of nights at Kalaupapa NHP
[3	TRIPC1	Number of nights on topside Moloka`i
ĮO.	c) If YES	S, in which types of lodging did you and your personal group spend the (s) at Kalaupapa NHP or on Moloka`i? Please mark (●) all that apply.
	Ο	Lodges, hotels, motels, cabins, B&B, etc. on Moloka`i
	Ο	Tent camping in developed campground on Moloka`i
	0	Personal seasonal residence on Moloka`i
	0	Residence of friends or relatives on Moloka`i
	0	Residence of friends or relatives at Kalaupapa NHP
	0	Visitor Quarters at Kalaupapa NHP
	0	Other (Please specify)

-	a) Did y	you an	RIPC19] d your person dging, grocer		•		, ,		
	0	No		0	Yes	→ Go	to Questio	n 8	
	b) If NC	), what	needed serv	ices we	re no	t available	e? [3. TRIP	C20]	
		Service	(List)		(	Comment	s (Please b	e specific)	
8.	the <b>nig</b>	ht afte	here did you r visiting Kala own/city and s	aupapa	NHP?	If you st	ayed at hoi	ne, please	write the
а	) BEFOF	RE visit	:: Town/city					State	
b	) AFTER	l visit:	Town/city					State	
9.	availab likely to	le to the stay o	visit again in le public at Ka overnight with	alaupap in the p	a NH ark? [	P, would y 3 VARIA	you and yo	ur persona C21]	I group be
	O	Yes,	likely	1 O	No, no	ot likely	O	Not sur	е
10.	,	ıpapa I	nours in <b>total</b> NHP on this v Il number of h	isit? [3.	VARI	ATION T	RIPC11]		· ·
	a) On t	his visi wing ad	VALSERV19] t, how safe di ctivities? Plea	d you a se marl	k (●) (	one for ea	ach activity	el while en	gaged in the
	O	Did i	not participate	e in any	of the	e following	g activities		
					ery safe	Unsafe	Neither safe nor unsafe	Safe	Very safe
	Walk/hil	ke on k	Kalaupapa Tra	ail (	C	0	0	0	0
	Mule ric	le on K	(alaupapa Tra	iil (	С	0	0	Ο	0
	Touring	the pa	ırk	(	$\mathbf{C}$	0	0	0	Ο

	, •	u marked that you felt "very unsafe" or "unsafe" for a se explain why. [6. EVALSERV20]	any of the above issues
12.	your apply [3. A b) In wh	ou were planning your trip to Kalaupapa NHP, which personal group <b>expect</b> to include on this visit? Plear in column (a).  CT21]  nich activities did you and your personal group actual Please mark (•) all that apply in column (b).	se mark (●) <b>all</b> that
	<u>a) Expe</u>	ected activity	b) Activity this visit
	0	Visiting Kalaupapa Overlook	Ο
	0	Taking "Damien Tour"	Ο
	Ο	Taking mule ride on Kalaupapa Trail	Ο
	Ο	Taking commercial flight	Ο
	Ο	Taking a chartered flight	Ο
	Ο	Attending ranger-led tours	Ο
	Ο	Visiting historically significant sites at the park	Ο
	Ο	Visiting a patient resident	0
	Ο	Visiting a friend or relative of staff	0
	Ο	Creative arts (painting/drawing/taking photograph	s) O
	Ο	Shopping in park bookstore	Ο
	Ο	Viewing exhibits	0
	Ο	Picnicking	Ο
	Ο	Hiking/walking	Ο
	Ο	Other (Please specify below)	0
Exp	ected _	This visit	

13. If you and your personal group visited **only** the Kalaupapa Overlook and did not visit the Kalaupapa Settlement, why didn't you go down to the Settlement? [TBACK10]

- 14. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Kalaupapa NHP during this visit. [6. EVALSERV21]
  - 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.

-	Visitor ark (●)	services/facilities used	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
	0	Damien Tour		
	0	Access for people with disabilities		
	0	Assistance from park staff		
	0	Visitor bookstore and exhibits		
	Ο	Outdoor exhibits		
	Ο	Park brochure/map		
	0	Park website: www.nps.gov/kala used before or during visit		
	0	Parking at trailhead		
	0	Restrooms		
	0	Picnic areas		
15.		is the most important thing you and aupapa NHP? [3. VARIATION LEAI		rned on this visit
16.	should	100 visitors per day are allowed to very divisitation continue to be limited to one. [5 VARIATION CROWD3]	isit Kalaupapa NHP. In y 100 visitors per day in th	our opinion, le future? Please
	0	Yes O No	O No	ot sure

17. It is the National Park Service's responsibility to protect Kalaupapa NHP's cultural, natural and scenic resources and values and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience. [6. OPNMGMT4]

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Native Hawaiian features	0	0	0	0	0
Historic landscape associated with the Hansen's Disease settlement	Ο	Ο	Ο	Ο	Ο
Historic buildings associated with the Hansen's Disease settlement	Ο	Ο	0	Ο	Ο
Cemeteries	0	0	0	0	0
Lifestyle and privacy of patient resident community	0	0	0	Ο	0
Natural features, such as wildlife, plants, clean air	0	Ο	0	Ο	0
Marine resources	0	0	0	0	0
Spirituality	0	0	0	0	0
Scenic views	0	0	0	Ο	Ο

18.	If you were to visit when there is no longer a living patient community at Kalaupapa
	NHP, in which of the following activities would you and your personal group be
	interested in participating? Please mark (●) all that apply. [3. VARIATION FVIS12]

O	Self-guided tour
0	Concession operated tours/programs
Ο	Ranger-led tours/programs
О	Bicycle tour (self-guided or guided)
Ο	Other (Please specify)

19.	per	bu were to visit Kalaupapa NHP in the future, which topics would you and your sonal group be interested in learning (or learning more) about? Please mark (•) that apply. [3. FVIS6]				
	0	Not interested in learning on a future visit → Go to Question 20				
	0	Hansen's Disease (leprosy)				
	0	Saint Damien, Mother Marianne, and other religious figures				
	0	History of the Kalaupapa and Kalawao Settlements				
	0	Native Hawaiian culture and traditions in Kalaupapa				
	0	Natural features, such as wildlife, plants, and geology				
	0	Personal and human stories related to Kalaupapa				
	0	Other topics (Please specify)				
20.	group	were to visit Kalaupapa NHP in the future, how would you and your personal prefer to learn about cultural and natural features of the park? Please mark that apply. [3. FVIS4]				
	( <b>)</b> an	Not interested in learning about the park → Go on to Question 21				
	0	Indoor exhibits				
	0	Park website: www.nps.gov/kala				
	0	Ranger-led tours/programs				
	0					
	0	Self-guided tours/programs				
	O	Audiovisual programs (DVD, video, or movie)				
	0	Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)				
	0	Outdoor exhibits				
	0	Printed materials (brochures, books, maps, etc.)				
	0	Other (Please specify)				

- 21. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Kalaupapa NHP and topside Moloka`i. Please write "0" if no money was spent in a particular category. [3. TRIPC26]
  - a) Please list your group's total expenditures inside Kalaupapa NHP.
  - b) Please list your group's total expenditures on topside Moloka`i.

NOTE: Surrounding area residents should only include expenditures that were just for this trip to Kalaupapa NHP.

		NDITURES b) Topside Moloka
Lodges, hotels, motels, cabins, B&B, etc. State	\$ Visitor Quarters o	\$
Camping fees and charges	n/a	\$
Guide fees and charges	\$	\$
Restaurants and bars	\$	\$
Groceries and takeout food	n/a	\$
Gas and oil (auto, boat, etc.)	n/a	\$
Other transportation expenses (rental cars, taxis, auto repairs, but NOT a	n/a irfare)	\$
Admission, recreation, entertainment fees	n/a	\$
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$	\$
Donations	\$	\$
All air travel expenditures from home	\$	\$
e) How many people do the above exper	nditures cover? [3	3. TRIPC27]
Adults (18 years or over) Please write "0" if no childre	· · · · · · · · · · · · · · · · · · ·	,
<ol> <li>a) What did you and your personal group NHP? [6. EVALSERV25]</li> </ol>	like <b>most</b> about	your visit to Kalaupa

			did you and y	your persona RV24]	l gr	roup lik	e leas	st about y	our vi	sit to	Kalaupa	pa
23.	entra	ance	fee may be	s not currently considered, v chures, exhib	with	n the fu	nds u	sed to ma	aintain	parl	ure, an k facilities	and
	pay	an e	ere to visit in entrance fee o VARIATION	the future, wo of \$15/adult (I EVALFEE1]	ould NP:	d you a S pass	ind yo	our persor ould be ho	nal gro onored	up b l)? P	e willing t lease ma	to .rk (●)
	0	Y	es, likely	0	1	No, unl	ikely		0	No	ot sure	
24.				u and your pe ease mark (						ing t	ypes of	
	a) C	omn	nercial guide	d tour group			Ο	Yes	(	)	No	
	b) S	choc	ol/educationa	l group			Ο	Yes	(	)	No	
	c) O	ther	(work, churc	h)			Ο	Yes	(	)	No	
		-	elf, were in th	ne of these or his organized	gro	oup? [1	. VAR			ople,	including	j
	_			f people in or	_							.,
25.	,		•	type of persoup) were yo			`		_			OI/
	C	)	Alone				Ο	Friends				
	C	)	Family				Ο	Family	and fri	ends	5	
	C	)	Other (Pleas	se specify)								
[1. (	GR3] b) (		nis visit. how	many people	we	ere in v	our pe	ersonal d	roup. i	nclu	dina vour	self?
	_		_ Number o			,		J			g ,	
26.	For	you (	only, what is	your gender?	? [1	. GEN	D2]					
	О	M	lale	0		Fem	ale					
27.				our personal g or participate								
	C	)	Yes	0		No =	Go	to Quest	tion 2	8		

b) I	b) If YES, which services or activities were difficult to access/participate in?							
28. For you only, what is the highest level of education you have completed? Please mark (●) one. [1. ED1]								
0	O Some high school O Bachelor's degree							
0	High s	chool diplo	ma/GED	)	O Gra	aduate deg	ree	
0	Some	college						
				group Hispa	nic or Latir	no? Please	mark (●) o	<b>ne</b> for
E	eacn group	o member. Yourself	Member #2	-	Member #4	Member #5	Member #6	Member #7
Yes, F Latir	Hispanic or	0	0	0	0	0	0	0
No, no	ot Hispanic atino	Ο	0	0	0	Ο	0	Ο
b) What is your race? What is the race of each member of your personal group? Please mark (●) one or more for you and each group member. [1. RACE/ETH4]								
•	lease IIIa		00	, ioi you aii	a cacii gi c		[	. —
·	- lease IIIa	Yourself	Member #2	·	Member #4	Member #5	Member #6	Member #7
Americ	an Indian aska Native	Yourself	Member	Member	Member	Member	Member	Member
Americ	_ an Indian	Yourself	Member #2	Member #3	Member	Member #5	Member #6	Member
Americ or Ala Asian Black o	_ an Indian	Yourself	Member #2	Member #3	Member	Member #5	Member #6	Member
Americ or Ala Asian Black o Ame	an Indian aska Native or African	Yourself O	Member #2 O	Member #3 O	Member	Member #5 O	Member #6	Member #7 O
Americ or Ala Asian Black o Ame	an Indian aska Native or African erican Hawaiian	Yourself O	Member #2 O O	Member #3 O O	Member	Member #5 O O	Member #6	Member #7 O
Americ or Ala Asian Black o Ame Native	an Indian aska Native or African erican Hawaiian	Yourself O O O	Member #2 O O O	Member #3 O O O	Member	Member #5 O O O	Member #6 O O O	Member #7 O
Americ or Ala Asian Black of Ame Native Other F Islands White	an Indian aska Native or African erican Hawaiian Pacific er	Yourself O O O O O	Member #2 O O O O O O represe	Member #3 O O O O	Member #4 O O O O O	Member #5 O O O O	Member #6 O O O O O	Member #7 O O O O O
Americ or Ala Asian Black of Ame Native Other F Islands White	an Indian aska Native or African erican Hawaiian Pacific er  Which cat (●) only o	Yourself O O O O O cegory best	Member #2 O O O O O t represe	Member #3 O O O O O	Member #4 O O O O O O nual <b>hous</b>	Member #5 O O O O O O O O O O O O O O O O O O O	Member #6 O O O O O	Member #7 O O O O O O O O O O O O O O O O O O O
Americ or Ala Asian Black of Ame Native Other F Islando White 30. a)	an Indian aska Native or African erican Hawaiian Pacific er  Which cat (●) only o	Yourself O O O O tegory best one. [1. INC	Member #2 O O O O O t represe	Member #3 O O O O O O onts your an	Member #4 O O O O O O nual <b>hous</b>	Member #5  O O O O O O O O O S150	Member #6 O O O O O O	Member #7 O O O O O O e mark

[1.	VARIATION C	GR3]							
	b) How many people are in your household?								
31.	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 visits to Kalaupapa NHP (including this visit) lifetime					
	Yourself								
	Member #2								
	Member #3								
	Member #4								
	Member #5								
	Member #6								
	Member #7								
32.	•	manager planning ease be specific. [	g for the future of Kalaupap 6. OPNMGMT7]	oa NHP, what would you					
33.		ning else you and papa NHP? <mark>[6. OF</mark>	your personal group would PNMGMT8]	I like to tell us about your					
34.	recreational	opportunities prov	ne quality of the visitor facily vided to you and your pers mark (●) <b>one</b> . [6. EVALSE	onal group at Kalaupapa					
	Very poor	Poor	Average God	od Very good					
	Ο	Ο	0 0	0					

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**

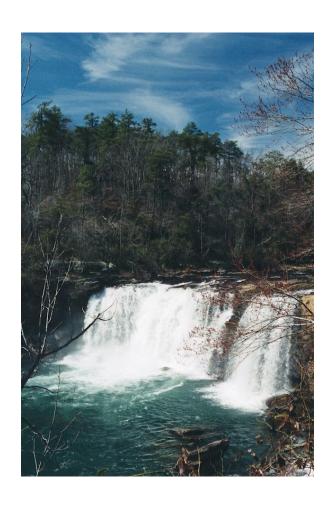
Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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

**Visitor Services Project** 

## Little River Canyon National Preserve Visitor Study



OMB Approval 1024-0224 (NPS #xx-xxx)

Expiration date: xxx



## **United States Department of the Interior**

## NATIONAL PARK SERVICE

Little River Canyon National Preserve 2141 Gault Avenue North Fort Payne, AL 35967

IN REPLY REFER TO:

June 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Little River Canyon National Preserve. This information will help us improve our management of this preserve and better serve you.

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

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

Results of this study will be available to the public in 2011 and will be posted on the web at www.nps.gov/liri and www.psu.uidaho.edu.

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.

We appreciate your help.

John Bundy

Sincerely,

John Bundy 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this:



Not like this: (





- 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 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 Little River Canyon National Preserve**

**NOTE**: In this questionnaire "personal group" is defined as anyone that you are visiting the Preserve 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.

## [2. TPLAN11]

- a) Prior to this visit, how did you and your personal group obtain information about Little River Canyon National Preserve? Please mark (●) all that apply in column (a).
  - b) If you were to visit Little River Canyon National Preserve 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).

<u>a) Pric</u>	r to this visit	b) Prior to future visits
0	Did not obtain information prior to visit → Go to p	art b of this question
0	Friends/relatives/word of mouth	Ο
0	Information from local motel or other business	Ο
0	Inquiry to the Preserve via phone, mail, or email	Ο
0	Little River Canyon Center website: epic.jsu.edu/lro	c/center O
0	Little River Canyon National Preserve website: www	w.nps.gov/liri O
0	Other websites	Ο
0	Maps/brochures	0
0	Newspaper/magazine articles	0
0	Other National Park Service sites/units	0
0	Previous visits	0
0	School class/program	0
0	Social media (Facebook, Twitter, etc.)	Ο
0	State welcome center/chamber of commerce	Ο
0	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	0
0	Other (Please specify below)	0
Prior to	this visit Prior to future visits	5

0

0

O

O

	ile i tive	i Carryon i	National Freserve visitor Study		J					
	[2. TPLAN12] c) From the sources marked in column (a), did you and your personal group receive the type of information about the Preserve that you needed?									
	0	No	O Yes → Go to Question 2							
			ype of Preserve information did you and your pessions not available? Please be specific. [2. TPLAN1]		oup					
[1. VARIATION KNOW12] 2. Prior to this visit, which of the following entity(ies) did you and your person group think managed Little River Canyon National Preserve? Please mark (that apply.										
	Ο	Did not k	now who managed the Preserve → Go to Que	estion 3						
	Ο	National	Park Service							
	Ο	State of A	Alabama							
	0	DeKalb County								
	0	Jacksonville State University								
O DeSoto State Park  [3. VARIATION LEARN5] 3. a) Prior to this visit, were you and your personal group aware of the followinformational talks/programs for visitors at Little River Canyon National Preserve? Please mark (●) one answer for each item in column (a).  [3. VARIATION LEARN5]  b) Did you and your personal group learn about these talks/programs duri visit to Little River Canyon National Preserve (via publications, signs, to Preserve staff, etc.)? Please mark (●) one answer for each item in column.										
	a) Aware prior to visit? b) Learned about during									
	Yes	No	Type of programs offered	Yes	No					
	0	0	Ranger-led programs	0	0					
	0	0	Jacksonville State University Field School Nature Camps	0	0					
	0	0	Jacksonville State University Campfire Talks	0	0					

DeSoto State Park Nature Programs

6 Littl	le Rive	r Canyo	n Natio	nal Pre	serve \	Visitor Study	
<ul> <li>[6. EVALSERV17]</li> <li>4. On this visit, were the signs directing you and your personal group to Little River Canyon National Preserve adequate? Please mark (●) one response for each.</li> </ul>							
a) Signs on interstates	Ο	Yes	0	No	Ο	Did not use	
b) Signs on state highways	Ο	Yes	0	No	Ο	Did not use	
c) City street signs in communities	0	Yes	0	No	Ο	Did not use	
d) If you answered NO to any of the	above	, please	explai	n. [6. E	VALSE	ERV18]	
Interstates							
State highways							
Communities							
[3. TRIPC2]							
<ol> <li>a) On this visit, which entrance point did you and your personal group use to first enter Little River Canyon National Preserve? Please mark (●) one.</li> </ol>							
<ul> <li>[3. VARIATION TRIPC8]</li> <li>b) On this visit, which exit point did you and your personal group use to last exit Little River Canyon National Preserve? Please mark (●) one.</li> </ul>							
a) First enter Ent	rance/	exit poi	nt	b) <b>L</b> :	ast ex	<u>it</u>	

a) First enter	Entrance/exit point	b) <b>Last exit</b>
Ο	Route 35 East	0
Ο	Route 35 West	Ο
Ο	Route 255	Ο
Ο	Route 148	Ο
Ο	Route 275	Ο
Ο	Route 176	Ο
0	Route 103	Ο
0	Route 295	Ο
0	Fischer Road	Ο

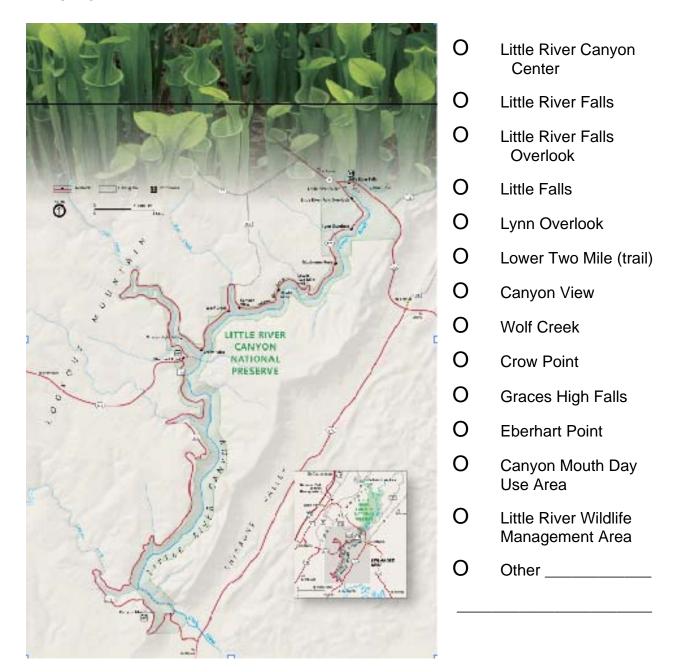
6. a)	In <b>column a</b> , please mark (•) all the services in the nearby communities of Fort Payne, Centre, Scottsboro and other cities <b>within 40 miles</b> of the Preserve that you and your personal group used that were specifically related to this Preserve visit. [3. TRIPC21]							
0	Did not use any services on this visit → Go to Question 7							
b)	In which communities did you obtain these support services? Please mark (●) all that apply in column b. [3. TRIPC18]							
a) <b>(</b>	Jsed on this visit (●)	Fort Payne	b) <b>Com</b>	munity (●) Scottsboro	Other cities			
Ο	Ate meals in restaurants	0	0	0	0			
Ο	Bought gasoline	0	0	Ο	0			
Ο	Bought groceries	0	0	Ο	0			
0	Obtained information about Little River Canyon National Preserve	e O	0	Ο	0			
0	Obtained other travel/tourist information	0	0	0	0			
Ο	Shopped (other than groceries)	0	0	Ο	0			
0	Stayed overnight in a lodge/ motel/hotel/B&B, etc.	0	0	0	0			
0	Stayed overnight in a campground/RV park	Ο	0	Ο	0			
0	Used a drink/vending machine	O	0	Ο	0			
Ο	Other services (Please specify)	Ο	0	Ο	0			
7. Or ca	[3. TRIPC1] 7. On this trip, what was the <b>primary</b> reason that you and your personal group came to Little River Canyon National Preserve <b>area</b> ? Please mark (●) <b>one</b> .							
0	Resident of the area (within 40	) miles of Pr	eserve)	→ Go to Q	uestion 8			
0	Visit Little River Canyon Nation	nal Preserve	9					
0	Visit other attractions in the ar	ea						
0	Traveling through - unplanned	visit						
0	Visit friends/relatives in the are	ea						
0	Business							
0	Other (Please specify)							

8.	person	s visit to Little River Canyon Natal group visit the Preserve on mours as 1/4, 1/2, or 3/4.) [3. TRI	·							
	Ο	Yes <b>↓</b>	0	No <b>↓</b>						
	,	, on how many days did you ttle River Canyon National	c) If NO, how many hours did you visit Little River Canyon National Preserve?							
		_ Number of days		Number of hours						
	d) How long did you and your personal group stay in the Little River Canyon National Preserve <b>area</b> (within 40 miles of Preserve)? (Please list partial days/hours as 1/4, 1/2, or 3/4.) [3. TRIPC11]									
	0	Resident of the area → Go to	Questi	on 9						
	Number of hours if less than 24 hours									
		OR Number of days <b>if 24 hours or</b>	more							
9.	perma	s trip, did you and your personal nent residence in the Little Rive 40 miles of Preserve)? [3. TRIP	er Cany							
	O Yes O No → Go to Question 10									
	[3. TRIPC13] b) If YES, please list the number of nights you and your personal group stayed.									
		Number of nights (within 40 mi	les of P	reserve)						
	c) In which types of lodging did you and your personal group spend the night(s)? Please mark (●) all that apply. [3. TRIPC15]									
	0	Lodge, motel, hotel, cabin, rer	nted cor	ndo/home, or bed & breakfast						
	0	RV/trailer camping								
	0	Tent camping in developed ca	ımpgrou	ınd						
	0	Backcountry camping								
	0	Personal seasonal residence								
	0	Residence of friends or relativ	es							
	O Other (Please specify)									

10. On this visit, how many vehicles did you and your personal group use to arrive at the Preserve? Please write 0 if you did not arrive by vehicle.[1. VARIATION GR4]

Number of vehicles

11. On this visit to Little River Canyon National Preserve, which of the following sites did you and your personal group visit? Please mark (●) all that apply. [3. ACT19] PLACEHOLDER MAP



Little River Canyon National Preserve Visitor Stud
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10		Little Riv	er Canyon	National Pre	eserve V	sitor Study		
[3. ACT24] 12. a) On the within	nis visit, which activitie: n Little River Canyon N	s did you Jational F	and your p	personal gro	up partic	ipate in		
b) On p	east visits, which activit n Little River Canyon N	ies have	you and yo	our personal	group pa	articipated in		
0	First visit—have not	visited in	the past					
<u>a) This</u>	visit				b) Pas	<u>st visits</u>		
Ο	Birdwatching				C	)		
0	Creative arts (photog	graphy/pa	ainting/drav	ving)	C	)		
0	Fishing				C	)		
0	General sightseeing				C	)		
0	Hiking (not walking t	)	C	)				
Ο	Horseback riding		C	)				
Ο	Hunting		C	)				
Ο	Learning/studying ge	eology			C	)		
Ο	Mountain biking				C	)		
Ο	Nature study (wildlife	e, wildflov	wers, etc.)		C	)		
Ο	Picnicking				C	)		
Ο	Riding ATV				C	)		
Ο	Rock climbing (techr	nical, spo	rt, boulderi	ng, etc.)	C	)		
Ο	Touring/driving Little	River Ca	anyon Scer	nic Drive	C	)		
0	Other (Please specif	y below)			C	)		
Activities th	is visit	A	ctivities pas	st visits				
13. a) Please indicate how safe you and your personal group felt in the following locations during this visit to Little River Canyon National Preserve. Please mark (●) one answer for each location. [6. VARIATION EVALSERV19]								
		<b>ou feel in th</b> Neither S						
Loca	ation	Very unsafe		safe/unsafe	safe	safe		
On r	oads	0	0	Ο	0	Ο		

Ο

On trails

In parking areas

		what unsafe" for any of the [3. VARIATION EVALSERV20]								
	Loca	ation:		F	Reason	:				
	Loca	ation:			Reason	n:				
14.	on this						nd your personal group visit PPlease mark (●) <b>all</b> that			
	Ο	Cherokee Rock	Village		Ο	Hunt	sville Botanical Gardens			
	Ο	DeSoto State Pa	ark		Ο	Russ	sell Cave National Monument			
	Ο	Guntersville Sta	te Park		Ο	Sequ	uoyah Caverns			
	O Little River Canyon Center				Ο	Weiss Lake				
	Ο	U.S. Space and Rocket Center								
O Chickamauga-Chattanooga National Military Park										
	Ο	Other (Please s	pecify)							
15.	in the f		be intere	ested in	ı viewin	g exh	nyon River National Preserve ibits in a new museum at the			
	O	Yes	0 1	10		0	Not sure			
	a) If yo woul	ION FVIS6] u and your personal group were to visit again in the future, which topics d you like to learn about in interpretive/ranger-led programs at Little River yon National Preserve? Please mark (●) all that apply.								
	Ο	Not interested	in interp	retive p	orogram	ns →	Go to Question 17			
	Ο	Geology		0			onal activities (fishing, rock g, etc.)			
	0	History		0	Sat	fety (h	niking, climbing, water, etc.)			
	Ο	Plants		0	Wil	dlife				
	Ο	Other (Please	specify)							
	b) Which	ch program lengt p? Please mark	h would k (●) <b>one</b> .	oe mos [3. VAF	t suitab	le for N FVI	you and your personal S13]			
	0	Under 1/2 hou	•		0	1 - 2	2 hours			

12			Litt	tle River C	Canyor	n Nation	al Pr	eserv	e Visitor St	udy
	0	1/2 - 1 hour		C	)	Other _				
	to	hich times of day wo attend a ranger-led ARIATION FVIS13]	ould be i progran	<b>most</b> suitan? Please	able fo mark	or you al (●) <b>all</b> t	nd yo that a	ur pe pply.	rsonal grou <mark>[3</mark> .	р
	Ο	8 - 10 am	0	Noon - 2	2 pm		0	Aft	er 4 pm	
	0	10 am - noon	0	2 pm - 4	l pm		0	Oth	ner (Specify	/)
	a) Pl	SERV21] ease mark (●) <b>all</b> th oup <b>used</b> during this	e visitor s visit to	services the Little	and fa River	icilities t Canyor	hat y	ou or onal F	your perso Preserve.	— nal
	,	ext, for only those se sed, please rate thei				t you or	your	perso	onal group	
		nally, for only those sed, please rate thei				nat you	or you	ır per	sonal group	Э
	facil	sitor services and ities used			1=Not 2=Sor 3=Mod 4=Ver	sed, mportar importa newhat i derately y importaremely ir	c) If used, what quality 1=Very poor 2=Poor 3=Average 4=Good 5=Very good	or		
-	Mark	(●)			S=EXU	remely ii	пропа	arit	5=very god	u
	0	Access for people	with disa	abilities						
	0	Assistance from Pi	eserve	staff						
	Ο	Canyon Center res	trooms							
	Ο	Exhibits at viewpoi	nts							
	0	Junior Ranger prog	gram							
	Ο	Little River Canyor (other than restroo				_				
	Ο	Little River Canyor www.nps.gov/liri								
	Ο	Picnic areas								
	0	Preserve brochure	/map			_				
	Ο	Ranger-led program	ms							
	0	Sales items in Can	yon Cei	nter books	shop					

18. It is the National Park Service's responsibility to protect Little River Canyon National Preserve's natural, scenic, and cultural resources and the visitor experiences that depend on these. How important is protection of the following to you and your personal group? Please mark (●) one answer for each attribute/ resource/experience. [6. OPMGMT4]

resource/experience. [c. or w					
Attribute/resource/experience	Not important		Moderately important		Extremely t important
Clean air (visibility)	0	0	0	Ο	0
Clean water	0	0	0	Ο	Ο
Natural quiet/sounds of nature	0	0	0	Ο	Ο
Recreational opportunities (fishing, hiking, climbing, etc.)	0	0	0	Ο	Ο
Scenic views	0	0	0	0	0
Solitude	0	0	0	0	0
Scenic views without development	0	0	0	Ο	0
19. a) Will you and your personal Preserve again in the future				r Canyor	n National
O Yes, likely C	<b>)</b> Νο, υ	ınlikely	0	Not sui	re
<b>↓</b>	<b>7</b> 1 G	o to part o	of this qu	estion	Ľ
b) If YES, how often would yo	u be likely	to visit? Pl	ease mark	(●) one.	
[2. VARIATION TPLAN5]					
O Monthly O Several time  [3. TRIPC35]  c) If NO, why wouldn't you ret	•		hly O	_	ear or less
20. On this visit, were you and you organized groups? Please ma	ur persona	al group wit	h the follow		s of
a) Commercial guided tour gro	oup	0	⁄es	Ο	No
b) School/educational group		0	⁄es	Ο	No
c) Other organized group (business, church, scout, c	etc.)	0	⁄es	Ο	No
d) If you were with one of thes yourself, were in this organi	_	•		•	ncluding

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

21.	<ul> <li>a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) one. [1. GR5]</li> </ul>									
	0	Alone			0	Frien	ds			
	0	Family	′		0	Famil	y and frie	nds		
	0	Other	(Please s	pecify)						
	,		it, how ma	any peopl	e were in y	our perso	onal group	, includin	g	
		N	umber of p	people in	personal gr	oup				
22.					ıp on this vi ease leave				ving. If	
			a) Curre age	nt na	.S. ZIP code me of count her than U.S	1= 2= 3= or 4= ry 5=	First visit Less than From 1 to 1 From 12 to From 52 to	1 time/year 11 times/ye 51 times/y	ear rear ryear	
		-	ugu		iioi tiitaii oit	<u> </u>	\III TOTAL	anig tino vi	Jit)	
	Varina	۔ الا								
	Yours									
	Yours									
		er #2		 		_		<u> </u>		
	Memb	oer #2 oer #3		 						
	Memb Memb	oer #2 oer #3 oer #4								
	Memb Memb	per #2 per #3 per #4 per #5								
	Memb Memb Memb	per #2 per #3 per #4 per #5 per #6								
23.	Memb Memb Memb Memb Memb	per #2 per #3 per #4 per #5 per #6 per #7	r each gro		personal gro per. [1. RAC Member #3	E/ETH1]				
Ye	Memb Memb Memb Memb Memb	per #2 per #3 per #4 per #5 per #6 per #7 per #7	r each gro	up memb Member	oer. [1. RĂC Member	E/ETH1] Member	Member	Member	Member	

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for you and each group member.

[1. NAOL	/ E 11 1 <del>4</del> j	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American I Alaska Na		Ο	Ο	0	Ο	Ο	Ο	0
Asian		0	0	0	0	0	0	0
Black or African American		0	0	0	0	0	Ο	0
Native Hav	vaiian or cific Islander	0	Ο	0	Ο	Ο	Ο	Ο
White		0	0	0	0	0	0	0
	nat did you Inyon Rivei						sit to Little	)
,	nat did you Inyon Rivei	•	•	•			sit to Little	
	ere anything							oout
serv	rall, how wices, and reserve during	ecreátiona	al opportu	nities at Li	ittle River	Canyon N	National	ies,
	ry poor	Poo		Average	Go. C		Very go	od
_	0	0		0	(	)	0	

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

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# **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** 

## Ninety Six National Historic Site

## **Visitor Study**



OMB Approval 1024-0224 (NPS# 10-XXX) Expiration date: XXX-2010



## **United States Department of the Interior**

NATIONAL PARK SERVICE Ninety Six National Historic Site P.O. Box 418 Ninety-Six, SC 29666

April 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 Ninety Six National Historic Site. This information will assist us in our efforts to better manage this park and to serve you.

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 after your visit to complete.

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 Coordinator, 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.

We appreciate your help.

Sincerely,

Timothy Stone 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this:



Not like this: (

)





- 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 Ninety Six National Historic Site**

NOTE: In this questionnaire "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.

- a) Prior to this visit, how did you and your personal group obtain information about Ninety Six National Historic Site (NHS)? Please mark (●) all that apply in column (a). [2.TPLAN11]
  - b) If you were to visit Ninety Six NHS 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).

<u>a) Pı</u>	rior to this visit b	) Prior to future visits
0	Did not obtain information prior to visit → Go to part to	o of this question
О	Chamber of commerce/visitors bureau/state welcome of	enter O
Ο	Friends/relatives/word of mouth	Ο
О	Inquiry to park via phone, mail, email	Ο
0	Local businesses (hotels, motels, restaurants, etc.)	Ο
0	Maps/brochures	Ο
0	Newspaper/magazine articles	Ο
Ο	Ninety Six NHS website: www.nps.gov/nisi	Ο
О	Other websites	Ο
О	Other National Park Service sites/units	Ο
Ο	Previous visits	Ο
Ο	School class/program	Ο
Ο	Social media (such as Facebook, Twitter, etc.)	Ο
Ο	Television/radio programs/DVDs	Ο
О	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Other (Please specify below)	Ο
This	visitFuture visit	

c) From the sources marked in column (a), did you and your personal group receive the type of information about the park that you needed? [2. TPLAN12]

Nin	ety Si	x National H	listoric Site V	isitor S	Stud	ly	5					
	0	No	0	Yes	<b>→</b>	Go to Q	uestion 2					
	d)						and your personal group need  2. TPLAN13]					
2. a	,		•	•			group aware that Ninety Six  1. VARIATION KNOW1]					
	0	Yes	Ο	No								
k	o) <b>Pric</b> NHS	or to this vis S is manage	sit, were you ed by the Na	and yo	our <sub> </sub> Pa	personal rk Servic	group aware that Ninety Six ce? [1. KNOW3]					
	0	Yes	Ο	No								
3.							your personal group visited [3. VARIATION TRIPC1]					
	O Attend a program or special event at Ninety Six NHS											
	0	Learn Revolutionary War history										
	0	Participate	e in recreatio	n (walk	ing	, hiking, j	ogging, etc.)					
	0	Participate	e in Junior Ra	anger p	orog	ıram						
	0	Show park	c to friends/re	elatives	;							
	0	Saw sign (	on highway									
	0	Visit a Nat	tional Park S	ervice	site							
	0	Obtain sta	mp in Nation	al Park	κ Pa	assport bo	ook					
	Ο		·			·						
4.							you and your personal group use . [3. TRIPC3]					
0	Hi	ghway 72 fro	om the west			0	Highway 72 from the east					
O	Hi	ghway 248 f	rom the sout	h		0	Highway 248 from the north					
0	Hi	ghway 246 f (Kinard Ro	rom the sout pad)	h	О О		Highway 246 from the north (Kinard Road)					
O	Lo	ouden Road				Harter Road						
0	Pa	aysinger Roa	/singer Road									

6						Ninety Siz	x Natio	nal Histo	oric Site	e Visitor Study		
O		Oth	er routes (Ple	ase spec	ify)							
5.	C N	n thi	s visit, were thadequate? Ple	ne signs c ease mark	directir k (●) <b>c</b>	ng you and <b>one</b> answe	d your per for ea	personal ach. <mark>[6</mark> . E	group VALSI	to Ninety Six ERV17]		
á	a) Ir	nterst	ate signs		0	Yes	0	No	Ο	Did not use		
ŀ	o) S	State	highway signs	6	Ο	Yes	0	No	0	Did not use		
(	c) Signs in local communities O					Yes	0	No	0	Did not use		
(	d) If you answered NO for any of the above, please explain. [6. EVALSERV18]											
	Ir	nterst	ate									
	S	tate	highway									
	lr	In local communities										
6.		How did your visit to Ninety Six NHS fit into you and your personal group's travel plans? Please mark (●) one. [2. TPLAN4]										
	C	)	Ninety Six NI	HS was th	ne prir	mary destir	nation					
	C	)	Ninety Six NI	HS was o	ne of	several de	stinatio	ons				
	C	)	Ninety Six NI	HS was n	ot a p	lanned des	stinatio	n				
7.			lid the amoun are with the tir							Ninety Six NHS (●) <b>one</b> .		
0		Did	not have a pl	anned am	nount	of time [2.	VARIA	ATION T	PLAN5	]		
0		Spe	ent more time	than plan	ned =	➤ Why?						
0		Spe	ent about the t	ime planr	ned							
0		Spe	ent less time t	han plann	ed →	Why?						
8.			s visit, how m Six NHS? Pl									
	_		Total number	of hours								
9.	a)	(http	you and your o://www.nps.g _AN11]									
		Ο	Yes	0	No	→ Go to	Questi	on 10				
	b)		erall, how wou osite? Please						vided c	on the park		
		Ver	y poor	Poor		Average		Good	Ve	ry good		

y Six Na	ational Historic	Site Visitor	Study				7
С		0	0		0	0	
			you ne	eded on tl	he park w	rebsite? [2.	
0	No	O Yes	→ Go	to Quest	ion 10		
not av	ailable on the p						was
						nd your personal	
0	Visitor center						
Ο	Walking tour	(historic 1-m	ile trail	)			
Ο	Cherokee Pa	th Trail					
0	Goudy Trail						
0	Other trails (F	Please speci	fy)				_
Ο	Star Fort Pon	d (reservoir)	on Hig	ghway 246	6		
Ο	Picnic area						
0	Other (Please	e specify)					_
On this	visit to Ninety of the ranger-le	Six NHS, died talks/prog	d anyor rams?	ne in your [3. VARI <i>A</i>	personal	l group participat	te
0	No <b>L</b>	0	Yes	→ Go t	o Questi	on 12	
	what prevented						
0	Not interested						
0	Did not have t	ime for this a	activity				
0	Not aware of a	any ranger-le	ed talks	s/program	s offered	at park	
0	Not enough p	ograms offe	red				
	Did you VARIA O If NO, not av TPLAT On this group O O O O O O O O O O O O O O O O O O O	Did you find the infor VARIATION TPLANT O No If NO, what type of innot available on the part of the pa	Did you find the information that you all the information of information did not available on the park website TPLAN13]  On this visit to Ninety Six NHS, we group visit? Please mark (•) all the information of the park website TPLAN13]  Outher the information of the park website TPLAN13]  Outher the information of the park website TPLAN13]  Outher the information that you and your factors of the park website TPLAN13]  Outher the information that you are your factors of the park website TPLAN13]  Outher the park website TPLAN13]  Outh	O No O Yes → Go  If NO, what type of information did you a not available on the park website? Please TPLAN13]  On this visit to Ninety Six NHS, which pa group visit? Please mark (●) all that app  O Visitor center  O Walking tour (historic 1-mile trail)  O Cherokee Path Trail  O Goudy Trail  O Other trails (Please specify)  O Star Fort Pond (reservoir) on High  O Picnic area  O Other (Please specify)  On this visit to Ninety Six NHS, did anyon in any of the ranger-led talks/programs?  O No O Yes  If NO, what prevented you and your pers ranger-led talks/programs? Please mark  ACT9]  O Not interested  O Did not have time for this activity  O Not aware of any ranger-led talks	O O O Did you find the information that you needed on the VARIATION TPLAN12]  O No O Yes → Go to Quest If NO, what type of information did you and your prot available on the park website? Please be spet TPLAN13]  On this visit to Ninety Six NHS, which park sites of group visit? Please mark (●) all that apply. [2. ITI O Visitor center O Walking tour (historic 1-mile trail) O Cherokee Path Trail O Goudy Trail O Other trails (Please specify) O Star Fort Pond (reservoir) on Highway 246 O Picnic area O Other (Please specify) On this visit to Ninety Six NHS, did anyone in your in any of the ranger-led talks/programs? [3. VARIA O No O Yes → Go to the company of the park of of th	O O O O O O O O O O O O O O O O O O O	O O O O O O O O O O Did you find the information that you needed on the park website? [2. VARIATION TPLAN12]  O No O Yes → Go to Question 10  If NO, what type of information did you and your personal group need that not available on the park website? Please be specific. [2. VARIATION TPLAN13]  On this visit to Ninety Six NHS, which park sites did you and your personal group visit? Please mark (●) all that apply. [2. ITIN1]  O Visitor center  O Walking tour (historic 1-mile trail)  O Cherokee Path Trail  O Goudy Trail  O Other trails (Please specify)  O Star Fort Pond (reservoir) on Highway 246  O Picnic area  O Other (Please specify)  On this visit to Ninety Six NHS, did anyone in your personal group participatin any of the ranger-led talks/programs? [3. VARIATION ACT8]  O No O Yes → Go to Question 12  If NO, what prevented you and your personal group from participating in ranger-led talks/programs? Please mark (●) all that apply. [3. VARIATION ACT9]  O Not interested  O Did not have time for this activity

8		Ninety Six National Historic	Site Visitor Study					
	0	Other (Please specify)						
12.	a) On p in w	past visits, which activities have you and your personal githin Ninety Six NHS? Please mark (●) <b>all</b> that apply. [3.	roup participated ACT24]					
	,	this visit, which activities did you and your personal ground Ninety Six NHS? Please mark (•) all that apply. [3. AC						
	0	First visit—have not visited in the past						
a) Past visits b) This visit								
	0	Attending special events	0					
	Ο	Birdwatching	Ο					
	Ο	Nature study (other than birdwatching)	Ο					
	Ο	Conducting genealogical research	Ο					
	Ο	Creative arts (photography/drawing/painting/writing)	Ο					
	0	Fishing	Ο					
	0	Getting NPS Passport book stamped	Ο					
	Ο	Horseback riding	Ο					
	Ο	Jogging	Ο					
	0	Learning history	Ο					
	0	Picnicking	Ο					
	0	Visiting bookstore in visitor center	Ο					
	Ο	Walking/hiking	Ο					
	Ο	Walking dogs	Ο					
	0	Other (Please specify)						
	c) Which <b>one</b> of the above activities in column a was most important to you and your personal group on this visit to Ninety Six NHS? [3. VARIATION ACT23]							

<sup>13.</sup> a) Currently, Ninety Six NHS has several relatively short trails (up to 2 miles long). If you visit the park in the future, would you and your personal group be interested in walking a longer nature trail? [3. VARIATION FVIS8]

Nin	inety Six National Historic Site Visitor Study 9										
	0	Yes, likely	O N	lo, unlikely	0	Not sure					
14.	gro b) Ne use c) Fin	ease mark (•) all the visit oup used at Ninety Six N xt, for only those service ed, please rate their impo- ally, for only those service	HS during a sand factoriance contance contance contance contance contance contant cont	ng this visit. [6.EVA cilities that you or to your visit from 1 facilities that you o	ALSERV2 your pers	1] onal group					
•		ed, please rate their qua		b) If used, how importar 1=Not importar 2=Somewhat i 3=Moderately 4=Very importar 5=Extremely in	nt mportant important ant	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good					
	Ο	Access for people with	disabiliti	ies	_						
	0	Assistance from park s	taff		_						
	Ο	Bookstore sales items (selection, price, etc.)			_						
	0	Directional signs			_						
	0	Junior Ranger program			_						
	0	Weapons firing demons	strations		_						
	0	Outdoor exhibits			_						
	0	Park brochure/map			_						
	Ο	Park website: www.nps	s.gov/nis	.i	_						
	0	Ranger-led programs			_						
	0	Restrooms			_						
	0	Videos/films shown in v	isitor ce	enter	_						
	0	Trails			_						

10		Nin	ety Six Nat	tional Histor	ic Site Visi	tor Study					
Ο	Visitor center				_						
natu enjo the	15. It is the National Park Service's responsibility to protect Ninety Six NHS's natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/attributes in the park to you and your personal group? Please mark (●) one answer for each resource/attribute. [6.OPMGMT4]										
Resou	rce/attribute	Not important	Somewhat important	Moderately important	Very important	Extremely important					
Clean	air (visibility)	0	0	0	0	0					
Clean	water	0	0	0	0	0					
Educat	tional opportunities	0	0	0	0	0					
Histori	c structures/buildings	0	0	0	0	0					
Native	plants	0	0	0	0	0					
Native	wildlife	0	0	0	0	0					
Natura	I quiet/sounds of nature	0	0	0	0	0					
Recrea	ational opportunities	0	0	0 0		0					
Scenic	views	0	0	0	0	0					
	you were to visit in the forterested in attending ran										
C	Yes, likely	O No	o, unlikely	(	) Not s	sure					
b) If lil	YES, which types of prokely to attend? [3. VARIA	grams wou TION FVI	uld you and <mark>S6]</mark>	d your perso	nal group l	oe most					
0	Evening program		0	Activitie	s at histori	c cabin					
Ο	Off-site program away fr	om the pa	rk O	Hands-d	on demons	trations					
Ο	On-site programs at the	park									
Ο	Other (Please specify) _										
	YES, what length of proceeds to attend? Please m				al group be	e most					
C	Under 1/2 hour	0	Other (F	Please speci	fy below)						

Ninety	Ninety Six National Historic Site Visitor Study  11									
	O 1/2 - 1 hou	r					<u> </u>			
	O 1 - 2 hours	i								
ŕ	Ninety Six NHS ir Revolutionary Wa Please mark (●) a visit. [3. LEARN1]	r battle that t all of the topi	ook place	here and co	lonial ba	ckcountry	life.			
Ο	Did not learn a	bout any topi	cs on this	/isit <b>→ Go</b>	to part o	of this q	uestion			
	Please indicate he during your visit.					n topic imp	oroved			
	<ul> <li>c) Next, mark (●) the topics you would be interested in learning more about on a future visit.</li> </ul>									
a) Learned on b) Level of understanding improved? c) Interested on future visit?										
		Not at	all A little	Somewhat	A lot	Yes	No			
0	Revolutionary W	/ar O	0	Ο	0	0	Ο			
Ο	Cherokee Indiar Tribe	0	0	Ο	0	0	0			
Ο	Weapons used Revolutionary	<u> </u>	0	Ο	Ο	0	0			
0	Colonial life/ settlement	0	Ο	Ο	0	0	0			
d)	Please list any ac learning about at				al group	are intere	sted in			
	On this visit, did y center exhibits?		personal g	roup view th	e Ninety	Six NHS	visitor			
(	O Yes	Ο	No =	Go to Qu	estion 1	9				
b)	If YES, did you ar	nd your perso	nal group	find the exhi	ibit objec	ts interest	ing?			
(	O Yes	0	No	[3. ACT14]						
c)	Please rate the le	ngth of the e	xhibit text.	[3. ACT14]						
(	O Too short	0	Abou	t right	0	Too lor	ng			
	Would you and you and e: [3. VARIA	•	• .	to have more	e hands-	on exhibit	s?			
(	O Yes	0	No		0	Not su	re			

<u>12</u>	e) Wou	e) Would you and your personal group like to have more electronic exhibits?								
	0	Yes	0	No	0	Not sure				

19.	pers	onal group pre	vere to visit Ninety Six NHS in the future, how would you and your all group prefer to learn about cultural and natural history/features of Six NHS? Please mark (●) <b>all</b> that apply. [3. FVIS4]									
	0	Not interest	ted in learning abo	out the pa	ark →	Go to Ques	stion 20					
	Ο	Junior Ran	ger program		0	Indoor exhi	ibits					
	Ο	Senior Ran	ger program		0	Outdoor ex	hibits					
	Ο	Other child	ren's programs		0	Self-guided tours						
	О	Park websi	te: www.nps.gov/r	nisi	0	Special events						
	Ο	Weapons fi	Weapons firing demonstrations O Volunteer opportunities									
	О	Audiovisual programs (DVD, video, or audio)										
	0	Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)										
	0	Printed ma	Printed materials (brochures, books, maps, etc.)									
	Ο	Ranger-led	interpretive progr	ams/cos	tumed ii	nterpretive p	orograms					
	0	Other (Plea	se specify)									
20.	,	•	to Ninety Six NHS tion with a park ra	•	•	•	group ha	ve any				
	O	Yes	O No	→ Go t	o Ques	tion 21						
	b) If th	YES, on a sca e park ranger.	le from 1 to 5, ple Please mark (●) o	ase rate one resp	the qua onse fo	lity of your i r each item.	nteractio	n with				
				Very poor	Poor	Average	Good	Very good				
	He	elpfulness		Ο	0	Ο	Ο	0				
	Co	ourteousness		Ο	0	0	Ο	0				
	Q	uality of inform	ation provided	0	0	0	0	0				

21.	<ul> <li>a) If you were to visit the Ninety Six NHS visitor center bookstore in the future, are there any sales items that you and your personal group would like to purchase that are not currently available? [Topic Area 3 – Individual Activities and Uses of Park Resources]</li> </ul>											
	0	Yes	C	) No	<b>→</b>	Go to	Que	stion 22				
		S, which i k (●) <b>all</b> th	tems would at apply.	l you lik	e to	have a	vailat	ole for pur	chase?	Please		
	0	Additiona	al publication	ns (boc	oks, l	orochur	es, e	tc.)				
		🔰 List su	ıbjects that	you are	e inte	erested	in:					
	0	CDs, DV	CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.									
	0	Additiona	Additional maps (besides the park brochure map)									
	0	Other (P	Other (Please specify)									
22.	<ol> <li>On this visit, were you and your personal group part of the following types of organized groups? Please mark (●) one for each. [1. GR6]</li> </ol>											
a)	a) Commercial guided tour group O Yes O No											
b)	School	/education	al group				О	Yes	0	No		
c)	Other (	scouts, wo	ork, church,	senior	cent	er)	О	Yes	0	No		
d)	-		one of these this organiz	_		•			ople, inc	cluding		
		Numb	er of people	e in orga	anize	ed grou	p					
23.	•		hat kind of up) were yo	•	_		t guid	ded tour/s	chool/otl	her		
	0	Alone				0	F	riends				
	0	Family				0	F	amily and	friends			
	0	Other (Ple	ase specify	·)								
		this visit, hrself? [1. (	now many p GRP3]	eople v	vere	in your	pers	onal grou <sub>l</sub>	o, includ	ing		
		Numb	er of people	e in pers	sona	l group						
	,		now many v ark? Pleas				•	•	•			
		Numh	er of vehicl	es								

24.	•	or you and your personal group on this visit, please provide the following. (If ou do not know the answer, leave blank). [1. AGE3]										
		a) Current ag	e	b) U.S. ZIP code or name of country other than U.S.	Ninety							
	Yourself					<u> </u>						
	Member #2					<u> </u>						
	Member #3					<u> </u>						
	Member #4					<u> </u>						
	Member #5					<u> </u>						
	Member #6					<u> </u>						
	Member #7					_						
25.	Would you a future? [3. F)	•	al gro	up be likely to visit N	Ninety Six NH	IS again in the						
	O Yes	s, likely	0	No, unlikely	Ο	Not sure						
26.	walk the 1	-mile historic tra	il, is	n electric golf cart av there anyone in you idual Activities and l	r group who	would be willing						
	O Yes	s, likely	0	No, unlikely	0	Not sure						
27.		you and your pe EVALSERV25]	rsona	al group like <b>most</b> a	bout your vis	it to Ninety Six						
		ou and your pe	rsona	al group like <b>least</b> al	bout your visi	t to Ninety Six						

28.	The National Park would you and you event? [6. VARIAT	r personal gro	up like to see Nine		
29.	If you were a mana you and your perso				S, what would
30.	Is there anything el your visit to Ninety			would like t	o tell us about
•					
•					
31.	Overall, how would recreational opport NHS during this vis	unities provide	d to you and you	personal gr	s, and oup at Ninety Six
	Very poor	Poor	Average	Good	Very good
	0	Ο	Ο	Ο	Ο

<u>16</u>

Ninety Six National Historic Site Visitor Study

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

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# **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** 

## Richmond National Battlefield Park Visitor Study



Malvern Hill Battlefield

OMB Approval 1024-0224 (NPS #xx-xx)

Expiration date: xxx



## **United States Department of the Interior**

### NATIONAL PARK SERVICE

Richmond National Battlefield Park 3215 East Broad Street Richmond, VA 23223

IN REPLY REFER TO:

July 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Richmond National Battlefield Park. This information will help us improve our management of this park and better serve you.

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

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

Results of this study will be available to the public in 2011 and will be posted on the web at www.nps.gov/rich and www.psu.uidaho.edu.

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.

We appreciate your help.

Sincerely,

David Ruth 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: (



Not like this: (✓)





- 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 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 Richmond National Battlefield Park

**NOTE**: In this questionnaire "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.

- a) Prior this visit, how did you and your personal group obtain information about Richmond National Battlefield Park (NBP)? Please mark (●) all that apply in column (a). [2. TPLAN11]
  - b) If you were to visit Richmond National Battlefield 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).

<u>a) <b>P</b></u>	rior to this visit	b) Prior to future visits
0	Did not obtain information prior to visit → Go to par	t b of this question
0	Friends/relatives/word of mouth	Ο
0	Inquiry to the park via phone, mail, or email	Ο
Ο	Local businesses (hotels, motels, restaurants, etc.)	Ο
Ο	Maps/brochures	Ο
0	Newspaper/magazine articles	Ο
Ο	Other National Park Service sites/units	Ο
0	Previous visits	Ο
0	Richmond Metro Convention & Visitors Bureau	Ο
0	Richmond National Battlefield Park website: www.nps	s.gov/rich O
0	Other websites (specify)	O
0	School class/program	Ο
0	Social media (such as Facebook, Twitter, etc.)	Ο
0	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	Ο
0	Virginia Civil War Trails program	Ο
0	Other (Please specify below)	Ο
Prior	to this visit Prior to future visi	ts

	c)		n the source type of inform								I group receive .AN12]
		Ο	No	0	Ye	s <b>→</b>	Got	o Que	estion 2		
	d)		O, what type not availabl							ersonal	group need that
2.	a)		his visit, did e city of Ric							ric Tred	legar Iron Works
		Ο	Yes	Ο	No	<b>→</b>	Go to	Que	stion 3		
	b)	Cent Visit the A	or Center is American Ci	ed by two o managed vil War Ce ion. <u>Prior t</u>	differe by the enter a o this	nt er e Na are r visit	ntities. ational manago t, were	Richr Park and by you a	nond Na Service Tredega and your	ational E while th ar Natio person	interpretive Battlefield Park ne grounds and nal Civil War nal group aware of
	C	)	Yes, aware	sites were	mana	ageo	d by tw	o diffe	erent org	ganizati	ons
	C	)	No, thought	both sites	were	ma	naged	by the	e Nation	al Park	Service
	C	)	No, thought	both sites	were	ma	naged	by the	e Americ	can Civi	l War Center
	C	)	Did not know	w who ma	naged	l eith	ner site	)			
[ <mark>6</mark> . 3.	Ο	n this	ERV17] s visit, were al Battlefield	the signs of Park ade	directi quate	ng y ? Pl	ou and ease n	d your nark (•	persona  ) one a	al group answer	to Richmond for each.
a)	Inte	erstat	e signs		0	Ye	s	0	No	Ο	Did not use
b)	Sta	te hig	ghway signs		Ο	Ye	s	Ο	No	0	Did not use
c)	Sig	ns in	local comm	unities	0	Ye	s	0	No	0	Did not use
d)	Bat	tlefie	ld Tour route	e signs	0	Ye	s	0	No	Ο	Did not use
e)	•		swered NO				•				SERV18]
	St	tate h	nighway								
	In	loca	l communitie	es							
			Rattlefield To								

4.		ow did this visit to Richmond National Battlefield Park fit into your travel plans? ease mark (●) one. [2. TPLAN4]									
	0	F	Richmond Nationa	l Battle	field Pa	rk was	the primary destination				
	0	F	Richmond Nationa	l Battle	field Pa	rk was	one of several destinations				
<b>.</b>	O			l Battle	field Pa	rk was	not a planned destination				
[3. 5.		On t					eld Park, how much time in <b>total</b> did park sites? Please list partial hours				
[2	Number of hours TRIPC12]										
<b>[</b> 3.			-	onal g	roup vis	it the pa	ark on more than one day?				
		О	Yes	0	No						
	c)	On this visit to Richmond National Battlefield Park, how long did you and your personal group stay in the <b>area</b> (within 25 miles of any park site)? List partial hours or days as ¼, ½, ¾. [3. VARIATION TRIPC11]									
		O Resident of area									
			Number of hou	urs if le	ess thar	24 ho	urs				
			Number of day	/s <b>if 24</b>	hours	or mor	e				
6.							onal group visit while in the y. [3. VARIATION TRIPC28]				
O		Non	e → Go on to Q	uestio	n 7						
0		Ame	erican Civil War Ce	enter		0	Pamplin Park				
0		Civil	War Trails			0	Petersburg National Battlefield				
0		Fred	dericksburg NMP			0	Richmond History Center				
0		Holl	ywood Cemetery			0	Richmond National Cemeteries				
0		Mag	gie L. Walker NHS	3		0	State Capitol				
0		Mus	eum of Confedera	су		0	Virginia Historical Society				
0		Nort	h Anna Battlefield			0	Colonial Williamsburg				
0		Othe	er (Please specify)	)							

[3. 7.	VARIATION ACT20]  a) During this visit to Richmono group have any personal int				you and	your perso	nal		
	O Yes O	No <b>→</b> (	Go to Qu	uestion 8					
[6.	EVALSERV23]								
	<ul> <li>b) If YES, please rate the quali mark (●) one response for ex</li> </ul>		nteractio	n with the p	ark rang	er. Please			
		Very poor	Poor	Average	Good	Very goo	d_		
	Helpfulness	Ο	0	Ο	O	Ο			
	Courteousness	0	0	0	0	0			
	Quality of information provided	0	0	0	0	0			
8.	On this visit, how many vehicle the park? Please write 0 if you	•	•		•		ıt		
	Number of vehicles								
9.	<ul> <li>a) For this visit, please list the <b>order</b> in which you and your group visited the following sites at Richmond National Battlefield Park by writing the number 1, 2, 3, etc. in column (a). If you did not visit a site, please leave that line blank. Please use the following map to help you locate the sites. [3. VARIATION ITIN2]</li> <li>b) For each site that you and your group visited, how much time did your group spend at the site? Please list number of hours in column (b). List partial hours as ¼, ½, or ¾. [3. VARIATION ITIN1]</li> </ul>								
a) Order Site b) Number of hours									
Chimborazo Medical Museum									
	Garthright House								
Chickahominy Bluff									
Drewry's Bluff									
	Beaver Dam Creek Battlefield								
	Parker's Battery								
	Gaines' Mill Battlefield								
	Malvern Hill Battlefield								
	Civil War Visitor Center at Tredegar Iron Works  Cold Harbor Battlefield and Visitor Center								
	Glendale Battlefield and Visitor Center								
Fort Harrison Visitor Center and adjacent sites									
	Fort Brady								
	Other (Please specify	)							

Total number of hours spent visiting sites

	c)	sites v	were to visit Ri vould you and oply on the ma	your pe	erson	al gro	oup b	e likely	y to vis	n the fu it? Ple	uture, v ase ma	which pa ark (●)	ark <b>all</b>
(Pla	ace	holde	r – Map)										
10.	<ol> <li>a) On this trip, did you and your personal group stay overnight away from your permanent residence in the surrounding area of Richmond National Battlefie Park (within 25 miles of any park site)? [3. VARIATION TRIPC13]</li> </ol>												
		0	Yes	0	No	→ G	o to	Quest	tion 11				
	b)		s, please list the irrounding are			_	•				•	•	l in
			_ Number of ni	ghts in	the <b>s</b>	urro	undi	ng are	<b>a</b> outs	de the	park		
	c)	outsid	ch types of lode e park in surro I that apply. [3.	ŭnďing	area								
		0	Lodges, hotels	s, vaca	ition r	ental	s, B&	B, etc					
		0	RV/trailer cam	nping									
		0	Tent camping	in dev	elope	d can	npgro	ound					
		0	Residence of	friends	or re	lative	es						
		0	Other (Please	specif	y)								

- a) On this visit, which activities did you and your personal group participate in within Richmond National Battlefield Park? Please mark (●) all that apply in column (a).
   ACT22]
  - b) If you were to visit Richmond National Battlefield Park in the future, in which activities would you and your personal group expect to participate at the park? Please mark (●) all that apply in column (b). [3. VARIATION ACT22]

a) This v	<u>b) Future visit</u>	
Ο	Attending living history programs	0
Ο	Attending ranger-led programs	0
0	Attending school program	0
Ο	Touring Civil War battlefields	0
Ο	Taking CD tour of Seven Days Battles	0
Ο	General sightseeing	0
Ο	Creative arts (photography/painting/drawing)	0
Ο	Family history/genealogy research	0
Ο	Nature study (wildlife, birds, wildflowers, etc.)	0
Ο	Taking self-guided podcast tours	0
Ο	Visiting Historic Tredegar Iron Works	0
Ο	Walking trails for exercise/recreation	0
Ο	Walking trails for historical interest	0
Ο	Following a Civil War Trails Tour	0
Ο	Visiting Maggie L. Walker National Historic Site	0
Ο	Obtaining a National Park Passport stamp	0
Ο	Watching park films	0
0	Other (Please specify below)	Ο
This visit		

[3. VARIATION ACT23]

c) Which one of the activities in column a was most important to you and your group on this visit to Richmond National Battlefield Park? Please list only one.

[6, FVALSERV21]

- 12. a) Please mark (•) all the visitor services and facilities that you or your personal group used during this visit to the Richmond National Battlefield Park.
  - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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.

	isitor services and ities used	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
Mark		<u> </u>	7.0
0	Access for disabled persons		
0	Assistance from park staff		
0	CD driving tour		
Ο	Junior Ranger program		
0	Other park publications		
Ο	Outdoor exhibits		
0	Park library		
0	Park brochure/map		
Ο	Podcasts		
Ο	Ranger-led programs		
Ο	Richmond National Battlefield Park		
0	www.nps.gov/rich/ (used before or Trails	during visit)	
0	Visitor center exhibits		
0	Visitor center restrooms		

13. On this visit, did you and your personal group attend any ranger-led talks or ranger-

No → Go to Question 15

led tours at Richmond National Battlefield Park? [3. VARIATION ACT8]

Yes

14.		attended any f the followin									ne re	esponse for
a) F	Program	length:	0	Too s	hort		C	) A	bou	ut right	0	Too long
b) 1	Fiming c	f programs:	0	Able t	o parti sired tii	•	ate C			able to pa		pate
с) Т	opics d	iscussed:	0	Of inte	erest		C	) N	IOT	of interest		
		learn someth or meaningfo										eld Park that is
	0	Yes		Ο	No			O		Not sure		
e) I	f YES, v 26]	vhat did you	learr	n that is	s mear	ning	ful or i	ele	evar	nt to your li	fe to	day? [3. ACT
15.	a) Did y	ou and your	pers	sonal g	roup v	isit	the pa	rk t	000	kstore? 3.	VAR	IATION ITIN4]
	0	Yes		Ο	No	<b>→</b>	Go to	Qı	ues	tion 16		
	,	ES, were then hase that are		•			•		•	•	_	oup would like to
	0	Yes		0	No	<b>→</b>	Go to	Qı	ues	tion 16		
	purc	ES, which iten hase on a fu PC20]										ve available for RIATION
	0	Additional	pub	lication	ıs (boo	ks,	broch	ure	s, e	etc.)		
		1 List sub	jects	s you a	re inte	res	ted in					
	0	CDs, DVD	s, de	ownloa	dable	digi	tal files	s sı	uch	as podcas	ts, N	1P3, etc.
	0	Additional	map	os (othe	er than	ра	rk brod	chu	re/r	map)		
	0	Other (Ple	ase	specify	/)							
16.	,	uld you or m ional Battlefi					_	•			_	
-		Yes TON EVALSI uld you or m		-	No your pe	ersc	onal gr	O oup	o re	Not sure	∕isitii	ng Richmond

National Battlefield Park to your friends/relatives?

12				Richmo	nd Nationa	al Battlefield	l Park Vis	itor Study	
	0	Yes	0	No	0	Not sure	<u> </u>		
17.	service	s, and reci	ld you and y eational opp Please mark	ortunities	at Richmon	nd National	ity of facil Battlefiel	ities, d Park	
	Very	poor	Poor	Avera	age	Good	Very (	good	
	C	)	0	0		0	0	0	
<ul> <li>[6. OPNMGMT4]</li> <li>18. It is the National Park Service's responsibility to protect Richmond National Battlefield Park's natural, scenic, and cultural resources and visitor experiences the depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience.</li> </ul>								eriences that d your ence.	
At	tribute/r	esource/e	xperience	Not important		Moderately important	,	Extremely important	
Gr	een/opei	n space		0	0	0	Ο	0	
Pre	eserved	battlefield l	andscape	0	Ο	0	0	0	
His	storic str	uctures/bui	ldings	Ο	Ο	0	0	0	
His	storic tra	ils with inte	rpretation	Ο	Ο	0	0	0	
	creation exercisir		nities (hiking,	0	0	0	0	0	
Int	eraction	with park s	taff	0	0	0	Ο	Ο	
Ed	ucationa	ıl opportuni	ties	Ο	Ο	0	0	0	
Cle	ean air (\	isibility)		Ο	0	0	0	0	
So	litude			Ο	Ο	0	0	0	
19. If you were to visit Richmond National Battlefield Park in the future, which would you and your personal group like to learn (or learn more) about thro interpretive programs? Please mark (●) all that apply. [3. FVIS6 VARIATION NATION N						throuġh			
	0	Not interes	ested in inte	rpretive pr	ograms 👈	Go to Qu	estion 27	,	
	0	Military h	istory		0	Local histo	ry		
	Ο	Civilian h	istory		Ο	Architectur	е		
	Ο	Archeolo	gical history		0	Natural his	tory		
	0	Other (Pl	ease specify	y)					

20.	On th organ	is visit, w ized gro	rere you and ups? Please	d your pe e mark ( <b>•</b>	ersonal gro one for e	up with theach. [1. (	e followi GR6]	ng type	s of
	a) Co	mmercia	l guided tou	ır group	C	) Yes		0	No
	b) Scl	hool/edu	cational gro	up	C	) Yes		Ο	No
	b) Civ	ıl War er	nthusiast gro	oup	C	) Yes		Ο	No
	,	_	nized group church, scou	t, etc.)	C	<b>)</b> Yes		0	No
			with one of ere in this or						including
		Nu	mber of pec	ple in or	ganized gr	oup			
21.	a) On gro	this visit up) were	, what kind you with?	of person Please m	nal group ( nark (●) <b>or</b>	not guide ne. [1. GR	d tour/sc <mark>5]</mark>	hool/otl	ner organized
	0	Alone			0	Friends			
	0	Family			0	Family	and frien	ds	
	Ο	Other (	Please spec	cify)					
	,	this visit GR3]	, how many	people	were in you	ur persona	al group,	includi	ng yourself?
		Nu	mber of pec	ple in pe	ersonal gro	up			
22.	lan	guages o	visiting an a do you and g? [1. LANG	most me					ld Park, what r to use for
a) S	peakir	ng O	English	0	Other	language	(Specify	)	
b) R	eading	9 0	English	0	Other	language	(Specify	)	
23.			members of each group				ic or Lati	no? Ple	ease mark
			Yourself	Member #2	Member #3	Member #4	Member #5	Memb #6	er Member #7
		Hispanic atino	0	0	0	Ο	0	0	Ο
	No, no Hisp Lati	oanic or	0	0	0	0	0	0	0

### [1. RACE/ETH4]

0

Yes

b) What is your rad	ce? What is the race of each member of your personal group	?
	one or more for you and each group member	

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	0	Ο	0	0	0	0	0
Asian	Ο	0	0	Ο	0	0	0
Black or African American	0	0	0	0	0	Ο	0
Native Hawaiian or other Pacific Islander	0	Ο	0	0	0	0	Ο
White	0	0	0	Ο	0	0	0

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Number of times visited Richmond NBP in lifetime (including this visit)
Yourself			
Member #2			
Member #3			
Member #4			
Member #5			
Member #6			
Member #7			

			_			
25.	a)				roup aware that special needs equipment (listeninavailable to visitors? [1. VARIATION KNOW5]	g
		0	Yes	0	No	
	b)				roup have a physical condition that made it in park activities or services? [1. GR2]	

No → Go on to Question 24

0

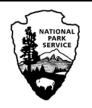
			your perso Visitor act					special needs equipment? esources]
	Ο	Yes		Ο	No	→ Go	on	to Question 26
			the special ark service		quipme	ent eas	sy to	o use? [Topic area 5 – Visitor
	•	Yes ou only, w (●) <b>one.</b>		O highest le	No evel of	educa	tion	you have completed? Please
	O	Some h	gh school			0		Bachelor's degree
	Ο	High sch	nool diplom	na/GED		0		Graduate degree
	Ο	Some co	ollege					
<i>1</i> .	,	•	u and your tlefield Par	•	•		nosi	t about your visit to Richmond
	Na ————————————————————————————————————	tional Bat	tlefield Par	k? [6. EV	group	RV25]		t about your visit to Richmond
8.	b) When the second seco	nat did yo tional Bat were a n	and your tlefield Par	personal k? [6. EV	group ALSEI	like le RV24]	<b>east</b>	

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

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# **OFFICIAL BUSINESS**

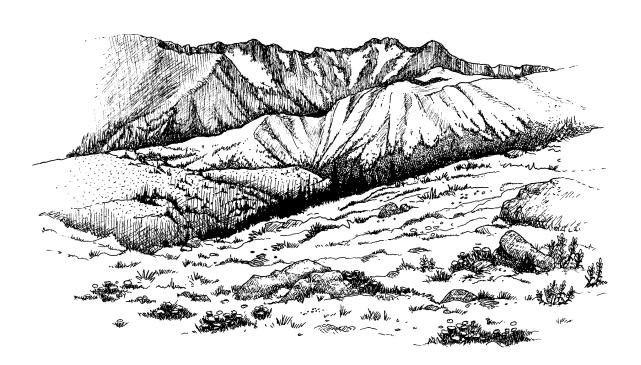
Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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

**Visitor Services Project** 

### Rocky Mountain National Park Visitor Study



OMB Approval 1024-xxxx (NPS #xx-xx)

Expiration date: xxxx



### **United States Department of the Interior**

### NATIONAL PARK SERVICE

Rocky Mountain National Park 1000 Highway 36 Estes Park, CO 80517-8397

IN REPLY REFER TO:

Summer 2010

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Rocky Mountain National Park. This information will help us improve our management of this park and better serve you, our visitor.

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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.

We appreciate your help.

Sincerely,

Need electronic signature

Vaughn Baker 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 (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: (



Not like this: ( )





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

Thank you!

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### Your Visit To Rocky Mountain National Park

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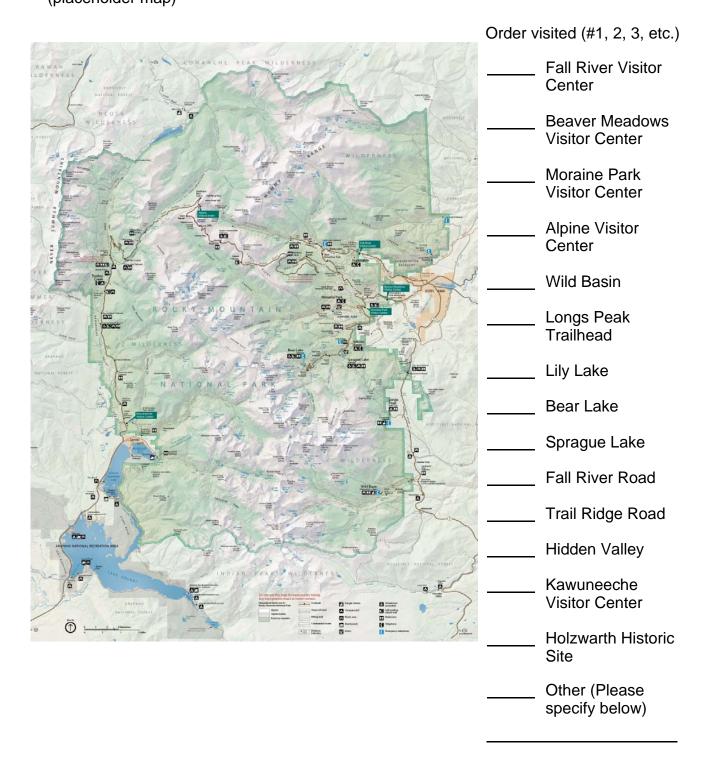
- a) Prior to this visit, how did you and your personal group obtain information about Rocky Mountain National Park (NP)? Please mark (●) all that apply in column (a). [2. TPLAN11]
  - b) If you were to visit Rocky Mountain NP in the future, how would you and your personal group prefer to obtain information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

a) Prio	r to this visit	b) On future visits
Ο	Did not obtain information prior to visit → Go to part b	of this question
0	Friends/relatives/word of mouth	0
Ο	Inquiry to the park via phone, mail, or e-mail	0
Ο	Local businesses (hotels, motels, restaurants, etc.)	Ο
0	Maps/brochures	0
Ο	Newspaper/magazine articles	0
Ο	Previous visits	Ο
0	Rocky Mountain NP website: www.nps.gov/romo	Ο
0	Other websites	Ο
0	Other National Park Service sites/units	Ο
0	School class/program	Ο
0	Social media (such as Facebook, Twitter, etc.)	Ο
0	State welcome center/visitors bureau/chamber of comn	nerce O
Ο	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	Ο
0	Other (Please specify below)	Ο
Prior to	this visit Prior to future visits	
	from the sources marked in column (a), did you and your eceive the type of information about the park that you ne	
(	O Yes → Go to Question 2	

	,	IO, what type of park information did you and your personal group need that s not available? Please be specific. [2. TPLAN13]
2.	to the	is trip, what was the primary reason that you and your personal group came Rocky Mountain NP <b>area</b> (within 20 miles of the park)? Please mark (●)  [3. TRIPC1]
	0	Resident of the area (within 20 miles of the park) → Go to Question 3
	0	Visit Rocky Mountain NP
	0	Visit other attractions in the area
	0	Visit friends/relatives in the area
	0	Business
	0	Traveling through – unplanned visit
	Ο	Other (Please specify)
3.	,	this trip, did you and your personal group stay overnight <b>away from home</b> in area within 20 miles of the park? [3. TRIPC13]
[3.	b) and	Yes O No → Go to Question 4  TION TRIPC15]  d c) If YES, how many nights did you and your personal group spend in the owing types of accommodations? Please write the number of nights stayed.
b	•	ber of nights c) Number of nights e park outside park within 20 miles
	n/a	Lodge, motel, cabin, rented condo/home, or bed & breakfast
		Camping in developed campground
	7	At which location in the park?
		Backcountry campsite
		Personal seasonal residence (summer home)
		Residence of friends or relatives
		Other accommodations (Please specify below)
Ins	ide par	k Outside park
4.	a) On	this visit, how many vehicles did you and your personal group use to arrive he park? Please write 0 if you did not arrive by vehicle. [1. GRP4]  Number of vehicles

	,	his visit, how man [3. TRIPC5]	y times di	id you and your pe	ersonal gr	oup enter Rocky Mt.
		Number of enti	ries on thi	s visit		
5.	é.g.		food, lod	ging) for this visit t	•	ain support services Mountain NP? Please
	Ο	None → Go to	o Questic	on 6		
	Ο	Estes Park	Ο	Grand Lake	0	Granby
	Ο	Longmont	Ο	Loveland	0	Winter Park
	0	Other (Please s	specify) _			
		e you and your pe ded in these comn			all the se	rvices that you
	Ο	No	0	Yes → Go to	Question	1 6
	c) If NO	D, what needed se	ervices we	ere not available?	[3. TRIPC	20]
	S	Service (List)		Comments (	Please be	specific)
6.		long did you and in 20 miles of the				ky Mountain NP <b>area</b> as ¼, ½, ¾.
[3.	VARIAT	ION TRIPC11]				
			ours, if les OR	s than 24 hours		
				nours or more		
	,	his trip, how long ntain NP? Please	•			•
		Number of hou	ırs <b>if less</b>	than 24 hours		
			OR			
		Number of day	's <b>if 24 hc</b>	ours or more		

7. For this visit, please use the map below to mark the order (#1, 2, 3, etc.) in which you and your personal group visited the following sites at Rocky Mountain NP.[3. ITIN2](placeholder map)



- 8. a) On this visit, in which activities did you and your personal group participate within Rocky Mountain NP? Please mark (●) all that apply in column (a). 3. ACT22]
  - b) If you were to visit Rocky Mountain NP in the future, in which activities would you and your personal group prefer to participate? Please mark (●) all that apply in column (b). 3. VARIATION ACT22]

<u>a) This</u>	visit		b) Future visits
0	Attending ranger-led programs		0
Ο	Backpacking		0
0	Bicycling		0
0	Camping in developed campgrou	nds	0
0	Day hiking		Ο
0	Driving Trail Ridge Road		Ο
0	Fishing		Ο
0	Horseback riding		0
0	Creative arts (photography/painting	ng/drawi	ng) O
0	Picnicking		Ο
0	Mountaineering/climbing		Ο
0	Driving Bear Lake Road		Ο
0	Viewing scenery		Ο
0	Wildlife viewing/bird watching		Ο
O This vis		e visits _	0
c) Whic	ON ACT 24] h one of the above activities in colubral group on this visit to Rocky Mo		
[3. VARIATION of the control of the	ON ACT9] I did not attend any ranger-led prog	ırams/ac	tivities on this visit, why not?
0	Not interested	Ο	Did not have time
0	Not aware of ranger programs	Ο	Not enough programs offered
O	Other (Please specify)		

[6. VARIATION EVALSERV15]9. How did the following elements affect your and your group's experience during this visit to Rocky Mountain NP? Please mark (•) one answer for each element.

Element	Detracted from	No effect	Added to	Did not experience
Horse use on trails	0	0	0	0
Crowding	0	0	Ο	0
Fencing of fragile areas	0	0	Ο	0
High elevation aircraft	0	0	0	0
Noise from vehicles/trucks/motorcycles	0	0	0	0
Helicopters	0	0	0	0
Other (Please specify)	0	0	0	0

10. It is the National Park Service's responsibility to protect Rocky Mountain NP's natural, scenic, and cultural resources and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (•) one answer for each attribute/resource/experience. [6. OPNMGMT4]

Attribute/resource/experience	Not important	Somewhat important	Moderately important		Extremely important
Clean air (visibility)	0	Ο	0	Ο	0
Clean water	0	0	0	0	0
Dark, starry night sky	0	0	0	0	0
Natural quiet/sounds of nature	0	0	0	0	0
Natural scenery/undeveloped vistas	0	0	0	0	0
Native plants	0	0	0	0	0
Native wildlife	0	0	0	Ο	0
Recreational opportunities (hiking, camping, climbing, etc.)	0	0	0	Ο	0
Solitude	0	0	0	0	0

- 11. a) Please mark (●) **all** the information services and facilities that you or your personal group **used** during this visit to Rocky Mountain NP. [6. EVALSERV21]
  - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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.

•	formation services and cilities used (●)	b) If used, how importa 1=Not importa 2=Somewhat 3=Moderately 4=Very import 5=Extremely i	nt? ant important important tant	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
0	Assistance from park staff/volunteer	rs		
Ο	Evening programs			
Ο	Trailhead signs			
Ο	Junior Ranger program			
Ο	Outdoor exhibits (roadside/trailside)			
Ο	Park brochure/map			
Ο	Park newspaper			
Ο	Ranger-led walks/talks			
Ο	Rocky Mountain NP website: www.nps.gov/romo (used before or	during visit)		
0	Sales items in park bookstores (selection, price, etc.)			
0	Self-guided tour/trail booklets	_		
Ο	Visitor center			
Ο	Visitor center exhibits			
Ο	Visitor center movie			
Ο	Estes Park TV (videos on park reso	urces)		

12.	Overall, how would services, and recreated Please mark (•) on	ational opportur	nities at	l group rate the Rocky Moun	ne quality of tain NP dur	facilities, ing this visit?
	Very poor	Poor A	Average	e Goo	d Ve	ery good
	Ο	0	Ο	0		0
13.	For you and your pe listed below for this value of any park a particular category	visit to Rocky M entrance point	lountair ). <b>Pleas</b>	NP and the	surrounding	area (within
	a) Please list your gr	oup's total expe	enditure	es inside Rocl	ky Mountain	NP.
	b) Please list your gr	oup's total expe	enditure	es outside the	park (within	າ 20 miles).
	NOTE: Surroundin were just for	g area resident or this visit to Ro			e expenditur	es that
					PENDITURE	
_	otalo matalo cabino	DOD ata		a) Inside par		tside park
	otels, motels, cabins,			n/a		
C	amping fees and cha	rges		\$	_ \$	
G	uide fees and charge	S		\$	_ \$	
R	estaurants and bars			\$	_ \$	
G	roceries and takeout	food		\$	_ \$	
G	as and oil (auto, RV,	boat, etc.)		\$	_ \$	
	other transportation ex		:	\$	_ \$	
	(rental cars, auto repadents) (rental cars, auto repadents)	airs, but NOT a	mare)	\$	_ \$	
	ecreation, entertainm (including equipment			\$	_ \$	
	Il other purchases (so sporting goods, clothi		ooks,	\$	_ \$	
D	onations			\$	_ \$	
	c) How many people	e do the above	expens	es cover? [3.	TRIPC27]	
	Adults (18		•		_	8 years)
		o" if no children				

14. a) If you visit Rocky Mountain NP in the future, would you and your personal group be interested in attending ranger-led programs in the park? [3. VARIATION FVIS12]

12				Rocl	ky Mountain	National Pa	ark Visitor Study
[2 E)/	0	Yes, likely	0	No	, unlikely	0	Not sure
[3. FV b)		S, what length of pro	gram wo	uld y	ou and you	personal g	group like to attend?
	0	Under 1/2 hour	Ο	1/2	- 1 hour	0	1 - 2 hours
	0	Other (Please spec	cify)				
c)	NP. F	se indicate your prefe Please suggest up to or p.m. [Topic area 3	two time	e per	iods by writi	ng in the ho	ours and circling
	Fı	rom a.m. or	p.m. 7	Го _	a.m. c	or p.m.	
	Fı	rom a.m. or	p.m. 7	Го _	a.m. c	or p.m.	
15. a)		se mark (●) <b>all</b> the vi o <b>used</b> during this vis					
b)		for only those service rate their importan			ies that you	or your per	sonal group used,
c)		y, for only those ser , please rate their qu			•	u or your p	ersonal group
		or services and s used			b) If used, how import 1=Not import 2=Somewhat 3=Moderate 4=Very import	tant It important Iy important ortant	3=Average 4=Good
Ma	ark (●)				5=Extremely	mportant	5=Very good
0	В	ackcountry camping			_		
0	C	ampgrounds			_		
0	D	irectional signs in pa	rk		_		
0	In	-park food services			_		
0	S	huttle buses			_		
0	P	arking areas			_		
0	Pi	icnic areas					
0	R	estrooms/toilets					
0	R	oads			_		
0	S	cenic pullouts					

Roo	cky Mo	untain Nat	ional Park V	sitor Stu	ıdy			13
	0	Trails						
	If you		sit Rocky Mo				re, which topics would you a ase mark ( <b>●</b> ) <b>all</b> that apply	
	0	Not inte	erested in lea	rning ab	out the	park	→ Go to Question 17	
	0	Geolog	у		0	His	tory	
	Ο	Plants/t	tundra/forest	8	0	Hik	ing	
	0	Wildlife			0	Par	rk management issues	
	Ο	Other (	Please speci	fy)				
•	If you		sit Rocky Mo				re, how would you and you ease mark (●) <b>all</b> that apply	
	O	Not inter	ested in inte	rpretive	activitie	s/prog	grams -> Go to Question	18
	0	Indoor e	xhibits			0	Self-guided tours	
	0	Outdoor	exhibits (roa	dside)		0	Ranger-guided walks/ta	alks
	0	Trailside	exhibits			0	As a volunteer in the pa	ark
	0	Park we	bsite: <u>www.n</u>	ps.gov/r	<u>omo</u>	0	Children's activities	
	0	Living hi	story/costum	ed interp	oretive <sub>l</sub>	orogra	ams	
	0						ors (downloadable digital fil omputer tours, audio, etc.)	es,
	0	Films, m	ovies, videos	6				
	0	Printed r	materials (bro	ochures,	books,	maps	s, etc.)	
	0	Other (P	lease specify	/)				_
18.	•	ou only, wh (●) <b>one.</b> [1	•	nest leve	el of edu	ıcatior	n you have completed? Ple	ase
	0	Some hig	jh school			Ο	Bachelor's degree	
	0	High scho	ool diploma/0	GED		Ο	Graduate degree	
19.	a) & b you	and most	NG2] siting an area members of	your pe	rsonal	group	ntain NP, which language(s	
a)S	peakin	g <b>O</b>	English	O	Other	langu	age (Specify)	

14					Rock	у Мо	untain Na	ational I	Park Vis	sitor Study
b) F	Reading	0	English	n O	Oth	er lan	iguage (S	Specify)		
20.			ere you ar ıps? Pleas						ng type:	s of
	a) Comr	nercial	guided to	ur group		0	Yes		0	No
	b) School	ol/educ	cational gro	oup		Ο	Yes		0	No
	c) Orgar (busi	_	roup church, sco	ut, club, e	tc.)	0	Yes		0	No
	d) Other	group	(specify b	elow)		0	Yes		0	No
	yours	elf, we	with one o	organized	group?	[1. V/	ARIATIO			ncluding
		Nur	nber of pe	ople in o	rganized	grou	p			
21.	a) On th organ	is visit ized g	, what kind roup) were	l of perso you with	nal groun? Pleas	ıp (no e mar	t guided k (●) <b>on</b>	tour/scł <b>e</b> . [1. G	nool/oth <mark>R5]</mark>	er
	0	Alone	)		О	) [	riends			
	Ο	Fami	ly		С	) [	amily ar	nd friend	ds	
	Ο	Othe	r (Please s	specify) _						
	b) On th	is visit,	, how man	y people	were in	your <sub>l</sub>	personal	group,	includir	ng yourself?
		Numb	er of peop	le in pers	sonal gro	up [1	. GR3]			
22.	For you	only, v	vhat is you	ır gender	? [1. GE	ND2]				
	O M	lale		0	Female	)				
23.			e in your p							
	0	Yes		0 1	Vo <b>→ (</b>	o to	Questio	n 24		
	b) If YES	S, wha	t services	or activiti	es were	diffic	ult to acc	ess/par	ticipate	in?
24.			nembers c member. [			anic	or Latino	? Pleas	e mark	(●) one for
			Yourself	Member #2	Memb #3	er M	lember M #4	lember #5	Member #6	er Member #7
`	∕es, Hispa Latino	nic or	0	0	0		0	0	0	0

or Latino	0	0	0	0	0	0	0
[1. RACE/ETH4] b) What is your r Please mark (							roup?
· ·	Yourself	Member #2	Member #3	J	· Member #5		Membe #7
American Indian or Alaska Native	Ο	0	0	0	0	0	0
Asian	0	0	0	Ο	0	Ο	Ο
Black or African American	0	0	0	0	0	0	0
Native Hawaiian or other Pacific Islander	. 0	0	0	0	0	0	0
White	0	0	O	0	0	0	Ο
you do not know	tne answ	b) <b>n</b>	e leave bla U.S. ZIP co ame of cou other than	ode or Intry	& d) Num Rocky N	<b>/lountain l</b> ng this visi	NP
a		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself Member #2		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself Member #2 Member #3		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself Member #2 Member #3 Member #4		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself Member #2 Member #3 Member #4 Member #5		b) <b>n</b>	U.S. ZIP co	ode or Intry	& d) Num Rocky N (includi	<b>/lountain l</b> ng this visi	<b>VP</b> t)
Yourself Member #2 Member #3 Member #4 Member #5 Member #6	Current a	b) nage -	U.S. ZIP coame of coupther than the personal g	pde or intry U.S. pa	s & d) Num Rocky N (includi	Mountain I ng this visi ths lifet	NP t) ime

16 Rocky Mountain National Park Visitor Study
Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

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