



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

Visitor Services Project

Black Canyon of the Gunnison National Park

Visitor Study



**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.

1. 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) Prior to this visit

b) Prior to future visits

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> | Black Canyon of the Gunnison NP website: www.nps.gov/blca | <input type="radio"/> |
| <input type="radio"/> | Other websites | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> | Inquiry to park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> | Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> | Maps/brochures | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> | Previous visits | <input type="radio"/> |
| <input type="radio"/> | Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> | School class/program | <input type="radio"/> |
| <input type="radio"/> | Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> | State welcome center/visitors bureau/Chamber of Commerce | <input type="radio"/> |
| <input type="radio"/> | Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

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

- No
 Yes → **Go to Question 2**

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

2. a) **Prior to this visit**, were you and your personal group aware of the following rules/regulations at Black Canyon of the Gunnison NP? Please mark (●) **one** answer for each item in column (a). [1. VARIATION KNOW8]

b) Did you and your group learn (via publications, signs, talking to park staff, etc.) about these rules/regulations **during this visit** to Black Canyon of the Gunnison NP? Please mark (●) **one** answer for each item in column (b).

[1. VARIATION LEARN5]

a) Aware prior to visit?		Rules/regulations	b) Learned during visit?	
Yes	No		Yes	No
<input type="radio"/>	<input type="radio"/>	An entrance fee is required to enter Black Canyon of the Gunnison NP	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Permits are required for hiking, climbing and kayaking below the canyon rim	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Gold medal fishing regulations apply	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Certain restrictions apply for firearms	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Campsites can be reserved through a national reservation system	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Collecting of any material (e.g., wood, wildflowers, rocks, historic artifacts) is prohibited	<input type="radio"/>	<input type="radio"/>

c) How did you learn about the above rules/regulations on this visit? Please mark (●) **all** that apply. [1. VARIATION LEARN7]

- Park newspaper Visitor center exhibits
 Outdoor/wayside exhibits Ranger/park staff
 Signs

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

_____ Number of vehicles

4. How did this visit to Black Canyon of the Gunnison NP fit into your travel plans? Please mark (●) **one**. [2. TPLAN4]
- Black Canyon of the Gunnison NP was primary destination
- Black Canyon of the Gunnison NP was one of several destinations
- Black Canyon of the Gunnison NP was not a planned destination
- [3. VARIATION TRIPC1]
5. On this trip, what was the **primary** reason that you and your personal group came to the Black Canyon of the Gunnison NP area? Please mark (●) **one**.
- Resident of the area (within 20 miles of the park) → **Go to Question 6**
- Visit Black Canyon of the Gunnison NP
- Visit other attractions in the area
- Visit friends/relatives in the area
- Traveling through - unplanned visit
- Business
- Other (Please specify) _____
6. a) On this visit, how long did you and your personal group spend visiting Black Canyon of the Gunnison NP? Please list partial hours as $\frac{1}{2}$, $\frac{1}{2}$, $\frac{3}{4}$. [3. TRIPC11]
- _____ Number of hours, **if less than 24 hours**
- OR**
- _____ Number of days, **if 24 hours or more**
- [3. VARIATION TRIPC11]
- b) How long did you and your personal group stay in the Black Canyon of the Gunnison NP area (within a 60 mile radius of Montrose)? Please list partial hours as $\frac{1}{2}$, $\frac{1}{2}$, $\frac{3}{4}$.
- Resident of the area → **Go to Question 7**
- _____ Number of hours **if less than 24 hours**
- OR**
- _____ Number of days **if 24 hours or more**
7. a) On this trip, did you and your personal group camp **inside** Black Canyon of the Gunnison NP? Please mark (●) **one** [3. VARIATION TRIPC15]
- Yes
- No, day use only → **Go to Question 8**
- No, stayed overnight but did not camp inside the park → **Go to Question 8**
- [3. VARIATION ACT9]

b) If you and your personal group **did not** camp inside Black Canyon of the Gunnison NP, why not? Please mark (●) **all** that apply.

- | | |
|---|---|
| <input type="radio"/> Campgrounds were full | <input type="radio"/> Location not convenient |
| <input type="radio"/> Lack of desired campsite type | <input type="radio"/> Campgrounds lacked facilities |
| <input type="radio"/> Other (Please specify) _____ | |

[3. TRIPC20]

c) If the campgrounds lacked desired types or facilities, what is it that you and your personal group needed that was not available? Please be specific

[TRIPC29]

8. Which other local and regional attractions did you and your personal group visit on this trip to Black Canyon of the Gunnison NP? Please mark (●) **all** that apply.

- | | |
|--|--|
| <input type="radio"/> West Elk Loop Scenic Byway | <input type="radio"/> Crawford State Park |
| <input type="radio"/> Curecanti National Recreation Area | <input type="radio"/> Colorado National Monument |
| <input type="radio"/> Florissant Fossil Beds National Monument | <input type="radio"/> Telluride |
| <input type="radio"/> Grand Mesa | <input type="radio"/> Ute Indian Museum |
| <input type="radio"/> Gunnison Gorge Wilderness Area | <input type="radio"/> Crested Butte |
| <input type="radio"/> Ridgway State Park | <input type="radio"/> Ouray |
| <input type="radio"/> Silver Thread Scenic Byway | <input type="radio"/> Lake City |
| <input type="radio"/> Other (Please specify) _____ | |

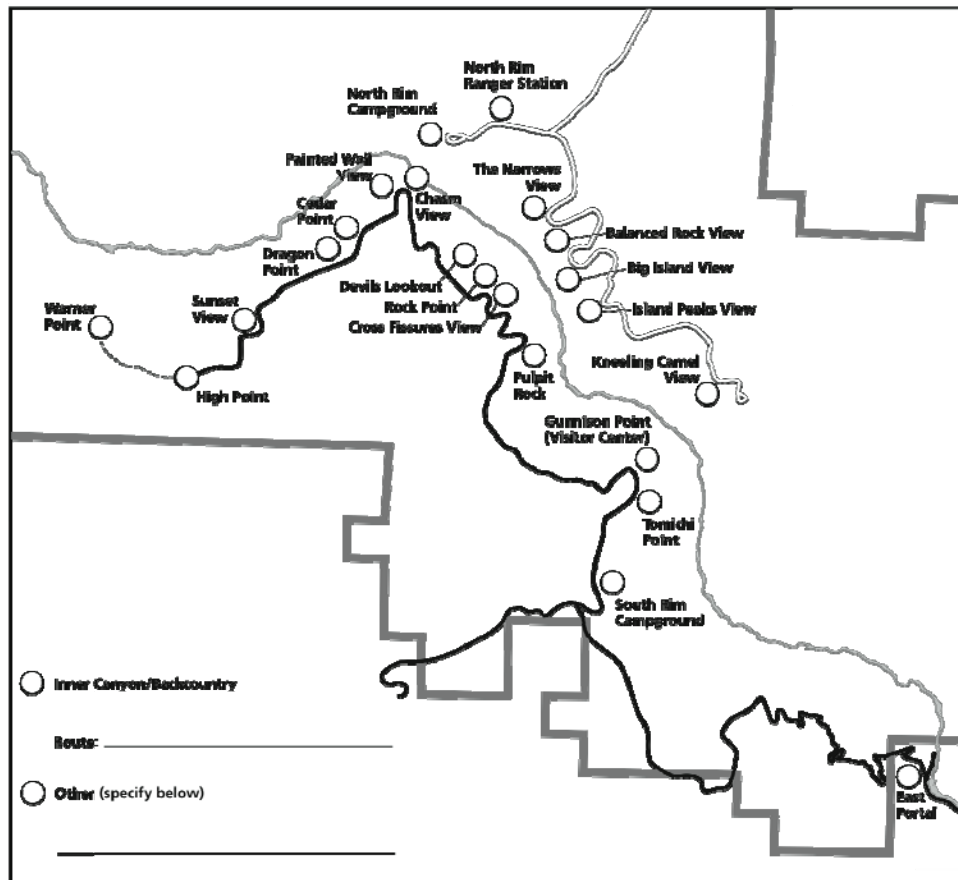
[6. EVALSERV17]

9. On this visit, were the signs directing you and your personal group to Black Canyon of the Gunnison NP adequate? Please mark (●) only **one** response for each.

- | | | | |
|--|---------------------------|--------------------------|-----------------------------------|
| a) Signs on U.S. Hwy 50 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| b) Signs on state highways 347 or 92 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| c) Signs on county roads leading to north rim | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| c) Signs inside the park | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| d) If you answered NO to any of the above, please explain. | | | |

[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/hike any trail? [3. TBACK12]

Yes → **Go to Question 11c** No

- b) If NO, why not? Please mark (●) **all** that apply. [3. VARIATION ACT9]

- Physical constraints
- Interested in activities other than hiking
- Lack of trail with desired distance
- Lack of trail with desired difficulty level
- Other (Please specify) _____

- 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]

Yes No → **Go to Question 11e**

d) If YES, what distance and difficulty level would you desire? Please be specific.

[3. VARIATION FVIS8]

Distance: _____ Difficulty: _____

e) If Black Canyon of the Gunnison NP **does not** have trails with desired distance and difficulty levels, would you be interested in information about other trails in the area outside the park with these desired features? [Topic area 7—Visitor opinions on park management]

Yes

No

12. a) On this visit, which activities did you and your personal group participate in within Black Canyon of the Gunnison NP? Please mark (●) **all** that apply in column (a).

[3. ACT22]

b) If you were to visit Black Canyon of the Gunnison 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]

a) This visit

b) Future visits

- | | |
|---|-----------------------|
| <input type="radio"/> General sightseeing | <input type="radio"/> |
| <input type="radio"/> Attending ranger-led programs | <input type="radio"/> |
| <input type="radio"/> Creative arts (photography/painting/drawing) | <input type="radio"/> |
| <input type="radio"/> Learning/studying geology | <input type="radio"/> |
| <input type="radio"/> Nature study (birds, wildlife, wildflowers, etc.) | <input type="radio"/> |
| <input type="radio"/> Camping in developed campgrounds | <input type="radio"/> |
| <input type="radio"/> Day hiking | <input type="radio"/> |
| <input type="radio"/> Backpacking | <input type="radio"/> |
| <input type="radio"/> Fishing | <input type="radio"/> |
| <input type="radio"/> Taking scenic drives | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Kayaking | <input type="radio"/> |
| <input type="radio"/> Rock climbing | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

This visit _____ Future visits _____

c) Which **one** of the above activities in column a was most important to you and your personal group on this visit to Black Canyon of the Gunnison NP? [3. ACT23]

d) What services and/or facilities would enhance your participation in this activity? Please explain. [3. VARIATION FVIS8]

[3. VARIATION ACT22]

13. a) Did anyone in your group participate in rock climbing in Black Canyon of the Gunnison NP on this visit or past visit(s)? Please mark (●) **one**.

- No, we have not participated in climbing activities → **Go to part d**
- Yes, we climbed on both this visit and past visit(s)
- This is our first time climbing here
- We have climbed in the past, but not on this visit

b) Where is your preferred area to climb in the park? [3. VARIATION ACT22]

- Don't have a preferred area

OR list one _____

c) Have you ever developed a new climbing route? [3. VARIATION ACT24]

- Yes No

d) Have you ever climbed in Curecanti National Recreational Area? [3. VARIATION ACT22]

- Yes No

e) Have you ever participated in ice-climbing in either Black Canyon of the Gunnison NP or Curecanti National Recreational Area? [3. VARIATION ACT22]

- Yes No → **Go to Question 14**

f) Please list the location of the approach trail used to gain access to your ice-climbing area. [3. VARIATION FVIS8]

14. If you were to visit Black Canyon NP in the future, which of the following commercial services would you like to have available? Please mark (●) **all** that apply.

[6. VARIATION OPMGMT7]

- Not interested in commercial services → **Go to Question 15**
- Restaurant/food service Snack/vending machine

- Camp store Souvenir/gift shop
 Other (Please specify) _____

15. a) Please indicate how safe you and your group felt in the following locations during this visit to Black Canyon of the Gunnison NP. Please mark (●) **one** answer for each location. [6. VARIATION EVALSERV19]

<u>Location</u>	Very unsafe	Somewhat unsafe	Neither safe/unsafe	Somewhat safe	Very safe	did not use/visit
On roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In campsites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parking areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At overlooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked that you felt "very unsafe" or "somewhat unsafe" for any of the above locations, please explain **where** and **why**. [6. VARIATION EVALSERV20]

Location: _____ Reason: _____

16. It is the National Park Service’s responsibility to protect Black Canyon of the Gunnison 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]

<u>Attribute/resource/experience</u>	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views without development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural resources/history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, camping, climbing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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]

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.

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

19. 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]

- Not interested in learning about the park → **Go to Question 28**
- | | |
|--|---|
| <input type="radio"/> Geology | <input type="radio"/> Fire ecology and management |
| <input type="radio"/> Plants and animals | <input type="radio"/> Rock climbing |
| <input type="radio"/> Ecosystem | <input type="radio"/> History |
| <input type="radio"/> Wilderness use and values | |
| <input type="radio"/> Other (Please specify) _____ | |

[3. VARIATION FVIS7]

20. If you were to visit Black Canyon of the Gunnison NP in the future, what types of interpretive programs would you and your personal group like to attend to learn about the cultural and natural aspects of the park? Please mark (●) **all** that apply.

- Not interested in interpretive programs → **Go to Question 29**
- | | |
|--|---|
| <input type="radio"/> Ranger-led walks | <input type="radio"/> Audio/video tour |
| <input type="radio"/> Ranger talks | <input type="radio"/> Auto tour |
| <input type="radio"/> Campfire programs | <input type="radio"/> Children's activities |
| <input type="radio"/> Self-guided with materials | <input type="radio"/> Astronomy programs |
| <input type="radio"/> Other (Please specify) _____ | |

21. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at Black Canyon of the Gunnison NP during this visit? Please mark (●) **only one**. [6. EVALSERV1]

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

22. On this visit, were you and your personal group with the following type of organized groups? Please mark (●) **one** for each. [1. GR6]

- | | | |
|---|---------------------------|--------------------------|
| a) Commercial guided tour group | <input type="radio"/> Yes | <input type="radio"/> No |
| b) School/educational group | <input type="radio"/> Yes | <input type="radio"/> No |
| c) Climbing group | <input type="radio"/> Yes | <input type="radio"/> No |
| d) Other organized group
(business, church, scout, etc.) | <input type="radio"/> Yes | <input type="radio"/> No |

e) 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

23. a) On this visit, which kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**. [1. GR5]

- | | |
|--|--|
| <input type="radio"/> Alone | <input type="radio"/> Friends |
| <input type="radio"/> Family | <input type="radio"/> Family and friends |
| <input type="radio"/> Other (Please specify) _____ | |

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people in personal group [1. GR3]

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]:

c) Frequency of visits to park

- 1=First visit
- 2=Less than 1 time/year
- 3=From 1 to 11 times/year
- 4=From 12 to 51 times/year
- 5=More than 51 times/years (including this visit)

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Frequency of visits to park
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

25. 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]

- Yes No → **Go to Question 24**

b) If YES, what services or activities were difficult to access/participate in?

26. a) & b) When visiting an area such as Black Canyon of the Gunnison NP, which **one** language do you and most members of your personal group prefer to use for the following? [1. LANG2]

- a) Speaking English Other language (Specify) _____
- b) Reading English Other language (Specify) _____

27 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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

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

29. If you were a manager planning for the future of Black Canyon of the Gunnison NP, what would you propose? Please be specific. [6. OPNMGMT7]

30. Is there anything else you and your personal group would like to tell us about your visit to Black Canyon of the Gunnison NP? [6. OPNMGMT8]

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

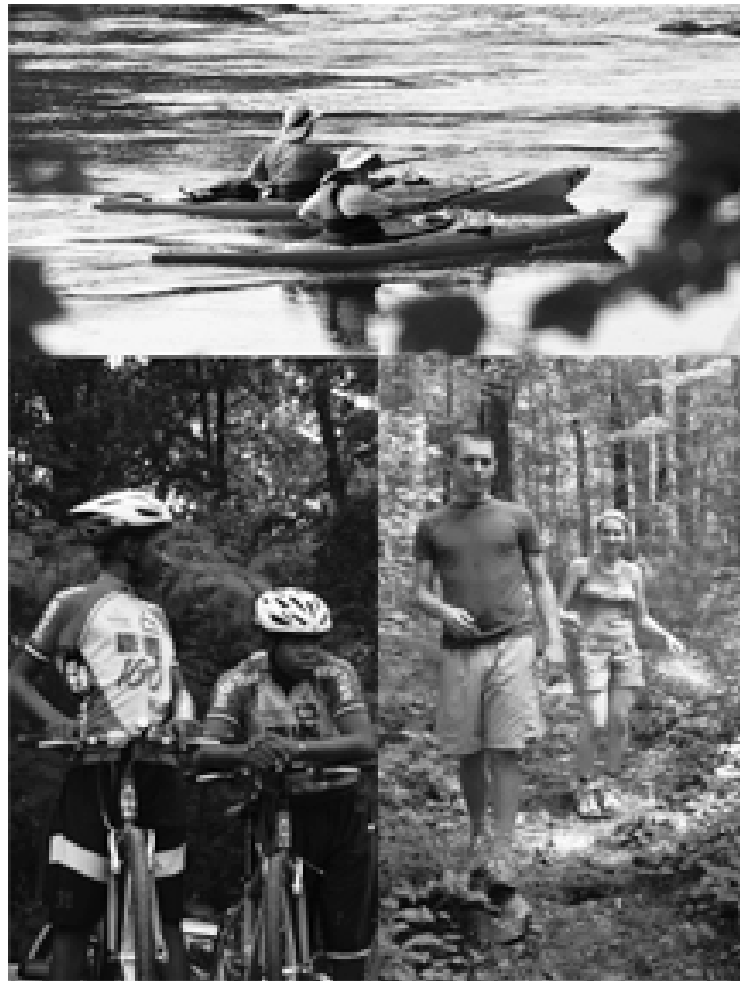
**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**



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

Visitor Services Project

Chattahoochee River National Recreation Area Visitor Study





IN REPLY REFER TO:

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

DIRECTIONS

At the end of your visit:

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

1. 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).

a) Prior to this visit

b) Prior to future visits

- | | | |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> | Chamber of commerce/visitors bureau/state welcome center | <input type="radio"/> |
| <input type="radio"/> | Chattahoochee River NRA website: www.nps.gov/chat | <input type="radio"/> |
| <input type="radio"/> | Other websites | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> | Inquiry to park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> | Local businesses (hotels, motels, real estate companies, etc.) | <input type="radio"/> |
| <input type="radio"/> | Maps/brochures | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> | Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> | Previous visits | <input type="radio"/> |
| <input type="radio"/> | School class/program | <input type="radio"/> |
| <input type="radio"/> | Social media (Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior 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]

- No Yes → **Go to Question 2**

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

2. Prior to this visit, were you and your personal group aware that Chattahoochee River NRA is a unit of National Park Service? [1. VARIATION KNOW2]

Yes No

3. Prior to this visit, were you and your personal group aware of the safety requirements for water activities in Chattahoochee River NRA? [1. KNOW8]

Yes No

4. a) During your travel to Chattahoochee River NRA, how did you and your personal group locate the sites that you wanted to visit? Please mark (●) **all** that apply. [6. VARIATION EVALSERV4]

Knew the locations from previous visit(s) or from living in the area

Road signs

Map/travel guide/tour book

Written or verbal directions from the park

GPS or other electronic navigation systems

Park website: www.nps.gov/chat

Other (Please specify) _____

b) Did you have any difficulty locating the sites? [6. VARIATION EVALSERV3]

Yes No → **Go to Question 5**

c) If YES, what was the problem? [6. VARIATION EVALSERV4]

5. a) Chattahoochee River NRA has many different units along 48 miles of the river. What type of information would be most useful to you and your personal group as you arrive at any unit of the park? Please mark (●) **all** that apply. [2. VARIATION TPLAN13]

None → **Go to Question 6**

Restroom locations

Fee payment locations

Rules and regulations

Trail maps

Other (Please specify) _____

b) How would you and your personal group like to get the above information about Chattahoochee River NRA? Please mark (●) **all** that apply. [2. VARIATION TPLAN11]

- | | |
|--|---|
| <input type="radio"/> Brochures | <input type="radio"/> Signs |
| <input type="radio"/> Bulletin boards | <input type="radio"/> Park website |
| <input type="radio"/> Cell phone/iPod download | <input type="radio"/> Park travel radio station |
| <input type="radio"/> Other (Please specify) _____ | |

[6. EVALSERV19]

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.

Safety issue	How safe did you feel in the park?				
	Very Unsafe	Somewhat unsafe	Neither unsafe nor safe	Somewhat safe	Very safe
Personal safety—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety—from accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal property—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked “very unsafe” or “somewhat unsafe” on any of the above items, please explain why. [6. EVALSERV20]

[6. EVALSERV19]

7. a) For the safety issues below, please indicate how safe you and your personal group feel from crime and accidents in your own neighborhood. Please mark (●) **one** answer for each issue.

How safe did you feel in your own neighborhood?

Safety issue	Very Unsafe	Somewhat unsafe	Neither unsafe nor safe	Somewhat safe	Very safe
	Personal safety—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety—from accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal property—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked “very unsafe” or “somewhat unsafe” on any of the above items, please explain why. [6. EVALSERV20]

8. 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]

b) On past visits, which activities did you and your personal group participate in within Chattahoochee River NRA? Please mark (●) **all** that apply.

First visit--have not visited in the past

a) This visit **b) Past visits**

- | | |
|--|-----------------------|
| <input type="radio"/> Attending ranger-led talks/programs/demonstrations or special events | <input type="radio"/> |
| <input type="radio"/> Bicycle riding | <input type="radio"/> |
| <input type="radio"/> Kayaking/canoeing | <input type="radio"/> |
| <input type="radio"/> Tubing/rafting | <input type="radio"/> |
| <input type="radio"/> Motor boating | <input type="radio"/> |
| <input type="radio"/> Creative arts (photography/drawing/painting/writing) | <input type="radio"/> |
| <input type="radio"/> Enjoying solitude/quiet | <input type="radio"/> |
| <input type="radio"/> Fishing with guide | <input type="radio"/> |
| <input type="radio"/> Fishing (unguided) | <input type="radio"/> |
| <input type="radio"/> General sightseeing | <input type="radio"/> |
| <input type="radio"/> Exercising/running/jogging | <input type="radio"/> |
| <input type="radio"/> Nature study (wildlife, wildflowers, birds, etc.) | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Attending fitness class | <input type="radio"/> |
| <input type="radio"/> Walking/hiking | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) | <input type="radio"/> |

This visit _____ 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]

9. 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.

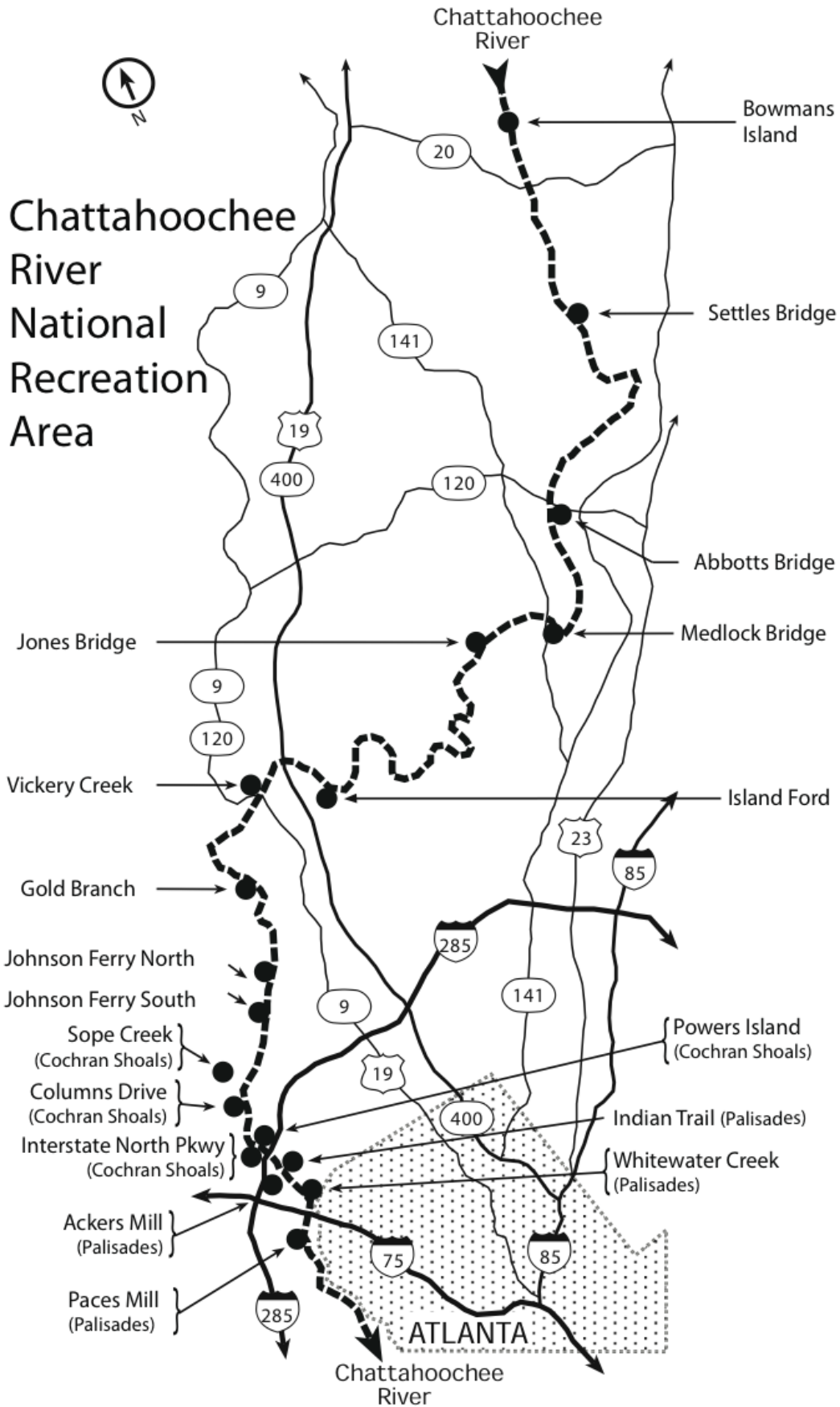
First visit--have not visited in the past

a) This visit**b) Past visits**

- | | |
|---|-----------------------|
| <input type="radio"/> Paces Mill (Palisades) | <input type="radio"/> |
| <input type="radio"/> Akers Mill (Palisades) | <input type="radio"/> |
| <input type="radio"/> Whitewater Creek (Palisades) | <input type="radio"/> |
| <input type="radio"/> Indian Trail (Palisades) | <input type="radio"/> |
| <input type="radio"/> Columns Drive (Cochran Shoals) | <input type="radio"/> |
| <input type="radio"/> Interstate North Parkway (Cochran Shoals) | <input type="radio"/> |
| <input type="radio"/> Powers Island (Cochran Shoals) | <input type="radio"/> |
| <input type="radio"/> Sope Creek (Cochran Shoals) | <input type="radio"/> |
| <input type="radio"/> Johnson Ferry North | <input type="radio"/> |
| <input type="radio"/> Johnson Ferry South | <input type="radio"/> |
| <input type="radio"/> Gold Branch | <input type="radio"/> |
| <input type="radio"/> Vickery Creek | <input type="radio"/> |
| <input type="radio"/> Island Ford | <input type="radio"/> |
| <input type="radio"/> Jones Bridge | <input type="radio"/> |
| <input type="radio"/> Medlock Bridge | <input type="radio"/> |
| <input type="radio"/> Abbots Bridge | <input type="radio"/> |
| <input type="radio"/> Settles Bridge | <input type="radio"/> |
| <input type="radio"/> Bowmans Island | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) | <input type="radio"/> |

This visit _____ 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.

a) Information services used Mark (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
--	---	---

- | | | |
|--|-------|-------|
| <input type="radio"/> Park brochure/map | _____ | _____ |
| <input type="radio"/> Assistance from park staff | _____ | _____ |
| <input type="radio"/> Outdoor exhibits | _____ | _____ |
| <input type="radio"/> River Guide Brochure | _____ | _____ |
| <input type="radio"/> Ranger-led programs | _____ | _____ |
| <input type="radio"/> Junior Ranger program | _____ | _____ |
| <input type="radio"/> Directional signs | _____ | _____ |
| <input type="radio"/> Regulation signs | _____ | _____ |
| <input type="radio"/> Information signs | _____ | _____ |
| <input type="radio"/> Bulletin boards | _____ | _____ |
| <input type="radio"/> Park website: www.nps.gov/chat
(used before or during visit) | _____ | _____ |
| <input type="radio"/> Visitor center bookstore sales items
(selection, price, etc.) | _____ | _____ |

11. a) On this visit, how did you and your personal group arrive at Chattahoochee River NRA? Please mark (●) **all** that apply. [3. VARIATION TRANS1]
 - Walk
 - Bicycle
 - Vehicle → b) If marked, please list number of vehicles _____ [1. GR4]
 - Other (Please specify) _____

12. a) On this visit to Chattahoochee River NRA, did you and your personal group plan to visit only **one specific site** within the park? [3. VARIATION ITIN1]

Yes No → **Go to Question 13**

b) If YES, which site was it? [3. VARIATION ITIN4] _____

c) On this visit, were you able to **find** that site? [3. VARIATION TRIPC9]

Yes No → **Go to Question 13**

d) On this visit, were you able to find **parking** at that site? [5. VARIATION CROWD5]

Yes No

13. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Chattahoochee River NRA 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.

a) Visitor services/facilities used Mark (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Boat or step-down ramps	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> River	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Visitor center	_____	_____

[3. TRIPC11]

14. On this visit, how long in **total** did you and your personal group spend at Chattahoochee River NRA? Please list partial hours as ¼, ½, or ¾.

_____ Number of hours

[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?

- Yes, likely No, unlikely Not sure

➤ **Go to Question 16** ⬅

b) If YES, what theme or topic would interest you? **[3. VARIATION FVIS18]**

[3. VARIATION FVIS6]

c) Which types of ranger-led programs would interest you and your personal group? Please mark (●) **all** that apply.

- | | |
|--|--|
| <input type="radio"/> Nature hike | <input type="radio"/> Night hike |
| <input type="radio"/> Canoe/kayak float trip | <input type="radio"/> History program |
| <input type="radio"/> Children's programs | <input type="radio"/> Evening programs |
| <input type="radio"/> Other (Please specify) _____ | |

[3. FVIS13]

d) Which program length would be most suitable for you and your personal group? Please mark (●) **one**.

- Under 1/2 hour 1/2 - 1 hour 1 - 2 hours
- Other (Please specify) _____

16. If you were to visit Chattahoochee River NRA in the future, how would you and your personal group prefer to learn about cultural and natural history/features of Chattahoochee River NRA? Please mark (●) **all** that apply. **[3. FVIS4]**

- Not interested in learning about the park ➔ **Go to Question 17**
- | | |
|--|--|
| <input type="radio"/> Indoor exhibits | <input type="radio"/> Outdoor exhibits |
| <input type="radio"/> Park website: www.nps.gov/chat | <input type="radio"/> Self-guided tours |
| <input type="radio"/> Films, movies, slide shows | <input type="radio"/> Special events |
| <input type="radio"/> Ranger-led programs | <input type="radio"/> As a volunteer in the park |
| <input type="radio"/> Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.) | |
| <input type="radio"/> Printed materials (brochures, park newspaper, books, maps, etc.) | |
| <input type="radio"/> Other (Please specify) _____ | |

17. On this visit, were you and your personal group part of the following types of organized groups? [1. GR6]
- a) Commercial guided fishing group Yes No
- b) Commercial guided group Yes No
(by boat, canoe, kayak, raft, tube, or bicycle)
- c) School/educational group Yes No
- d) Other group (scouts, work, church, etc.) Yes No
- e) 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

18. a) On this visit, which kind of personal group were you with? Please mark (●) **one**. [1. GR5]

- Alone Friends
- Family Family and friends
- Other (Please specify) _____

- b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people in personal group [1. GR3]

[1. LANG2]

19. a) & b) When visiting an area such as Chattahoochee River NRA, which languages do you and most members of your personal group prefer to use for the following?

a) Speaking English Other language (Specify) _____

b) Reading English Other language (Specify) _____

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

None Service(s) _____

20. 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]

Yes No → **Go to Question 21**

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

[1. VARIATION RACE/ETH4]:

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.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If any members are Asian, please list the Asian group(s) that the person(s) belongs to (e.g., Chinese, Filipino, Japanese, etc.) _____							
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. a) If you were to visit Chattahoochee River NRA in the future, are there any additional facilities or services that you and your personal group would like to have available? [6. VARIATION OPMGMT7]

Yes No → **Go to Question 25**

b) If YES, what services or facilities would you like to see provided? [3. FVIS8]

25. Is there anything else you and your personal group would like to tell us about your visit to Chattahoochee River NRA? [6. OPNMGMT8]

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

Very poor Poor Average Good Very good

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

Curecanti National Recreation Area

Visitor Study



**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.

Sincerely,

Connie A. Rudd
Superintendent

DIRECTIONS

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
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- 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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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) Prior to this visit

b) Prior to future visits

- | | | |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> | Curecanti NRA website: www.nps.gov/cure | <input type="radio"/> |
| <input type="radio"/> | Other websites | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> | Inquiry to the park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> | Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> | Maps/brochures | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> | Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> | Previous visits | <input type="radio"/> |
| <input type="radio"/> | School class/program | <input type="radio"/> |
| <input type="radio"/> | Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> | State welcome center/visitors bureau/chamber of commerce | <input type="radio"/> |
| <input type="radio"/> | Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> | Travel agency | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

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

No Yes → **Go to Question 2**

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

2. a) **Prior to this visit**, were you and your personal group aware of the following rules/regulations at Curecanti NRA? Please mark (●) **one** answer for each item in column (a). [1. VARIATION KNOW8]

[3. VARIATION LEARN5]

b) Did you and your personal group learn (via publications, signs, talking to park staff, etc.) about these rules/regulations **during this visit** to Curecanti NRA? Please mark (●) **one** answer for each item in column (b).

a) Aware prior to visit?		Rules/regulations	b) Learned during visit?	
Yes	No		Yes	No
<input type="radio"/>	<input type="radio"/>	Boat permits are required for all motorized craft	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Campsites can be reserved through national reservation system	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Mussel inspection is required for motorized and trailered watercraft	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	ORV use is allowed in designated areas or on designated routes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Personal flotation devices are required for children under the age of 13	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Pets are allowed but must be leashed at all times	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	State hunting and fishing regulations apply	<input type="radio"/>	<input type="radio"/>

c) How did you and your personal group learn about the above rules/regulations on this visit? Please mark (●) **all** that apply. [1. VARIATION LEARN7]

Did not learn about rules/regulations → **Go to Question 4**

Park newspaper Visitor center exhibits

Outdoor/wayside exhibits Ranger/park staff

Local business(es) Signs

Other (Please specify) _____

3. a) Prior to this visit, were you and your personal group aware that Curecanti NRA is a unit of the National Park System? Please mark (●) **one**.

[1. VARIATION KNOW2]

Yes No

- b) Prior to this visit, were you and your personal group aware of the difference between a National Park and a National Recreation Area? Please mark (●) **one**. [1. VARIATION KNOW7]
- Yes No
4. a) 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
- b) On this visit, how many times did you and your group enter Curecanti NRA? [3. TRIPC5]
- _____ Number of entries
5. How did this visit to Curecanti NRA fit into your travel plans? Please mark (●) **one**. [2. TPLAN4]
- Curecanti NRA was primary destination
- Curecanti NRA was one of several destinations
- Curecanti NRA was not a planned destination
6. a) On this visit, how long did you and your personal group spend visiting Curecanti NRA? (List partial days/hours as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$)
- _____ Number of hours **if less than 24 hours** - OR - [3. TRIPC11]
- _____ Number of days **if 24 hours or more**
- b) How long did you and your personal group stay in the Curecanti NRA area (within a 50 mile radius of Gunnison)? [3. VARIATION TRIPC11]
- Resident of the area → **Go to Question 7**
- _____ Number of hours **if less than 24 hours** - OR -
- _____ Number of days **if 24 hours or more**
- [3. VARIATION TRIPC15]
7. a) On this trip, did you and your personal group camp **in any Curecanti NRA campgrounds**? Please mark (●) **one** [3. VARIATION TRIPC15]
- Yes
- No, day use only → **Go to Question 8**
- No, stayed overnight but did not camp inside the park → **Go to Question 8**
- [3. VARIATION ACT9]

b) If you and your personal group **did not** camp in any Curecanti NRA campground, why not? Please mark (●) **all** that apply.

- | | |
|--|---|
| <input type="radio"/> Campgrounds were full | <input type="radio"/> Lack of desired campsite type |
| <input type="radio"/> Location not convenient | <input type="radio"/> Campgrounds lacked facilities |
| <input type="radio"/> Other (Please specify) _____ | |

[3. TRIPC20]

c) If the campgrounds lacked desired types or facilities, what is it that you and your personal group needed that was not available? Please be specific

[3. TRIPC29]

8. Which other local and regional attractions did you and your personal group visit on this trip to Curecanti NRA? Please mark (●) **all** that apply.

- | | |
|--|--|
| <input type="radio"/> West Elk Loop Scenic Byway | <input type="radio"/> Crawford State Park |
| <input type="radio"/> Black Canyon of the Gunnison NP | <input type="radio"/> Colorado National Monument |
| <input type="radio"/> Florissant Fossil Beds National Monument | <input type="radio"/> Telluride |
| <input type="radio"/> Grand Mesa | <input type="radio"/> Ute Indian Museum |
| <input type="radio"/> Gunnison Gorge Wilderness Area | <input type="radio"/> Crested Butte |
| <input type="radio"/> Ridgway State Park | <input type="radio"/> Ouray |
| <input type="radio"/> Silver Thread Scenic Byway | <input type="radio"/> Lake City |
| <input type="radio"/> Other (Please specify) _____ | |

9. a) On this trip, please check (●) all visitor centers that you and your personal group visited at Curecanti NRA . [3. VARIATION ITIN3]

- | | |
|---|---------------------------------|
| <input type="radio"/> Did not visit any visitor centers | |
| <input type="radio"/> Cimarron | <input type="radio"/> Elk Creek |

b) and c) What were the reasons for visiting or not visiting a visitor center? Please mark (●) **all** that apply. [3. VARIATION ACT9]

b) If you visited at least one park visitor center, what were your reasons for visiting?

- Obtain information
- View exhibits
- Use restrooms
- Visit bookstore

c) If you did not visit any park visitor centers, why not?

- Have visited in the past
- Not interested
- Not enough time
- Not aware of visitor centers

<input type="radio"/> Obtain boat permit	<input type="radio"/> Other (Please specify)
<input type="radio"/> Other (Please specify) _____	_____

[3. ACT22]

10. a) On this visit, which activities did you and your personal group participate in within Curecanti NRA? Please mark (●) **all** that apply in column (a).

b) If you were to visit Curecanti NRA 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) This visit	b) Future visits
----------------------	-------------------------

<input type="radio"/> Attending ranger programs (other than boat tour)	<input type="radio"/>
<input type="radio"/> Motor boating	<input type="radio"/>
<input type="radio"/> Camping in developed campgrounds	<input type="radio"/>
<input type="radio"/> Day hiking	<input type="radio"/>
<input type="radio"/> Fishing	<input type="radio"/>
<input type="radio"/> General sightseeing	<input type="radio"/>
<input type="radio"/> Horseback riding	<input type="radio"/>
<input type="radio"/> Kayaking/rafting/canoeing	<input type="radio"/>
<input type="radio"/> Learning/studying geology	<input type="radio"/>
<input type="radio"/> Nature study (wildlife, birds, wildflowers, etc.)	<input type="radio"/>
<input type="radio"/> Overnight backpacking	<input type="radio"/>
<input type="radio"/> Creative arts (photography/painting/drawing)	<input type="radio"/>
<input type="radio"/> Picnicking	<input type="radio"/>
<input type="radio"/> Rock climbing	<input type="radio"/>
<input type="radio"/> Taking Morrow Point boat tour	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>

This visit _____ Future visits _____

[3. ACT23]

c) Which **one** of the above activities in column a was most important to you and your personal group on this visit to Curecanti NRA ?

d) What resources and/or facilities would enhance your participation in this activity? Please explain. [3. VARIATION FVIS8]

[3. ITN3]

11. On this visit to Curecanti NRA , which of the following sites did you and your personal group visit? Please mark (●) **all** that apply on the map.

(Place holder- park map)

[3. VARIATION FIVS24]

12. If you were to visit Curecanti NRA in the future, which of the following commercial services would you like to have available? Please mark (●) **all that apply**.

- Not interested in commercial services → **Go to Question 13**
- Guided fishing trip
- Snack/vending machine
- Boat rental
- Souvenir/gift shop
- Restaurant/food service
- Grocery/camp store
- Marina facilities
- Bookstore
- Other (Please specify)

[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.

a) Interested in activity?		Activity	b) Location of activity	
Yes	No		Inside the park?	In the area outside the park?
<input type="radio"/>	<input type="radio"/>	Multiple day hikes on multiple days	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Day hiking, one day	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Overnight backpacking	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Mountain biking	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Ranger programs	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Kayaking/canoeing	<input type="radio"/>	<input type="radio"/>

[6. VARIATION EVALSERV19]

14. a) Please indicate how safe you and your group felt in the following locations during this visit to Curecanti NRA . Please mark (●) **one** answer for each location.

Location	Very unsafe	Somewhat unsafe	Neither safe nor unsafe	Somewhat safe	Very safe	Did not use/visit location
On roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In campsites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parking areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At overlooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked that you felt “very unsafe” or “somewhat unsafe” for any of the above locations, please explain **where** and **why**. [6. EVALSERV20]

Location	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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Boat docks	_____	_____
<input type="radio"/> Campsites	_____	_____
<input type="radio"/> Curecanti NRA website: www.nps.gov/cure (used before or during visit)	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Marina	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Restaurant	_____	_____
<input type="radio"/> Sales items in park bookstore (selection, price, etc.)	_____	_____
<input type="radio"/> Self-guided tour booklets	_____	_____
<input type="radio"/> Visitor center	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center restrooms	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____

[6. OPMGMT4]

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	Very important	Extremely important
A healthy fishery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural resources (train, archeological sites, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants and animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (boating, hiking, camping, fishing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at Curecanti NRA during this visit? Please mark (●) **only one**. [6. EVALSERV1]

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

18. Please list one aspect of Curecanti NRA’s story that you would share with family and friends. Please be specific. [Topic area 1 – Visitor Characteristics]

19. a) If you were to visit Curecanti NRA in the future, which topics would you and your personal group prefer to learn about? Please mark (●) **all** that apply. [3. FVIS6]

- Not interested in interpretive programs → **Go to Question 27**
- Fire management Hiking, camping, fishing skills
- Geology Astronomy
- Plants and animals Fishing
- Other (Please specify) _____

b) Which types of interpretive programs would you and your personal group prefer to learn about the park's cultural and natural history? Please mark (●) **all** that apply. [3. VARIATION FVIS4]

- Audio tour Children's activity
- Self-guided booklet tour Auto tour
- Ranger-led kayak program Boat tour
- Ranger-led walk/hike/talk Amphitheater program
- Other (Please specify) _____

20. On this visit, were you and your personal group with the following types of organized groups? Please mark (●) **one** for each. [1. GR6]

- a) Commercial guided tour group Yes No
- b) School/educational group Yes No
- c) Guided fishing group Yes No
- d) Other organized group Yes No
(business/church/scout, etc.)

e) 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

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]

- Alone Friends
- Family Family and friends

Other (Please specify) _____

b) On this visit, how many people were in your personal group, including yourself? [1. GR3]

_____ Number of people in personal group

22. 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]

c) Frequency of visits to park
(including this visit)

- 1=First visit
- 2=Less than 1 time/year
- 3=From 1 to 11 times/year
- 4=From 12 to 51 times/year
- 5=More than 51 times/year

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

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

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

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

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

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. a) and b) When visiting an area such as the Curecanti NRA , which **one** language do you and most members of your personal group prefer to use for the following? [1. LANG2]

- a) Speaking English Other language (Specify) _____
- b) Reading English Other language (Specify) _____

26. 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]

- Yes No → **Go to Question 27**

b) If YES, what services or activities were difficult to access/participate in?

27. If you were a manager planning for the future of Curecanti NRA , what would you propose? Please be specific. [6. OPNMGMT7]

28. Is there anything else you and your personal group would like to tell us about your visit to Curecanti NRA ? [6. OPNMGMT8]

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



**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

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 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) Prior to this visit

b) Prior to future visits

- | | |
|--|-----------------------|
| <input type="radio"/> Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> Fort Union National Monument website: www.nps.gov/foun | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Genealogy research | <input type="radio"/> |
| <input type="radio"/> Inquiry to park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> Maps/brochures | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> Previous visits | <input type="radio"/> |
| <input type="radio"/> Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> State welcome center/visitors bureau/chamber of commerce | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

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

No Yes → **Go to Question 2**

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

[2. VARIATION TPLAN2]

2. a) If you used the park website (<http://www.nps.gov/foun>) did you find the information you needed?

No Yes → **Go to Question 2c**

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

c) Overall, how would you rate the quality of information provided on the park website? Please mark (●) **one**. [6. VARIATION EVALSERV21]

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

3. On this trip, what was the **primary** reason that you and your personal group came to the Fort Union National Monument **area** (the area within 50 miles of the park)? Please mark (●) **one**. [3. TRIPC1]

Resident of the area → **Go to Question 4**

Visit Fort Union National Monument

Visit other attractions in the area

Visit friends/relatives in the area

Business

Traveling through - unplanned visit

Other (Please specify) _____

4. On this visit, what was your **primary** reason/motivation for visiting Fort Union National Monument? Please mark (●) **one**. [3. VARIATION TRIPC1]

- Visit historic site/learn history
- Saw sign on highway
- Visit a National Park Service site
- Visit other attractions in the area
- Show the park to friends/relatives
- Attend a special event in the park or the area
- Passing through to another destination
- Obtain stamp in National Park Passport Book
- Research genealogy
- Other (Please specify) _____

[6. EVALSERV17]

5. On this visit, were the signs directing you and your personal group to Fort Union National Monument adequate? Please mark (●) **one** response for each.

- a) Signs on interstates Yes No Did not use
- b) Signs on state highways Yes No Did not use
- c) City street signs in communities Yes No Did not use

d) If you answered NO to any of the above, please explain. [6. EVALSERV18]

Interstate: _____

State highway: _____

In local communities: _____

6. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the area within 50 miles of Fort Union National Monument? [3. TRIPC13]

- Yes No → **Go to Question 7**

b) If YES, please list the number of nights you and your personal group stayed in the Fort Union National Monument **area**. [3. TRIPC13]

_____ Number of nights within 50 miles of the park?

[3. VARIATION TRIPC15]

c) In which types of lodging did you and your personal group spend the night(s) in the area within 50 miles of the park)? Please mark (●) **all** that apply.

- Lodges, hotels, vacation rentals, B&B, etc.
- RV/trailer camping
- Tent camping in developed campground
- Backcountry camping
- Personal seasonal residence
- Residence of friends or relatives
- Other (Please specify) _____

[3. TRIPC29]

7. Which other local and regional attractions did you and your personal group visit on this trip to Fort Union National Monument? Please mark (●) **all** that apply.

- None visited on this trip → **Go to Question 8**
- Capulin Volcano National Monument
- Bent’s Old Fort NHS, Colorado
- Storrie Lake State Park, NM
- Enchanted Circle Scenic Byway
- United World College, Montezuma, NM
- Las Vegas Nat’l Wildlife Refuge
- Other (Please specify) _____
- Cimarron, NM
- Pecos NHP, NM
- Raton, NM
- Mora, NM
- Las Vegas, NM
- Santa Fe Trail in New Mexico

8. **On this visit** to Fort Union National Monument, how many hours in **total** did you and your personal group spend visiting the park? [3. TRIPC11]

_____ Number of hours (Please list partial hours as ¼, ½, ¾)

9. a) Please mark (●) how safe you and your group felt in Fort Union National Monument during this visit. [6. VARIATION EVALSERV19]

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very unsafe | Somewhat unsafe | Neither safe/unsafe | Somewhat safe | Very safe |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

b) If you marked that you felt “very unsafe” or “somewhat unsafe” in the park, please explain **where** and **why**. [6. EVALSERV20]

Where: _____ Why: _____

[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]

a) This visit	b) Future visits
<input type="radio"/> Attending a special event	<input type="radio"/>
<input type="radio"/> Attending living history demonstrations	<input type="radio"/>
<input type="radio"/> Creative arts (photography/painting/drawing)	<input type="radio"/>
<input type="radio"/> Nature study (wildlife, birds, wildflowers, etc.)	<input type="radio"/>
<input type="radio"/> Participating in Junior Ranger program	<input type="radio"/>
<input type="radio"/> Picnicking	<input type="radio"/>
<input type="radio"/> Researching genealogy/family history	<input type="radio"/>
<input type="radio"/> Shopping at park bookstore	<input type="radio"/>
<input type="radio"/> Taking ranger-led tour of fort	<input type="radio"/>
<input type="radio"/> Taking self-guided tour of fort	<input type="radio"/>
<input type="radio"/> Viewing indoor exhibits	<input type="radio"/>
<input type="radio"/> Viewing outdoor exhibits	<input type="radio"/>
<input type="radio"/> Viewing park video	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>

This visit _____ Future visits _____

[3. VARIATION ACT23]

c) Which **one** of the above activities in column a was most important to you and your personal group on this visit to Fort Union National Monument?

11. a) Would you and members of your personal group consider visiting Fort Union National Monument again in the future? [3. FVIS1]

Yes, likely No, unlikely Not sure

b) What would bring you and your personal group back to visit Fort Union National Monument again in the future? [3. FVIS1]

[6. EVALSERV21]:

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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Mark (●)		
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Site bulletins (e.g. <i>Sites & Structures</i> , <i>Civil War earthworks</i>)	_____	_____
<input type="radio"/> Visitor center	_____	_____
<input type="radio"/> Sales items in park bookstore (selection, price, etc.)	_____	_____
<input type="radio"/> Visitor center restrooms	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Interpretive trails	_____	_____
<input type="radio"/> Interpretive trail exhibits	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____

13. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at Fort Union National Monument during this visit? Please mark (●) **one**. **[6. EVALSERV1]**

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

[6. OPNMGMT4]

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.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Archeological sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native animals (including birds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views without development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Santa Fe Trail ruts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If you were to visit Fort Union National Monument in the future, how would you and your personal group prefer to learn about cultural and natural history/features of the park? Please mark (●) **all** that apply. **[3. FVIS4]**

- Not interested in learning about the park → **Go to Question 16**
- Indoor exhibits Outdoor exhibits
- Park website: www.nps.gov/foun Self-guided tours
- As a volunteer in the park Special events
- Ranger-led interpretive programs Children's activities
- Living history demonstrations/costumed interpretive programs
- Electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs/tours, etc.)
- Audiovisual programs (DVD, video, or audio)
- Printed materials (brochures, books, maps, etc.)
- 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.

Topic	a) Learned this visit?		b) Learn on future visit?	
	Yes	No	Yes	No
Santa Fe Trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Mexico Volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civil War in the New Mexico Territory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. military history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Mexico history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Westward expansion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Function of Fort Union as a military outpost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the National Park Service fulfills mission to preserve resources and provide opportunities for visitor enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This visit _____ Future visit _____

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 **column a**, 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]

Did not use any services on this visit → **Go to part c of this question**

b) In which communities did you obtain these support services? Please mark (●) **all** that apply in **column b**. [3. TRIPC21]

a) Used on this visit (●)	b) Community (●)			
	Las Vegas	Mora	Cimarron	Raton
<input type="radio"/> Bought gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Ate meals in restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Bought groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Stayed overnight in a motel/hotel/B&B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Stayed overnight in a campground/RV park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Shopped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Obtained information about Fort Union National Monument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Obtained other travel/tourist information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Visited other nature/historic/museum sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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) Inside park	b) Outside 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 airfare)	n/a	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

- c) How many people do the above expenses cover? [3. TRIPC27]
 _____ Adults (18 years or over) _____ Children (under 18 years)
 Please write "0" if no children were covered by the expenditures.

20. On this visit, were you and your personal group with the following types of organized groups? Please mark (●) **one** for each. [1. GR6]:

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

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]

- Alone
- Family
- Other (Please specify) _____
- Friends
- Family and friends

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people in personal group [1. GR3]

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

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]

- Yes
- No → **Go to Question 23**

b) If YES, what services or activities were difficult to access/participate in?

c) Please explain the difficulty: [1. GR2] _____

23. 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 & d) Number of visits to Fort Union National Monument (including this visit)	
			past 5 years	lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____

Member #7 _____

24. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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


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

26. a) and b) When visiting an area such as Fort Union National Monument, which **one** language do you and most members of your personal group prefer to use for the following? [1. LANG2]

- a) Speaking English Other language (Specify) _____
- b) Reading English Other language (Specify) _____

27. Is there anything else you and your personal group would like to tell us about your visit to Fort Union National Monument? [6. OPNMGMT8]

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





IN REPLY REFER TO:

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

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 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]

1. 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) Prior to this visit

b) Prior to future visits

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> | Chamber of commerce/visitors bureau/state welcome center | <input type="radio"/> |
| <input type="radio"/> | Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> | George Washington Carver NM website: www.nps.gov/gwca | <input type="radio"/> |
| <input type="radio"/> | Carver Birthplace Association
including its website www.carversfriends.org | <input type="radio"/> |
| <input type="radio"/> | Other websites | <input type="radio"/> |
| <input type="radio"/> | Inquiry to park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> | Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> | Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> | Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> | Previous visits | <input type="radio"/> |
| <input type="radio"/> | Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> | Television/radio programs/videos/DVDs | <input type="radio"/> |
| <input type="radio"/> | Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

This visit _____ Future visit _____

[2. TPLAN12]

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?

- No Yes → **Go to Question 2**

[2. TPLAN13]

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

2. 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]**
- 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). **[2. VARIATION TRIPC28]**

a) Aware of site prior to this visit?	b) Visited on this trip?
--	---------------------------------

- | | |
|--|-----------------------|
| <input type="radio"/> Battle of Carthage Civil War Museum in Carthage, MO | <input type="radio"/> |
| <input type="radio"/> Joplin Museum Complex in Joplin, MO | <input type="radio"/> |
| <input type="radio"/> Neosho National Fish Hatchery in Neosho, MO | <input type="radio"/> |
| <input type="radio"/> Precious Moments in Carthage, MO | <input type="radio"/> |
| <input type="radio"/> Wildcat Glades Conservation & Audubon Center in Joplin, MO | <input type="radio"/> |
| <input type="radio"/> Wilson's Creek National Battlefield in Republic, MO | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) _____ | |

3. On this trip, what was the **primary** reason that you and your personal group came to the George Washington Carver NM **area** (within 30 miles of the park)? Please mark (●) **one**.

- Resident of the area → **Go to Question 4**
- Visit George Washington Carver NM
- Visit other attractions in the area
- Traveling through - unplanned visit
- Visit friends/relatives in the area
- Business
- Other (Please specify) _____

[1. VARIATION PART2]

4. a) Prior to your visit, were you and your personal group aware of the "Carver Birthplace Association," a non-profit group providing support for activities at George Washington Carver NM?

- Yes No Not sure

[1. VARIATION PART1]

b) Would you or anyone in your personal group be interested in receiving information about becoming a member of the Carver Birthplace Association?

Yourself: Yes No Already a member

Group: Yes No Already a member

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) Interstate signs Yes No Did not use

b) State highway signs Yes No Did not use

c) Road signs in local communities Yes No Did not use

d) Signs within the park Yes No Did not use

e) If you answered NO for any of the above, please explain. **[6. EVALSERV18]**

Interstate _____

State highway _____

In local communities _____

Within the park _____

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]**

Yes No → **Go to Question 7**

b) If YES, what is the most important way that George Washington Carver's life has relevance to your life today? **[Topic area 6 – Visitor perceptions of their park experience]**

7. There are more than 20 sites within the National Park System that preserve or commemorate African American Heritage. Were you aware that George Washington Carver National Monument was the first national park established to honor an African American? **[1. VARIATION KNOW4]**

Yes No

8. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the area around George Washington Carver NM (within 30 miles of the park)? [3. VARIATION TRIPC13]

Yes No → **Go to Question 9**

- b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area** of George Washington Carver NM. [3. TRIPC14]

_____ Number of nights in the **surrounding area**

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

Lodges, hotels, vacation rentals, B&B, etc.

RV/trailer camping

Tent camping in developed campground

Seasonal residence

Residence of friends or relatives

Other (Please specify) _____

8. a) **On this visit** to George Washington Carver NM, did you and your personal group visit the park on more than one day? [3. TRIPC12]

Yes
↓

No
↓

- b) If YES, on how many days did you visit George Washington Carver NM?

_____ Number of days

- c) If NO, how many hours did you visit George Washington Carver NM?

_____ Number of hours

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]

_____ Number of entries

[3. VARIATION TRIPC11]

- e) On this trip, how many hours in **total** did you and your personal group spend inside the visitor center (watching film, viewing exhibits, etc.)?

_____ Total number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

10. 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]
- 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) Activities on this visit **b) Activities on future visit**

- | | |
|--|-----------------------|
| <input type="radio"/> Viewing visitor center museum exhibits | <input type="radio"/> |
| <input type="radio"/> Watching film at visitor center | <input type="radio"/> |
| <input type="radio"/> Taking guided tour of the Carver Trail | <input type="radio"/> |
| <input type="radio"/> Walking the Carver Trail, self-guided | <input type="radio"/> |
| <input type="radio"/> Walking the contemplative trail loop | <input type="radio"/> |
| <input type="radio"/> Attending ranger-led talk | <input type="radio"/> |
| <input type="radio"/> Attending living history demonstration | <input type="radio"/> |
| <input type="radio"/> Attending science lab demonstration | <input type="radio"/> |
| <input type="radio"/> Creative arts (photography, sketching, painting) | <input type="radio"/> |
| <input type="radio"/> Enjoying solitude/quiet | <input type="radio"/> |
| <input type="radio"/> Nature study (wildlife, birds, wildflowers, etc.) | <input type="radio"/> |
| <input type="radio"/> n/a Video-conferencing or distance learning with the park from offsite locations | <input type="radio"/> |
| <input type="radio"/> Shopping at park bookstore/gift shop | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

This visit: _____ Future visit: _____

[3. ACT23]

- 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?

[3. ACT25 VARIATION]

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?

- Yes No → **Go to Question 12**

[3. ACT26]

b) If YES, what was it? _____

12. If you were to visit George Washington Carver NM in the future, how would you and your personal group prefer to learn about the cultural and natural history of the park? Please mark (●) **all** that apply. [3. FVIS3]

- Not interested in learning about the park → **Go to Question 13**
- Indoor exhibits Outdoor exhibits
- Park website: www.nps.gov/gwca Self-guided tours
- As a volunteer in the park Special events
- Ranger-led interpretive programs
- Electronic media/devices available to visitors (downloadable digital files, cell phone tours, podcasts, interactive computer programs/tours, etc.)
- Environmental education trail
- Audiovisual programs (DVD, video, or audio)
- Printed materials (brochures, books, maps, etc.)
- Other (Please specify) _____

13. 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]

Next, for only those exhibits that you and your personal group **viewed/used** during this visit, please provide **one** 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 the exhibit easy to understand?
- d) Was the exhibit easy to use?

a) Type of exhibit viewed/used on this visit?	b) Lighting adequate?		c) Easy to understand?		d) Easy to use?	
	Yes	No	Yes	No	Yes	No

- Did not view/use any exhibits → **Go to Question 13**
- Static exhibits (exhibits that are read)
- Interactive exhibits
- Electronic devices/exhibits
- Films in the theatre
- Other: _____

[2. VARIATION TPLAN3]

e) Please provide any suggestions to help improve the exhibits:

14. a) George Washington Carver NM offers a wide range of information services. Please mark (●) **all** the services that you were aware of prior to your visit in column (a). **[3. VARIATION LEARN1]**

b) Please mark (●) **all** the services that you became aware of during this visit in column (b). **[3. VARIATION LEARN1]**

a) Aware prior to visit	b) Became aware of during visit
--------------------------------	--

- | | |
|---|-----------------------|
| <input type="radio"/> Annual special events (e.g. Carver Day in July, Prairie Day in September) | <input type="radio"/> |
| <input type="radio"/> Research library | <input type="radio"/> |
| <input type="radio"/> Educational programs (field trips to the park) | <input type="radio"/> |
| <input type="radio"/> George Washington Carver NM 'Teacher Packets' and curriculum | <input type="radio"/> |
| <input type="radio"/> Gift shop/bookstore | <input type="radio"/> |
| <input type="radio"/> Guided tours of the Carver Trail (10 a.m. & 2 p.m. daily) | <input type="radio"/> |
| <input type="radio"/> Junior Ranger program | <input type="radio"/> |
| <input type="radio"/> Park publications available in Braille | <input type="radio"/> |
| <input type="radio"/> Park publications available in Spanish | <input type="radio"/> |
| <input type="radio"/> Park "Quarterly Calendar of Activities" | <input type="radio"/> |
| <input type="radio"/> George Washington Carver NM website: www.nps.gov/gwca | <input type="radio"/> |
| <input type="radio"/> Trail guide (self-guided booklet) | <input type="radio"/> |
| <input type="radio"/> Traveling trunk loan program | <input type="radio"/> |
| <input type="radio"/> Video loan library (Carver videos, African American heritage videos) | <input type="radio"/> |
| <input type="radio"/> Volunteer-In-Park opportunities | <input type="radio"/> |

15. a) Were there any services or facilities (such as indoor seating, outdoor seating, shaded areas along the trail, picnicking, snacks, drinking water, internet access, phone access, recreational opportunities, etc.) your group desired but were not available in the park? **[3. VARIATION TRIPC23]**

- Yes No → **Go to Question 15**

[3. VARIATION TRIPC20]:

b) If YES, what services or facilities did you desire that were not available?

16. a) George Washington Carver NM interpretive programs and exhibits discuss topics related to the life and accomplishments of George Washington Carver. Please mark (●) **all** the topics you learned about on this visit. **[3. LEARN1]**

Did not learn about any topics on this visit → **Go to part c of this question**

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]**

c) Next, mark (●) the topics you would be interested in learning more about on a future visit. **[3. LEARN1]**

a) Learned on this visit?	b) Level of understanding improved?				c) Learn more on future visit?	
	Not at all	A little	Somewhat	A lot	Yes	No
<input type="radio"/> Carver's childhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's educational pursuits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's life's work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's view of God and science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's artistic expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's humanitarian work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Carver's work on race relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d) Please list any additional topics you and your personal group are interested in learning about George Washington Carver. **[3. LEARN2]**

e) What is **one** story about George Washington Carver's life and legacy that you might share with friends or relatives? **[1. VARIATION KNOW15]**

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.

	EXPENDITURES	
	a) Inside park	b) Outside 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 airfare)	N/A	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

_____ Adults (18 years or over) _____ Children (under 18 years)

Please write 0 if no children were covered by the expenditures.

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

- | | |
|---|---|
| <input type="radio"/> Some high school | <input type="radio"/> Graduate degree |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> Some college | |

19. On this visit, were you and your personal group part of the following types of organized groups? ? Please mark (●) **one**. [1. GR6]
- a) Commercial guided tour group Yes No
- b) School/educational group Yes No
- c) Other (scouts, work, church) Yes 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) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**. [1. GR5]
- Alone Friends
- Family Family and friends
- Other (Please specify) _____
- b) On this visit, how many people were in your personal group, including yourself? [1. GR3]
_____ Number of people 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]
- Yes No → **Go on to Question 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.
- Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)
- Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- Other (Please specify) _____

24. a) Which category best represents your annual **household** income? Please mark (●) **one**. [1. INCOM1]

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

[1. VARIATION GR3]

b) How many people are in your household? _____ Number of people

25. a) What did you and your personal group like **most** about your visit to George Washington Carver NM? [6. EVALSERV25]

b) What did you and your personal group like **least** about your visit to George Washington Carver NM? [6. EVALSERV24]

26. If you were a manager planning for the future of George Washington Carver NM what would you and your personal group propose? [6. OPNMGMT7]

27. Is there anything else you and your personal group would like to tell us about your visit to George Washington Carver NM? [6. OPNMGMT8]

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

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

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

OFFICIAL BUSINESS

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



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

Visitor Services Project

Kalaupapa National Historical Park

Visitor Study





IN REPLY REFER TO:

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.

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:   

- 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.

1. 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).

a) Prior to this visit

b) Prior to future visits

- | | |
|--|-----------------------|
| <input type="radio"/> Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> Chamber of commerce/visitors bureau/state welcome center | <input type="radio"/> |
| <input type="radio"/> Inquiry to park via phone, mail, or email | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Information from another park | <input type="radio"/> |
| <input type="radio"/> Kalaupapa NHP website: www.nps.gov/kala | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels/motels/restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> Maps/brochures | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Previous visits | <input type="radio"/> |
| <input type="radio"/> School class/program | <input type="radio"/> |
| <input type="radio"/> Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

This visit _____

Future visit _____

[2. VARIATION TPLAN12]

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?

No Yes → **Go to Question 2**

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

[1. VARIATION KNOW12]

2. Prior to this visit, were you and your personal group aware that Kalaupapa NHP is co-managed by the State of Hawaii Department of Health?

Yes No Not sure

3. On this trip, what was the **primary** reason that you and your personal group visited Kalaupapa NHP? Please mark (●) **all** that apply. **[3. VARIATION TRIPC1]**

- Learn about the general history of the Kalaupapa Peninsula
- Learn about the patient community of Kalaupapa
- Learn about Hansen's Disease (leprosy)
- Learn about Saint Damien (Joseph De Veuster)
- Learn about Mother Marianne
- Learn about Native Hawaiian history
- Learn about Kalaupapa's natural features (such as wildlife, plants, geology and marine resources)
- Visit a patient resident
- Visit for a spiritual or religious pilgrimage
- Visit a gravesite
- Other (Please specify) _____

4. a) How did this visit to Kalaupapa NHP fit into your personal group's travel plans? Please mark (●) **one**. **[2. TPLAN4]**

- Kalaupapa NHP was the primary destination
- Kalaupapa NHP was one of several destinations
- Kalaupapa NHP was not a planned destination

b) On this visit, how many vehicles did you and your personal group use to arrive “topside” of the park? Please write 0 if you did arrive by vehicle. [1. VARIATION GR4]

_____ Number of vehicles

5. On this trip, what was the **primary** reason that you and your personal group came to the island of Moloka`i? Please mark (●) **only one**. [3. TRIPC1]

Resident of Moloka`i → **Go to Question 6**

Visit Kalaupapa NHP

Visit other attractions on Moloka`i

Visit friends/relatives on Moloka`i

Traveling through - unplanned visit

Business

Other (Please specify) _____

[3. VARIATION TRIPC13]

6. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** at Kalaupapa NHP or on Moloka`i?

Yes

No → **Go to Question 7**

b) If YES, please list the number of nights you and your personal group stayed at Kalaupapa NHP or on Moloka`i. [3. TRIPC14]

_____ Number of nights at Kalaupapa NHP

_____ Number of nights on topside Moloka`i

[3. TRIPC15]

c) If YES, in which types of lodging did you and your personal group spend the night(s) at Kalaupapa NHP or on Moloka`i? Please mark (●) **all** that apply.

Lodges, hotels, motels, cabins, B&B, etc. on Moloka`i

Tent camping in developed campground on Moloka`i

Personal seasonal residence on Moloka`i

Residence of friends or relatives on Moloka`i

Residence of friends or relatives at Kalaupapa NHP

Visitor Quarters at Kalaupapa NHP

Other (Please specify) _____

[3. VARIATION TRIPC19]

7. a) Did you and your personal group obtain the services (e.g., information, food services, lodging, groceries, gas, etc.) that you needed topside Moloka'i?

- No Yes → **Go to Question 8**

b) If NO, what needed services were not available? **[3. TRIPC20]**

Service (List)	Comments (Please be specific)
_____	_____
_____	_____
_____	_____

8. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Kalaupapa NHP? If you stayed at home, please write the name of the town/city and state where you live. **[3. VARIATION TRIPC16]**

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

9. If you were to visit again in the future and there were overnight accommodations available to the public at Kalaupapa NHP, would you and your personal group be likely to stay overnight within the park? **[3 VARIATION TRIPC21]**

- Yes, likely No, not likely Not sure

10.a) How many hours in **total** did you and your personal group spend visiting Kalaupapa NHP on this visit? **[3. VARIATION TRIPC11]**

_____ Total number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

[6. VARIATION EVALSERV19]:

11. a) On this visit, how safe did you and your personal group feel while engaged in the following activities? Please mark (●) **one** for each activity.

- Did not participate in any of the following activities

	Very unsafe	Unsafe	Neither safe nor unsafe	Safe	Very safe
Walk/hike on Kalaupapa Trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mule ride on Kalaupapa Trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touring the park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b) If you marked that you felt “very unsafe” or “unsafe” for any of the above issues, please explain why. [6. EVALSERV20]

12. a) As you were planning your trip to Kalaupapa NHP, which activities did you and your personal group **expect** to include on this visit? Please mark (●) **all** that apply in column (a).

[3. ACT21]

- b) In which activities did you and your personal group actually participate on this visit? Please mark (●) **all** that apply in column (b).

a) **Expected activity** b) **Activity this visit**

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Visiting Kalaupapa Overlook | <input type="radio"/> |
| <input type="radio"/> | Taking “Damien Tour” | <input type="radio"/> |
| <input type="radio"/> | Taking mule ride on Kalaupapa Trail | <input type="radio"/> |
| <input type="radio"/> | Taking commercial flight | <input type="radio"/> |
| <input type="radio"/> | Taking a chartered flight | <input type="radio"/> |
| <input type="radio"/> | Attending ranger-led tours | <input type="radio"/> |
| <input type="radio"/> | Visiting historically significant sites at the park | <input type="radio"/> |
| <input type="radio"/> | Visiting a patient resident | <input type="radio"/> |
| <input type="radio"/> | Visiting a friend or relative of staff | <input type="radio"/> |
| <input type="radio"/> | Creative arts (painting/drawing/taking photographs) | <input type="radio"/> |
| <input type="radio"/> | Shopping in park bookstore | <input type="radio"/> |
| <input type="radio"/> | Viewing exhibits | <input type="radio"/> |
| <input type="radio"/> | Picnicking | <input type="radio"/> |
| <input type="radio"/> | Hiking/walking | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

Expected _____ 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.

a) Visitor services/facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Damien Tour	_____	_____
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Visitor bookstore and exhibits	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park website: www.nps.gov/kala used before or during visit	_____	_____
<input type="radio"/> Parking at trailhead	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Picnic areas	_____	_____

15. What is the most important thing you and your personal group learned on this visit to Kalaupapa NHP? [3. VARIATION LEARN3]

16. Only 100 visitors per day are allowed to visit Kalaupapa NHP. In your opinion, should visitation continue to be limited to 100 visitors per day in the future? Please mark (●) **one**. [5 VARIATION CROWD3]

Yes No Not 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic landscape associated with the Hansen's Disease settlement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic buildings associated with the Hansen's Disease settlement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cemeteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle and privacy of patient resident community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural features, such as wildlife, plants, clean air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spirituality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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]

- Self-guided tour
- Concession operated tours/programs
- Ranger-led tours/programs
- Bicycle tour (self-guided or guided)
- Other (Please specify) _____

19. a) If you were to visit Kalaupapa NHP in the future, which topics would you and your personal group be interested in learning (or learning more) about? Please mark (●) **all** that apply. [3. FVIS6]

- Not interested in learning on a future visit → **Go to Question 20**
- Hansen's Disease (leprosy)
- Saint Damien, Mother Marianne, and other religious figures
- History of the Kalaupapa and Kalawao Settlements
- Native Hawaiian culture and traditions in Kalaupapa
- Natural features, such as wildlife, plants, and geology
- Personal and human stories related to Kalaupapa
- Other topics (Please specify) _____

20. If you were to visit Kalaupapa NHP in the future, how would you and your personal group prefer to learn about cultural and natural features of the park? Please mark (●) **all** that apply. [3. FVIS4]

- Not interested in learning about the park → **Go on to Question 21**
- Indoor exhibits
- Park website: www.nps.gov/kala
- Ranger-led tours/programs
- Self-guided tours/programs
- Audiovisual programs (DVD, video, or movie)
- Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)
- Outdoor exhibits
- Printed materials (brochures, books, maps, etc.)
- 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.

	EXPENDITURES	
	a) Inside park	b) Topside Moloka`i
Lodges, hotels, motels, cabins, B&B, etc.	\$ _____	\$ _____
State Visitor Quarters only		
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 airfare)	n/a	\$ _____
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 expenditures cover? [3. TRIPC27]

_____ Adults (18 years or over) _____ Children (under 18 years)
Please write "0" if no children were covered by the expenditures.

22. a) What did you and your personal group like **most** about your visit to Kalaupapa NHP? [6. EVALSERV25]

b) What did you and your personal group like **least** about your visit to Kalaupapa NHP? [6. EVALSERV24]

23. Kalaupapa NHP does not currently charge an entrance fee. In the future, an entrance fee may be considered, with the funds used to maintain park facilities and services, such as brochures, exhibits, and audio-visual programs.

If you were to visit in the future, would you and your personal group be willing to pay an entrance fee of \$15/adult (NPS passes would be honored)? Please mark (●) **one**. [6. VARIATION EVALFEE1]

Yes, likely No, unlikely Not sure

24. On this visit, were you and your personal group part of the following types of organized groups? Please mark (●) **one** for each. [1. GR6]

a) Commercial guided tour group Yes No

b) School/educational group Yes No

c) Other (work, church) Yes 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

25. a) On this visit, which type of personal group (not commercial guided tour/school/other organized group) were you with? Please mark (●) **one**. [1. GR5]

Alone Friends

Family Family and friends

Other (Please specify) _____

[1. GR3]

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

26. For you only, what is your gender? [1. GEND2]

Male Female

27. 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]

Yes No → **Go to Question 28**

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]

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

29. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. a) Which category best represents your annual **household** income? Please mark (●) **only one**. [1. INCOM1]

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

[1. VARIATION GR3]

b) How many people are in your household? _____ Number of people

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

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

32. If you were a manager planning for the future of Kalaupapa NHP, what would you propose? Please be specific. [6. OPNMGMT7]

33. Is there anything else you and your personal group would like to tell us about your visit to Kalaupapa NHP? [6. OPNMGMT8]

34. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Kalaupapa NHP during this visit? Please mark (●) one. [6. EVALSERV1]

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

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

OFFICIAL BUSINESS

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



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

Visitor Services Project

Little River Canyon National Preserve

Visitor Study



**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.

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 (○), 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 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]

1. 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).

a) Prior to this visit

b) Prior to future visits

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

Prior to this visit _____ Prior to future visits _____

[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?

- No Yes → **Go to Question 2**

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

[1. VARIATION KNOW12]

2. **Prior to this visit**, which of the following entity(ies) did you and your personal group think managed Little River Canyon National Preserve? Please mark (●) **all** that apply.

- Did not know who managed the Preserve → **Go to Question 3**
- National Park Service
- State of Alabama
- DeKalb County
- Jacksonville State University
- DeSoto State Park

[3. VARIATION LEARN5]

3. a) **Prior to this visit**, were you and your personal group aware of the following informational 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 **during this visit** to Little River Canyon National Preserve (via publications, signs, talking to Preserve staff, etc.)? Please mark (●) **one** answer for each item in column (b).

a) Aware prior to visit?		Type of programs offered	b) Learned about during visit?	
Yes	No		Yes	No
<input type="radio"/>	<input type="radio"/>	Ranger-led programs	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Jacksonville State University Field School Nature Camps	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Jacksonville State University Campfire Talks	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	DeSoto State Park Nature Programs	<input type="radio"/>	<input type="radio"/>

[6. EVALSERV17]

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.

- a) Signs on interstates Yes No Did not use
- b) Signs on state highways Yes No Did not use
- c) City street signs in communities Yes No Did not use
- d) If you answered NO to any of the above, please explain. **[6. EVALSERV18]**

Interstates _____

State highways _____

Communities _____

[3. TRIPC2]

5. 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**.

[3. VARIATION TRIPC8]

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**.

a) First enter	Entrance/exit point	b) Last exit
<input type="radio"/>	Route 35 East	<input type="radio"/>
<input type="radio"/>	Route 35 West	<input type="radio"/>
<input type="radio"/>	Route 255	<input type="radio"/>
<input type="radio"/>	Route 148	<input type="radio"/>
<input type="radio"/>	Route 275	<input type="radio"/>
<input type="radio"/>	Route 176	<input type="radio"/>
<input type="radio"/>	Route 103	<input type="radio"/>
<input type="radio"/>	Route 295	<input type="radio"/>
<input type="radio"/>	Fischer Road	<input type="radio"/>

6. a) In **column a**, please mark (●) all the services in the nearby communities of Fort Payne, Centre, Scottsboro and other cities **within 40 miles** of the Preserve that you and your personal group used that were specifically related to this Preserve visit. [3. TRIPC21]

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) Used on this visit (●)	b) Community (●)			
	Fort Payne	Centre	Scottsboro	Other cities
<input type="radio"/> Ate meals in restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Bought gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Bought groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Obtained information about Little River Canyon National Preserve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Obtained other travel/tourist information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Shopped (other than groceries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Stayed overnight in a lodge/motel/hotel/B&B, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Stayed overnight in a campground/RV park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Used a drink/vending machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other services (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[3. TRIPC1]

7. On this trip, what was the **primary** reason that you and your personal group came to Little River Canyon National Preserve **area**? Please mark (●) **one**.

Resident of the area (within 40 miles of Preserve) → **Go to Question 8**

Visit Little River Canyon National Preserve

Visit other attractions in the area

Traveling through - unplanned visit

Visit friends/relatives in the area

Business

Other (Please specify) _____

8. a) **On this visit** to Little River Canyon National Preserve, did you and your personal group visit the Preserve on more than one day? (Please list partial days/hours as 1/4, 1/2, or 3/4.) [3. TRIPC12]

Yes



- b) If YES, on how many days did you visit Little River Canyon National Preserve?

_____ Number of days

No



- c) If NO, how many hours did you visit Little River Canyon National Preserve?

_____ Number of hours

- d) How long did you and your personal group stay in the Little River Canyon National Preserve **area** (within 40 miles of Preserve)? (Please list partial days/hours as 1/4, 1/2, or 3/4.) [3. TRIPC11]

Resident of the area → **Go to Question 9**

_____ Number of hours **if less than 24 hours**

OR

_____ Number of days **if 24 hours or more**

9. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the Little River Canyon National Preserve area (within 40 miles of Preserve)? [3. TRIPC13]

Yes

[3. TRIPC13]

No → **Go to Question 10**

- b) If YES, please list the number of nights you and your personal group stayed.

_____ Number of nights (within 40 miles of Preserve)

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

Lodge, motel, hotel, cabin, rented condo/home, or bed & breakfast

RV/trailer camping

Tent camping in developed campground

Backcountry camping

Personal seasonal residence

Residence of friends or relatives

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 Center
- Little River Falls
- Little River Falls Overlook
- Little Falls
- Lynn Overlook
- Lower Two Mile (trail)
- Canyon View
- Wolf Creek
- Crow Point
- Graces High Falls
- Eberhart Point
- Canyon Mouth Day Use Area
- Little River Wildlife Management Area
- Other _____

[3. ACT24]

12. a) On this visit, which activities did you and your personal group participate in within Little River Canyon National Preserve? Please mark (●) **all** that apply.
 b) On past visits, which activities have you and your personal group participated in within Little River Canyon National Preserve? Please mark (●) **all** that apply.

First visit—have not visited in the past

a) This visit **b) Past visits**

- | | |
|--|-----------------------|
| <input type="radio"/> Birdwatching | <input type="radio"/> |
| <input type="radio"/> Creative arts (photography/painting/drawing) | <input type="radio"/> |
| <input type="radio"/> Fishing | <input type="radio"/> |
| <input type="radio"/> General sightseeing | <input type="radio"/> |
| <input type="radio"/> Hiking (not walking to rock climbing site) | <input type="radio"/> |
| <input type="radio"/> Horseback riding | <input type="radio"/> |
| <input type="radio"/> Hunting | <input type="radio"/> |
| <input type="radio"/> Learning/studying geology | <input type="radio"/> |
| <input type="radio"/> Mountain biking | <input type="radio"/> |
| <input type="radio"/> Nature study (wildlife, wildflowers, etc.) | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Riding ATV | <input type="radio"/> |
| <input type="radio"/> Rock climbing (technical, sport, bouldering, etc.) | <input type="radio"/> |
| <input type="radio"/> Touring/driving Little River Canyon Scenic Drive | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

Activities this visit _____ Activities past 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]

Location	How safe did you feel in the Preserve?				
	Very unsafe	Somewhat unsafe	Neither safe/unsafe	Somewhat safe	Very safe
On roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parking areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked that you felt “very unsafe” or “somewhat unsafe” for any of the above locations, please explain **where** and **why**. [3. VARIATION EVALSERV20]

Location: _____ Reason: _____

Location: _____ Reason: _____

14. Which other local and regional attractions did you and your personal group visit on this trip to Little River Canyon National Preserve? Please mark (●) **all** that apply. [3. TRIPC29]

- Cherokee Rock Village
- DeSoto State Park
- Guntersville State Park
- Little River Canyon Center
- U.S. Space and Rocket Center
- Chickamauga-Chattanooga National Military Park
- Other (Please specify) _____
- Huntsville Botanical Gardens
- Russell Cave National Monument
- Sequoyah Caverns
- Weiss Lake

15. If you and your personal group were to visit Little Canyon River National Preserve in the future, would you be interested in viewing exhibits in a new museum at the Little River Canyon Center? [3. VARIATION ACT13]

- Yes
- No
- Not sure

[3. VARIATION FVIS6]

16. a) If you and your personal group were to visit again in the future, which topics would you like to learn about in interpretive/ranger-led programs at Little River Canyon National Preserve? Please mark (●) **all** that apply.

- Not interested in interpretive programs → **Go to Question 17**
- Geology
- History
- Plants
- Other (Please specify) _____
- Recreational activities (fishing, rock climbing, etc.)
- Safety (hiking, climbing, water, etc.)
- Wildlife

b) Which program length would be most suitable for you and your personal group? Please mark (●) **one**. [3. VARIATION FVIS13]

- Under 1/2 hour
- 1 - 2 hours

- 1/2 - 1 hour Other _____

c) Which times of day would be **most** suitable for you and your personal group to attend a ranger-led program? Please mark (●) **all** that apply. [3. VARIATION FVIS13]

- 8 - 10 am Noon - 2 pm After 4 pm
 10 am - noon 2 pm - 4 pm Other (Specify)

[6. EVALSERV21]

17. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** during this visit to the Little River Canyon National Preserve.
- 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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from Preserve staff	_____	_____
<input type="radio"/> Canyon Center restrooms	_____	_____
<input type="radio"/> Exhibits at viewpoints	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Little River Canyon Center (other than restrooms)	_____	_____
<input type="radio"/> Little River Canyon National Preserve website: www.nps.gov/liri (used before or during visit)	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Preserve brochure/map	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Sales items in Canyon Center bookshop	_____	_____

(selection, price, etc.)

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]

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (fishing, hiking, climbing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views without development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. a) Will you and your personal group be likely to visit Little River Canyon National Preserve again in the future? [3. VARIATION FVIS1]

Yes, likely No, unlikely Not sure



➤ Go to part c of this question ↩

- b) If YES, how often would you be likely to visit? Please mark (●) one.

[2. VARIATION TPLAN5]

Monthly Several times/year, but not monthly Once/year or less

[3. TRIPC35]

c) If NO, why wouldn't you return? _____

20. On this visit, were you and your personal group with the following types of organized groups? Please mark (●) one for each. [1. GR6]

a) Commercial guided tour group Yes No

b) School/educational group Yes No

c) Other organized group
(business, church, scout, etc.) Yes 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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. a) What did you and your personal group like **most** about this visit to Little Canyon River National Preserve? [6. EVALSERV25]

b) What did you and your personal group like **least** about this visit to Little Canyon River National Preserve? [6. EVALSERV24]

25. Is there anything else you and your personal group would like to tell us about your visit to Little River Canyon National Preserve? [6. OPMGMT8]

26. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at Little River Canyon National Preserve during this visit? Please mark (●) **one**. [6. EVALSERV1]

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

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

OFFICIAL BUSINESS

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



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

Visitor Services Project

Ninety Six National Historic Site

Visitor Study





IN REPLY REFER TO:

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 (○), 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 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.

1. 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).

a) Prior to this visit

b) Prior to future visits

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

This visit _____ 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]

No Yes → **Go to Question 2**

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

2. a) **Prior to this visit**, were you and your personal group aware that Ninety Six NHS is the site of a Revolutionary War battle? [1. VARIATION KNOW1]

Yes No

b) **Prior to this visit**, were you and your personal group aware that Ninety Six NHS is managed by the National Park Service? [1. KNOW3]

Yes No

3. On this trip, what were the reasons that you and your personal group visited Ninety Six NHS? Please mark (●) **all** that apply. [3. VARIATION TRIPC1]

Attend a program or special event at Ninety Six NHS

Learn Revolutionary War history

Participate in recreation (walking, hiking, jogging, etc.)

Participate in Junior Ranger program

Show park to friends/relatives

Saw sign on highway

Visit a National Park Service site

Obtain stamp in National Park Passport book

Other (Please specify) _____

4. On this visit to Ninety Six NHS, which routes did you and your personal group use to reach the park? Please mark (●) **all** that apply. [3. TRIPC3]

Highway 72 from the west

Highway 72 from the east

Highway 248 from the south

Highway 248 from the north

Highway 246 from the south
(Kinard Road)

Highway 246 from the north
(Kinard Road)

Louden Road

Harter Road

Paysinger Road

Other routes (Please specify) _____

5. On this visit, were the signs directing you and your personal group to Ninety Six NHS adequate? Please mark (●) **one** answer for each. [6. EVALSERV17]

a) Interstate signs Yes No Did not use

b) State highway signs Yes No Did not use

c) Signs in local communities Yes No Did not use

d) If you answered NO for any of the above, please explain. [6. EVALSERV18]

Interstate _____

State highway _____

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]

Ninety Six NHS was the primary destination

Ninety Six NHS was one of several destinations

Ninety Six NHS was not a planned destination

7. How did the amount of time you and your personal group spent at Ninety Six NHS compare with the time you had planned to stay there? Please mark (●) **one**.

Did not have a planned amount of time [2. VARIATION TPLAN5]

Spent more time than planned → Why? _____

Spent about the time planned

Spent less time than planned → Why? _____

8. On this visit, how much time in total did you and your personal group spend at Ninety Six NHS? Please list partial hours as 1/4, 1/2, or 3/4.) [3. TRIPC11]

_____ Total number of hours

9. a) Did you and your personal group obtain information from the park website (<http://www.nps.gov/nisi>) to plan your trip to Ninety Six NHS? [2. VARIATION TPLAN11]

Yes No → **Go to Question 10**

b) Overall, how would you rate the quality of information provided on the park website? Please mark (●) **one**. [2. VARIATION TPLAN2]

Very poor Poor Average Good Very good

- c) Did you find the information that you needed on the park website? [2. VARIATION TPLAN12]

No Yes → **Go to Question 10**

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

10. a) On this visit to Ninety Six NHS, which park sites did you and your personal group visit? Please mark (●) **all** that apply. [2. ITIN1]

- Visitor center
- Walking tour (historic 1-mile trail)
- Cherokee Path Trail
- Goudy Trail
- Other trails (Please specify) _____
- Star Fort Pond (reservoir) on Highway 246
- Picnic area
- Other (Please specify) _____

11. a) On this visit to Ninety Six NHS, did anyone in your personal group participate in any of the ranger-led talks/programs? [3. VARIATION ACT8]

No Yes → **Go to Question 12**

- b) If NO, what prevented you and your personal group from participating in ranger-led talks/programs? Please mark (●) **all** that apply. [3. VARIATION ACT9]

- Not interested
- Did not have time for this activity
- Not aware of any ranger-led talks/programs offered at park
- Not enough programs offered

Other (Please specify) _____

12. a) On past visits, which activities have you and your personal group participated in within Ninety Six NHS? Please mark (●) **all** that apply. [3. ACT24]

b) On this visit, which activities did you and your personal group participate in within Ninety Six NHS? Please mark (●) **all** that apply. [3. ACT24]

First visit—have not visited in the past

a) Past visits

b) This visit

- | | |
|--|-----------------------|
| <input type="radio"/> Attending special events | <input type="radio"/> |
| <input type="radio"/> Birdwatching | <input type="radio"/> |
| <input type="radio"/> Nature study (other than birdwatching) | <input type="radio"/> |
| <input type="radio"/> Conducting genealogical research | <input type="radio"/> |
| <input type="radio"/> Creative arts (photography/drawing/painting/writing) | <input type="radio"/> |
| <input type="radio"/> Fishing | <input type="radio"/> |
| <input type="radio"/> Getting NPS Passport book stamped | <input type="radio"/> |
| <input type="radio"/> Horseback riding | <input type="radio"/> |
| <input type="radio"/> Jogging | <input type="radio"/> |
| <input type="radio"/> Learning history | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Visiting bookstore in visitor center | <input type="radio"/> |
| <input type="radio"/> Walking/hiking | <input type="radio"/> |
| <input type="radio"/> Walking dogs | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) _____ | |

c) Which **one** 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]

13. 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]

Yes, likely No, unlikely Not sure

14. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Ninety Six NHS 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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Directional signs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Weapons firing demonstrations	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park website: www.nps.gov/nisi used during visit	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Videos/films shown in visitor center	_____	_____
<input type="radio"/> Trails	_____	_____

Visitor center _____

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]

Resource/attribute	Not important	Somewhat important	Moderately important	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic structures/buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. a) If you were to visit in the future, would you and your personal group be interested in attending ranger-led programs at Ninety Six NHS? [3. FVIS12]

Yes, likely No, unlikely Not sure

- b) If YES, which types of programs would you and your personal group be most likely to attend? [3. VARIATION FVIS6]

- Evening program Activities at historic cabin
 Off-site program away from the park Hands-on demonstrations
 On-site programs at the park
 Other (Please specify) _____

- c) If YES, what length of program would you and your personal group be most likely to attend? Please mark (●) **only one**. [3. FVIS13]

Under 1/2 hour Other (Please specify below)

- 1/2 - 1 hour _____
- 1 - 2 hours

17. a) Ninety Six NHS interpretive programs and exhibits discuss topics related to the Revolutionary War battle that took place here and colonial backcountry life. Please mark (●) **all** of the topics you learned (or learned more about) on this visit. [3. LEARN1]

Did not learn about any topics on this visit → **Go to part c of this question**

- b) Please indicate how much your level of understanding of each topic improved during your visit. Please mark (●) **one** answer for each topic.
- c) Next, mark (●) the topics you would be interested in learning more about on a future visit.

a) Learned on this visit?	b) Level of understanding improved?				c) Interested on future visit?	
	Not at all	A little	Somewhat	A lot	Yes	No
<input type="radio"/> Revolutionary War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Cherokee Indian Tribe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Weapons used during Revolutionary War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Colonial life/settlement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d) Please list any additional topics you and your personal group are interested in learning about at Ninety Six NHS. [3. LEARN2]

18. a) On this visit, did you and your personal group view the Ninety Six NHS visitor center exhibits? [3. ACT13]

- Yes
- No → **Go to Question 19**

b) If YES, did you and your personal group find the exhibit objects interesting?

- Yes
- No [3. ACT14]

c) Please rate the length of the exhibit text. [3. ACT14]

- Too short
- About right
- Too long

d) Would you and your personal group like to have more hands-on exhibits?

Parts d and e: [3. VARIATION OF FVIS4]

- Yes
- No
- Not sure

e) Would you and your personal group like to have more electronic exhibits?

Yes

No

Not sure

19. If you were to visit Ninety Six NHS in the future, how would you and your personal group prefer to learn about cultural and natural history/features of Ninety Six NHS? Please mark (●) **all** that apply. [3. FVIS4]

- Not interested in learning about the park → **Go to Question 20**
- Junior Ranger program
- Senior Ranger program
- Other children’s programs
- Park website: www.nps.gov/nisi
- Weapons firing demonstrations
- Audiovisual programs (DVD, video, or audio)
- Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)
- Printed materials (brochures, books, maps, etc.)
- Ranger-led interpretive programs/costumed interpretive programs
- Other (Please specify) _____
- Indoor exhibits
- Outdoor exhibits
- Self-guided tours
- Special events
- Volunteer opportunities

20. a) During this visit to Ninety Six NHS, did you and your personal group have any personal interaction with a park ranger? [6. EVALSERV23]

- Yes
- No → **Go to Question 21**

b) If YES, on a scale from 1 to 5, please rate the quality of your interaction with the park ranger. Please mark (●) **one** response for each item.

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

21. 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]

Yes No → **Go to Question 22**

- b) If YES, which items would you like to have available for purchase? Please mark (●) **all** that apply.

Additional publications (books, brochures, etc.)

 ▶ List subjects that you are interested in: _____

CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.

Additional maps (besides the park brochure map)

Other (Please specify) _____

22. On this visit, were you and your personal group part of the following types of organized groups? Please mark (●) **one** for each. [1. GR6]

a) Commercial guided tour group Yes No

b) School/educational group Yes No

c) Other (scouts, work, church, senior center) Yes 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

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

Alone Friends

Family Family and friends

Other (Please specify) _____

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

_____ Number of people 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. GRP4]

_____ Number of vehicles

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Frequency of visits to Ninety Six NHS (including this visit) 1= First visit 2= Daily 3= Several times a month 4= Several times a year
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

25. Would you and your personal group be likely to visit Ninety Six NHS again in the future? [3. FVIS1]

- Yes, likely
 No, unlikely
 Not sure

26. If Ninety Six NHS were to have an electric golf cart available for visitors unable to walk the 1-mile historic trail, is there anyone in your group who would be willing to use it? [Topic Area 3 – Individual Activities and Uses of Park Resources]

- Yes, likely
 No, unlikely
 Not sure

27. a) What did you and your personal group like **most** about your visit to Ninety Six NHS? [6.EVALSERV25]

b) What did you and your personal group like **least** about your visit to Ninety Six NHS? [6. EVALSERV24]

28. The National Park Service will be celebrating its 100th anniversary in 2016. How would you and your personal group like to see Ninety Six NHS celebrate this event? [6. VARIATION OPNMGMT7]

29. If you were a manager planning for the future of Ninety Six NHS, what would you and your personal group propose? [6. OPNMGMT7]

30. Is there anything else you and your personal group would like to tell us about your visit to Ninety Six NHS? [6. OPNMGMT8]

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

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

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

OFFICIAL BUSINESS

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



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

Visitor Services Project

Richmond National Battlefield Park

Visitor Study



Malvern Hill Battlefield

**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:

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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 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.

1. 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).

a) Prior to this visit

b) Prior to future visits

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

Prior to this visit _____ Prior to future visits _____

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

No Yes → **Go to Question 2**

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

2. a) On this visit, did you and your personal group visit Historic Tredegar Iron Works in the city of Richmond? [2. VARIATION TRIPC28]

Yes No → **Go to Question 3**

b) If YES, at Historic Tredegar Iron Works there are two separate interpretive centers managed by two different entities. Richmond National Battlefield Park Visitor Center is managed by the National Park Service while the grounds and the American Civil War Center are managed by Tredegar National Civil War Center Foundation. Prior to this visit, were you and your personal group aware of this fact? Please mark (●) **one**. [1. VARIATION KNOW12]

Yes, aware sites were managed by two different organizations

No, thought both sites were managed by the National Park Service

No, thought both sites were managed by the American Civil War Center

Did not know who managed either site

[6. EVALSERV17]

3. On this visit, were the signs directing you and your personal group to Richmond National Battlefield Park adequate? Please mark (●) **one** answer for each.

a) Interstate signs Yes No Did not use

b) State highway signs Yes No Did not use

c) Signs in local communities Yes No Did not use

d) Battlefield Tour route signs Yes No Did not use

e) If you answered NO for any of the above, please explain. [6. EVALSERV18]

Interstate _____

State highway _____

In local communities _____

Along Battlefield Tour route _____

4. How did this visit to Richmond National Battlefield Park fit into your travel plans? Please mark (●) **one**. [2. TPLAN4]

- Richmond National Battlefield Park was the primary destination
- Richmond National Battlefield Park was one of several destinations
- Richmond National Battlefield Park was not a planned destination

[3. VARIATION TRIPC11]

5. a) **On this visit** to Richmond National Battlefield Park, how much time in **total** did you and your personal group spend visiting park sites? Please list partial hours as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.

_____ Number of hours

[3. TRIPC12]

b) Did you and your personal group visit the park on more than one day?

- Yes No

c) On this visit to Richmond National Battlefield Park, how long did you and your personal group stay in the **area** (within 25 miles of any park site)? List partial hours or days as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$. [3. VARIATION TRIPC11]

- Resident of area

_____ Number of hours **if less than 24 hours**

OR

_____ Number of days **if 24 hours or more**

6. Which other historic sites did you and your personal group visit while in the Richmond region? Please mark (●) **all** that apply. [3. VARIATION TRIPC28]

- None → **Go on to Question 7**

American Civil War Center

Pamplin Park

Civil War Trails

Petersburg National Battlefield

Fredericksburg NMP

Richmond History Center

Hollywood Cemetery

Richmond National Cemeteries

Maggie L. Walker NHS

State Capitol

Museum of Confederacy

Virginia Historical Society

North Anna Battlefield

Colonial Williamsburg

Other (Please specify) _____

[3. VARIATION ACT20]

7. a) During this visit to Richmond National Battlefield Park, did you and your personal group have any personal interaction with a park ranger?

- Yes No → **Go to Question 8**

[6. EVALSERV23]

b) If YES, please rate the quality of your interaction with the park ranger. Please mark (●) **one** response for each item.

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

8. 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. VARIATION GR4]

_____ Number of vehicles

9. a) For this visit, please list the **order** 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]

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]

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) If you were to visit Richmond National Battlefield Park in the future, which park sites would you and your personal group be likely to visit? Please mark (●) **all** that apply on the map below. [3. VARIATION ITIN3]

(Place holder – Map)

10. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the surrounding area of Richmond National Battlefield Park (within 25 miles of any park site)? [3. VARIATION TRIPC13]

Yes No → **Go to Question 11**

- b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area** of Richmond National Battlefield Park. [3. TRIPC14]

_____ Number of nights in the **surrounding area** outside the park

- c) In which types of lodging did you and your personal group spend the night(s) outside park in surrounding area (within 25 miles of any park site)? Please mark (●) **all** that apply. [3. TRIPC15]

Lodges, hotels, vacation rentals, B&B, etc.

RV/trailer camping

Tent camping in developed campground

Residence of friends or relatives

Other (Please specify) _____

11. 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).
[3. 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 visit	b) Future visit
<input type="radio"/> Attending living history programs	<input type="radio"/>
<input type="radio"/> Attending ranger-led programs	<input type="radio"/>
<input type="radio"/> Attending school program	<input type="radio"/>
<input type="radio"/> Touring Civil War battlefields	<input type="radio"/>
<input type="radio"/> Taking CD tour of Seven Days Battles	<input type="radio"/>
<input type="radio"/> General sightseeing	<input type="radio"/>
<input type="radio"/> Creative arts (photography/painting/drawing)	<input type="radio"/>
<input type="radio"/> Family history/genealogy research	<input type="radio"/>
<input type="radio"/> Nature study (wildlife, birds, wildflowers, etc.)	<input type="radio"/>
<input type="radio"/> Taking self-guided podcast tours	<input type="radio"/>
<input type="radio"/> Visiting Historic Tredegar Iron Works	<input type="radio"/>
<input type="radio"/> Walking trails for exercise/recreation	<input type="radio"/>
<input type="radio"/> Walking trails for historical interest	<input type="radio"/>
<input type="radio"/> Following a Civil War Trails Tour	<input type="radio"/>
<input type="radio"/> Visiting Maggie L. Walker National Historic Site	<input type="radio"/>
<input type="radio"/> Obtaining a National Park Passport stamp	<input type="radio"/>
<input type="radio"/> Watching park films	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>

This visit _____ Future visits _____

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.

[3. VARIATION ACT23]

[6. EVALSERV21]

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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good

- Access for disabled persons _____
- Assistance from park staff _____
- CD driving tour _____
- Junior Ranger program _____
- Other park publications _____
- Outdoor exhibits _____
- Park library _____
- Park brochure/map _____
- Podcasts _____
- Ranger-led programs _____
- Richmond National Battlefield Park website: _____
www.nps.gov/rich/ (used before or during visit)
- Trails _____
- Visitor center exhibits _____
- Visitor center restrooms _____

13. On this visit, did you and your personal group attend any ranger-led talks or ranger-led tours at Richmond National Battlefield Park? [3. VARIATION ACT8]

- Yes No → **Go to Question 15**

14. If you attended any ranger-led talks or tours, please mark (●) **one** response for each of the following aspects. [3. VARIATION ACT14]

a) Program length: Too short About right Too long

b) Timing of programs: Able to participate at desired time NOT able to participate at desired time

c) Topics discussed: Of interest NOT of interest

d) Did you learn something from programs at Richmond National Battlefield Park that is relevant or meaningful to your life today? [3. VARIATION ACT29]

Yes No Not sure

e) If YES, what did you learn that is meaningful or relevant to your life today? [3. ACT 26]

15. a) Did you and your personal group visit the park bookstore? 3. VARIATION ITIN4]

Yes No → **Go to Question 16**

b) If YES, were there any sales items that you and your personal group would like to purchase that are not currently available? [3. VARIATION TRIPC19]

Yes No → **Go to Question 16**

c) If YES, which items would you and your personal group like to have available for purchase on a future visit? Please mark (●) **all** that apply. [3. VARIATION TRIPC20]

Additional publications (books, brochures, etc.)

 ▶ List subjects you are interested in _____

CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.

Additional maps (other than park brochure/map)

Other (Please specify) _____

16. a) Would you or members of your personal group consider visiting Richmond National Battlefield Park again in the future? [3. VARIATION FVIS1]

Yes No Not sure

[6. VARIATION EVALSERV26]

b) Would you or members of your personal group recommend visiting Richmond National Battlefield Park to your friends/relatives?

Yes No Not sure

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

Very poor Poor Average Good Very good

[6. OPNMGMT4]

18. It is the National Park Service's responsibility to protect Richmond National Battlefield Park'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.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Green/open space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserved battlefield landscape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic structures/buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic trails with interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, exercising, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction with park staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. If you were to visit Richmond National Battlefield Park in the future, which topics would you and your personal group like to learn (or learn more) about through interpretive programs? Please mark (●) **all** that apply. [3. FVIS6 VARIATION]

Not interested in interpretive programs → **Go to Question 27**

Military history Local history

Civilian history Architecture

Archeological history Natural history

Other (Please specify) _____

[1. RACE/ETH4]

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

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

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) Were you and your personal group aware that special needs equipment (listening devices, wheel chairs, etc.) is available to visitors? **[1. VARIATION KNOW5]**

Yes No

b) 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]**

Yes No → **Go on to Question 24**

c) If YES, what services or activities were difficult to access/participate in? [1. GR2]

d) Did you and your personal group use any of the special needs equipment?
[Topic area 3 – Visitor activities and uses of park resources]

Yes No → **Go on to Question 26**

e) If YES, was the special needs equipment easy to use? [Topic area 5 – Visitor evaluation of park services]

Yes No

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

- | | |
|---|---|
| <input type="radio"/> Some high school | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> Graduate degree |
| <input type="radio"/> Some college | |


27. a) What did you and your personal group like **most** about your visit to Richmond National Battlefield Park? [6. EVALSERV25]

b) What did you and your personal group like **least** about your visit to Richmond National Battlefield Park? [6. EVALSERV24]

28. If you were a manager planning for the future of Richmond National Battlefield Park, what would you and your personal group propose? Please be specific. [6. OPNMGMT7]

29. Is there anything else you and your personal group would like to tell us about your visit to Richmond National Battlefield Park? [6. OPNMGMT8]

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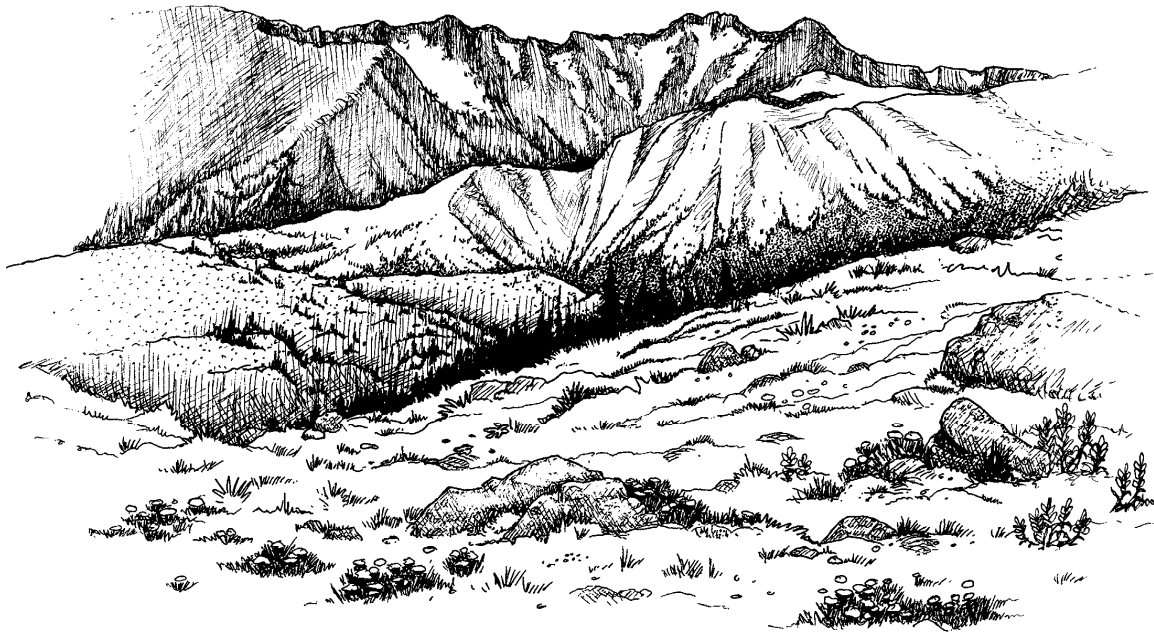
**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**



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

Rocky Mountain National Park

Visitor Study



**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.

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/romo and www.psu.uidaho.edu. Your individual comments will remain anonymous.

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.
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Thank you!

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Your Visit To Rocky Mountain 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.

1. 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) Prior to this visit

b) On future visits

- | | |
|--|-----------------------|
| <input type="radio"/> Did not obtain information prior to visit → Go to part b of this question | |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Inquiry to the park via phone, mail, or e-mail | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> Maps/brochures | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Previous visits | <input type="radio"/> |
| <input type="radio"/> Rocky Mountain NP website: www.nps.gov/romo | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> Other National Park Service sites/units | <input type="radio"/> |
| <input type="radio"/> School class/program | <input type="radio"/> |
| <input type="radio"/> Social media (such as Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> State welcome center/visitors bureau/chamber of commerce | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

- c) From the sources marked in column (a), did you and your personal group receive the type of information about the park that you needed? [2. TPLAN12]
- No Yes → **Go to Question 2**

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

2. On this trip, what was the primary reason that you and your personal group came to the Rocky Mountain NP **area** (within 20 miles of the park)? Please mark (●) **one**. [3. TRIPC1]

Resident of the area (within 20 miles of the park) → **Go to Question 3**

Visit Rocky Mountain NP

Visit other attractions in the area

Visit friends/relatives in the area

Business

Traveling through – unplanned visit

Other (Please specify) _____

3. a) On this trip, did you and your personal group stay overnight **away from home** in the area within 20 miles of the park? [3. TRIPC13]

Yes No → **Go to Question 4**

[3. VARIATION TRIPC15]

b) and c) If YES, how many nights did you and your personal group spend in the following types of accommodations? Please write the number of nights stayed.

**b) Number of nights
inside park**

**c) Number of nights
outside park within 20 miles**

n/a Lodge, motel, cabin, rented condo/home, or bed & breakfast _____

_____ Camping in developed campground _____

↘ At which location in the park? _____

_____ Backcountry campsite _____

_____ Personal seasonal residence (summer home) _____

_____ Residence of friends or relatives _____

_____ Other accommodations (Please specify below) _____

Inside park _____ Outside park _____

4. a) 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. GRP4]

_____ Number of vehicles

- b) On this visit, how many times did you and your personal group enter Rocky Mt. NP? [3. TRIPC5]

_____ Number of entries on this visit

5. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to Rocky Mountain NP? Please mark (●) **all** that apply. [3. TRIPC18]

None → **Go to Question 6**

Estes Park

Grand Lake

Granby

Longmont

Loveland

Winter Park

Other (Please specify) _____

- b) Were you and your personal group able to obtain all the services that you needed in these communities? [3. TRIPC19]

No

Yes → **Go to Question 6**

- c) If NO, what needed services were not available? [3. TRIPC20]

Service (List)

Comments (Please be specific)

6. a) How long did you and your personal group stay in the Rocky Mountain NP area (within 20 miles of the park)? Please list partial hours/days as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$. [3. VARIATION TRIPC11]

_____ Number of hours, **if less than 24 hours**

OR

_____ Number of days, **if 24 hours or more**

- b) On this trip, how long did you and your personal group spend visiting Rocky Mountain NP? Please list partial hours/days as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$. [3. TRIPC11]

_____ Number of hours **if less than 24 hours**

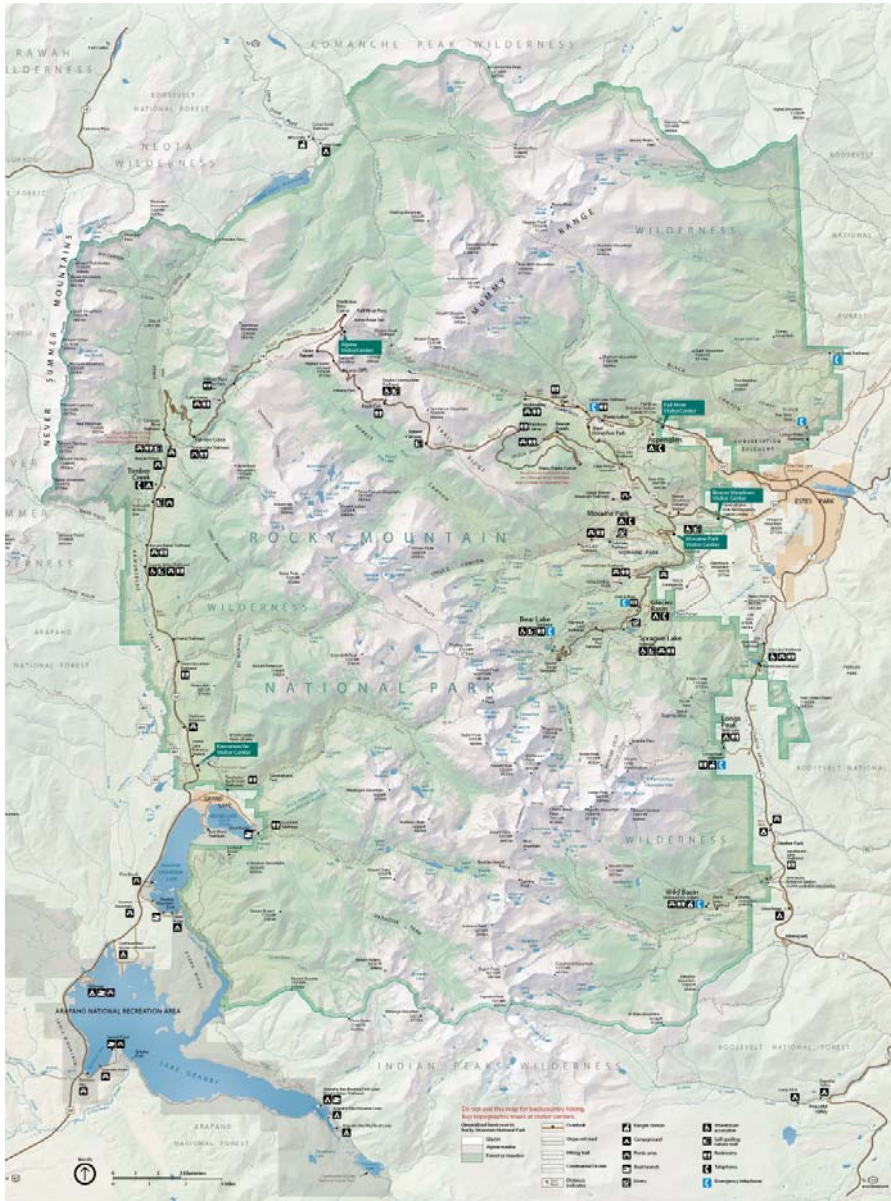
OR

_____ Number of days **if 24 hours 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)



Order visited (#1, 2, 3, etc.)

- _____ Fall River Visitor Center
- _____ Beaver Meadows Visitor Center
- _____ Moraine Park Visitor Center
- _____ Alpine Visitor Center
- _____ Wild Basin
- _____ Longs Peak Trailhead
- _____ Lily Lake
- _____ Bear Lake
- _____ Sprague Lake
- _____ Fall River Road
- _____ Trail Ridge Road
- _____ Hidden Valley
- _____ Kawuneeche Visitor Center
- _____ Holzwarth Historic Site
- _____ Other (Please specify below)

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]**

a) This visit**b) Future visits**

- | | | |
|-----------------------|--|-----------------------|
| <input type="radio"/> | Attending ranger-led programs | <input type="radio"/> |
| <input type="radio"/> | Backpacking | <input type="radio"/> |
| <input type="radio"/> | Bicycling | <input type="radio"/> |
| <input type="radio"/> | Camping in developed campgrounds | <input type="radio"/> |
| <input type="radio"/> | Day hiking | <input type="radio"/> |
| <input type="radio"/> | Driving Trail Ridge Road | <input type="radio"/> |
| <input type="radio"/> | Fishing | <input type="radio"/> |
| <input type="radio"/> | Horseback riding | <input type="radio"/> |
| <input type="radio"/> | Creative arts (photography/painting/drawing) | <input type="radio"/> |
| <input type="radio"/> | Picnicking | <input type="radio"/> |
| <input type="radio"/> | Mountaineering/climbing | <input type="radio"/> |
| <input type="radio"/> | Driving Bear Lake Road | <input type="radio"/> |
| <input type="radio"/> | Viewing scenery | <input type="radio"/> |
| <input type="radio"/> | Wildlife viewing/bird watching | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

This visit _____ Future visits _____

[3. VARIATION ACT 24]

- c) Which **one** of the above activities in column a was most important to you and your personal group on this visit to Rocky Mountain NP on this visit?

[3. VARIATION ACT9]

- d) If you did not attend any ranger-led programs/activities on this visit, why not?

- | | | | |
|-----------------------|------------------------------|-----------------------|-----------------------------|
| <input type="radio"/> | Not interested | <input type="radio"/> | Did not have time |
| <input type="radio"/> | Not aware of ranger programs | <input type="radio"/> | Not enough programs offered |
| <input type="radio"/> | 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crowding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fencing of fragile areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High elevation aircraft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noise from vehicles/trucks/motorcycles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helicopters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural scenery/undeveloped vistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, camping, climbing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

a) Information services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Assistance from park staff/volunteers	_____	_____
<input type="radio"/> Evening programs	_____	_____
<input type="radio"/> Trailhead signs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Outdoor exhibits (roadside/trailside)	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper	_____	_____
<input type="radio"/> Ranger-led walks/talks	_____	_____
<input type="radio"/> Rocky Mountain NP website: www.nps.gov/romo (used before or during visit)	_____	_____
<input type="radio"/> Sales items in park bookstores (selection, price, etc.)	_____	_____
<input type="radio"/> Self-guided tour/trail booklets	_____	_____
<input type="radio"/> Visitor center	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center movie	_____	_____
<input type="radio"/> Estes Park TV (videos on park resources)	_____	_____

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

Very poor Poor Average Good Very good

○ ○ ○ ○ ○

13. For you and your personal group, please report all expenditures for the items listed below for this visit to Rocky Mountain NP and the surrounding area (within 20 miles of any park entrance point). **Please write "0" if no money was spent in a particular category.** [3. TRIPC26]

- a) Please list your group's total expenditures inside Rocky Mountain NP.
- b) Please list your group's total expenditures outside the park (within 20 miles).

NOTE: Surrounding area residents should only include expenditures that were just for this visit to Rocky Mountain NP.

	EXPENDITURES	
	a) Inside park	b) Outside park
Hotels, motels, cabins, B&B, etc.	n/a	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	\$ _____	\$ _____
Other transportation expenses (rental cars, auto repairs, but NOT airfare)	\$ _____	\$ _____
Admission fees	\$ _____	\$ _____
Recreation, entertainment fees (including equipment rental)	\$ _____	\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover? [3. TRIPC27]

_____ Adults (18 years or over) _____ Children (under 18 years)

Please write "0" if no children were covered by the expenditures.

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]

- Yes, likely No, unlikely Not sure

[3. FVIS13]

b) If YES, what length of program would you and your personal group like to attend?

- Under 1/2 hour 1/2 - 1 hour 1 - 2 hours
 Other (Please specify) _____

c) Please indicate your preferred times to attend such activities at Rocky Mountain NP. Please suggest up to **two** time periods by writing in the hours and circling a.m. or p.m. **[Topic area 3 – Visitor activities and use of park resources]**

From _____ a.m. or p.m. To _____ a.m. or p.m.

From _____ a.m. or p.m. To _____ a.m. or p.m.

15. a) Please mark (●) **all** the visitor 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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Backcountry camping	_____	_____
<input type="radio"/> Campgrounds	_____	_____
<input type="radio"/> Directional signs in park	_____	_____
<input type="radio"/> In-park food services	_____	_____
<input type="radio"/> Shuttle buses	_____	_____
<input type="radio"/> Parking areas	_____	_____
<input type="radio"/> Picnic areas	_____	_____
<input type="radio"/> Restrooms/toilets	_____	_____
<input type="radio"/> Roads	_____	_____
<input type="radio"/> Scenic pullouts	_____	_____

Trails _____

[3. VARIATION FVIS6]

16. If you were to visit Rocky Mountain NP in the future, which topics would you and your personal group like to learn more about? Please mark (●) **all** that apply.

Not interested in learning about the park → **Go to Question 17**

Geology History

Plants/tundra/forests Hiking

Wildlife Park management issues

Other (Please specify) _____

[3. VARIATION FVIS4]:

17. If you were to visit Rocky Mountain NP in the future, how would you and your personal group prefer to learn about the park? Please mark (●) **all** that apply.

Not interested in interpretive activities/programs → **Go to Question 18**

Indoor exhibits Self-guided tours

Outdoor exhibits (roadside) Ranger-guided walks/talks

Trailside exhibits As a volunteer in the park

Park website: www.nps.gov/romo Children's activities

Living history/costumed interpretive programs

Electronic media/devices available to visitors (downloadable digital files, podcasts, cell phone tours, interactive computer tours, audio, etc.)

Films, movies, videos

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

Other (Please specify) _____

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

Some high school Bachelor's degree

High school diploma/GED Graduate degree

Some college

[1. VARIATION LANG2]

19. a) & b) When visiting an area such as Rocky Mountain NP, which language(s) do you and most members of your personal group prefer to use for the following?

a) Speaking English Other language (Specify) _____

No, not Hispanic or Latino

[1. RACE/ETH4]

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.


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

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c & d) Number of visits to Rocky Mountain NP (including this visit)	
			past 12 months	lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

26. Is there anything else you and your personal group would like to tell us about your visit to Rocky Mountain NP? [6. OPNMGMT8]

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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