

National Park Service

[NAME OF PARK] VISITOR SURVEY

Your participation in the survey is voluntary. There are no penalties for not answering some or all questions, but since each participant will represent many others who will not be surveyed, your cooperation is extremely important. The answers you provide will remain anonymous. Our results will be summarized so that the answers you provide cannot be associated with you or anyone in your group or household.

Introduction

Welcome to the National Park Service visitor's experience questionnaire. Your answers will inform National Park managers about visitors' experiences at many different types of natural, cultural and historical sites in the United States. This questionnaire asks about your experiences during this visit to (NAME OF SITE).

Please wait to begin until the interviewer provides instructions on the first page.

1. Is this your first visit to (NAME of SITE) or had you visited here before?

First visit.....

Visited before **Answer a** '

a. Approximately how many times have you visited (NAME of SITE) before?

Times before _____ (approximate)

Don't know /not sure.....

2. During this visit to (NAME OF SITE) did you go to or not go to each of the following locations?

REVISION NOTE: This question must be individually formatted for each site. Identifying locations within the site may require maps, photos or other aids in addition to names.

	Go to <input type="checkbox"/>	Not go to or uncertain <input type="checkbox"/>
a. _____.....	<input type="checkbox"/>	<input type="checkbox"/>
b. _____.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Other location [Please describe.].....	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you take part or not take part in each of the following activities during this visit to (NAME of SITE)?

	Take part <input type="checkbox"/>	Not take part <input type="checkbox"/>
a. Viewing the scenery.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing a sunrise or sunset.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Picnicking or having a meal.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Watching birds.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Viewing wildlife (other than birds).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Hiking or walking.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Camping.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Entering a visitor center, lodge, store or other building.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Attending a ranger-led talk, walk, or campfire program.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Attending some other demonstration, talk or other organized activity or performance [Please describe.].....	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
k. Other activity [What activity?].....	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

4. How important was it that this visit to (NAME OF SITE) provide you with the opportunity to... (Mark "Not relevant" if an experience was not relevant for this visit.)

	<i>Not relevant</i> <input type="checkbox"/>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. View the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enjoy the natural quiet and sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciate the history and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience a sense of adventure or challenge...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During this visit to (NAME OF SITE) how much did you...
(Mark "Not relevant" if an experience was not relevant for this visit.)

	<i>Not relevant</i> <input type="checkbox"/>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. Appreciate the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enjoy the natural quiet and sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciate the history and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience a feeling of calmness, peace or tranquility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Experience a sense of adventure or challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did you hear airplanes, jets, helicopters, or any other aircraft during this visit to (NAME OF SITE)?

- Yes - heard..
 No –did not hear..... **Skip to 13 on page 9.**

7. During this visit to (NAME OF SITE) how much did noise from airplanes, jets, helicopters or other aircraft bother, disturb or annoy you?

- Not at all.....
 Slightly.....
 Moderately.....
 Very.....
 Extremely.....

8. How much did the sound from aircraft interfere with each of the following aspects of this visit to (NAME OF SITE)? (Mark “Not relevant” if an aspect was not relevant for this visit.)

	<i>Not relevant</i> <input type="checkbox"/>	----- Aircraft sound interfered -----				
		Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. Enjoyment of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appreciation of the natural quiet and sounds of nature at the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciation of the historical and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much did the sound from aircraft interfere with each of the following aspects of this visit to (NAME OF SITE)? (Mark “Not relevant” if an aspect was not relevant for this visit.)

	Not relevant <input type="checkbox"/>	----- Aircraft sound interfered -----				
		Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
History and Culture						
a. Experiencing a sense of connection to the history, events or people commemorated here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature						
b. Experiencing a sense of connection with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciating scenic beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other feelings						
d. Experiencing a feeling of calmness, peace or tranquility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Experiencing a sense of adventure or challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to a presentation						
f. Hearing something said during a ranger talk, campfire program, or other ranger-led activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hearing any other performance, talk or group presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nighttime experiences (Mark “Not relevant” if you did not stay at or visit this site at night.)						
h. Appreciating natural sounds at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How acceptable or unacceptable was the sound from aircraft that you heard during this visit to (NAME OF SITE)?

----- Unacceptable -----					----- Acceptable -----				
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Earlier: Q.6 asked: Did you **hear** aircraft?

Next: Q.11 asks: Did you **see** aircraft?

11. Did you see airplanes, jets, helicopters, or any other aircraft during this visit to (NAME OF SITE)?

No - Did not see..... *Skip to 12 on next page.*

Yes - Did see..... **Answer a**

a. During this visit to (NAME OF SITE) did seeing aircraft bother, disturb or annoy you...

Not at all.....	<input type="checkbox"/>
Slightly.....	<input type="checkbox"/>
Moderately.....	<input type="checkbox"/>
Very.....	<input type="checkbox"/>
Extremely.....	<input type="checkbox"/>

12. About how many of the aircraft you heard or saw during this visit to (NAME OF SITE) were of each of the following types? [Give an estimate if possible. Choose "Can't guess" only if you are totally uncertain.]

	<i>Can't guess</i> <input type="checkbox"/>	None <input type="checkbox"/>	Some <input type="checkbox"/>	About half <input type="checkbox"/>	Most <input type="checkbox"/>	All <input type="checkbox"/>
a. Helicopters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Passenger jets at high altitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Passenger jets landing or taking off at a nearby airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sightseeing tour aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Military aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other	<input type="checkbox"/>					

13. How much did any of the following sounds you heard positively add to or negatively detract from your experience during this visit to (NAME OF SITE)?
 (Mark "Not hear" if sound not present)

	----- Negatively detract -----					----- Positively add -----				
	Not hear <input type="checkbox"/>	Extremely <input type="checkbox"/>	Very <input type="checkbox"/>	Moderately <input type="checkbox"/>	Slightly <input type="checkbox"/>	Neutral <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
Natural										
a. Insect sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bird or animal sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Waterfalls, running water or waves on a lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wind, rain, thunder, or other sounds of weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People										
e. Group of people talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone's radio, TV, iPod or other audio device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation										
g. Cars or trucks in a parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cars or trucks on a road or highway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Airplanes, jets, helicopters, or any other aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Motorboats or motorized watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other										
k. Other [What sound?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Have you ever taken a scenic air tour over [NAME OF PARK] or any other park?

	Yes, Have	No, Have not
I have taken a scenic air tour over [NAME OF PARK].....	<input type="checkbox"/>	<input type="checkbox"/>
I have taken a scenic air tour over another national park.	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

15. *How many adults and children were in your personal group (spouse, family, friends) on this visit to (NAME OF SITE)?*

Adults (age 16 or over) _____ Number

Children (age 15 or under) _____ Number

16. **Were you or your personal group part of some larger commercial, educational, or other organized group of visitors?**

Yes.....

No.....

17. **What is your gender?**

Male.....

Female.....

18. In what year were you born?

Year

	1		9			
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19. **Where do you live?**

United States..... **What is your Zip code?**

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Another country.... **What country do you live in?**

20. What is the highest level of formal education you have completed? (Check one.)

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

21. Are you Hispanic or Latino? (Check one.)

- Yes.....
- No.....

22. What is your race? (Check all that apply.)

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

Please give your questionnaire to the interviewer.

Thank you for completing the survey!

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. The permanent data will be anonymous. 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 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the FAA at: 800 Independence Ave. SW, Washington DC 20591, Attn: Information Collection Clearance Officer, AES-200.