



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

Visitor Services Project

New Bedford Whaling National Historical Park Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
New Bedford Whaling National Historical Park
33 William Street
New Bedford, MA 02740

July, 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 New Bedford Whaling 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,

Jennifer T. Nersesian
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 New Bedford Whaling 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.

New Bedford Whaling National Historical Park is 13 blocks of historic downtown New Bedford.

1. a) Prior to your visit, how did you and your personal group obtain information about New Bedford Whaling National Historical Park (NHP)? Please mark (●) **all** that apply in column (a).
- b) If you were to visit New Bedford Whaling 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"/> Inquiry to park via phone, mail, e-mail | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Highway signs | <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"/> New Bedford Whaling NHP website: www.nps.gov/nebe | <input type="radio"/> |
| <input type="radio"/> City of New Bedford website: www.ci.new-bedford.mas.us | <input type="radio"/> |
| <input type="radio"/> Other websites—Which one(s)? _____ | <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"/> |

Prior to this visit _____ Prior to future visits _____

Note to OMB: all long list (14 answer) questions will be reversed in 1/2 of the questionnaires

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. a) **Prior to this visit**, were you and your personal group aware that New Bedford Whaling NHP existed?

Yes No

b) Prior to this visit, were you and your personal group aware that New Bedford Whaling NHP consists of several sites besides the visitor center, such as the Whaling Museum, Rotch-Jones-Duff House and others?

Yes No

3. a) Prior to this visit, had you and your personal group ever heard of the following special events?

b) Have you or your personal group ever attended any of the following special events?

a) Heard of event? **b) Ever attended event?**

- | | |
|---|-----------------------|
| <input type="radio"/> Art • History • Architecture (AHA!) cultural nights | <input type="radio"/> |
| <input type="radio"/> Bioneers by the Bay | <input type="radio"/> |
| <input type="radio"/> Cape Verdean Independence Day Parade | <input type="radio"/> |
| <input type="radio"/> Feast of the Blessed Sacrament (Portuguese Feast) | <input type="radio"/> |
| <input type="radio"/> Summerfest | <input type="radio"/> |
| <input type="radio"/> Taste the Southcoast | <input type="radio"/> |
| <input type="radio"/> Working Waterfront Festival | <input type="radio"/> |

4. How did your visit to New Bedford Whaling NHP fit into you and your personal group's travel plans? Please mark (●) **one**.

- New Bedford Whaling NHP was the primary destination
- New Bedford Whaling NHP was one of several destinations
- New Bedford Whaling NHP was not a planned destination

5. On this trip, which was the **primary** reason that you and your personal group came to the New Bedford Whaling NHP **area** (including the city of New Bedford and within 10 miles of the park)? Please mark (●) **one**.
- Resident of the area (within 10-mile drive of park) → **Go to Question 7**
 - Visit New Bedford Whaling NHP (Park Visitor Center, Whaling Museum, Rotch-Jones Duff House, Seamen's Bethel, Wharfinger Building, etc.)
 - Visit the city of New Bedford
 - Visit other attractions in the area
 - Visit friends/relatives in the area
 - Traveling through – unplanned visit
 - Business
 - Other (Please specify) _____
6. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the surrounding area (within 10 miles of the park, including the city of New Bedford)?
- Yes No → **Go to Question 7**
- b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area**.
- _____ Number of nights in the **surrounding area**
- c) In which types of lodging did you and your personal group spend the night(s) in the surrounding area? Please mark (●) **all** that apply.
- Motels, hotels, vacation rentals, B&B, etc.
 - Rental house/condominium
 - Residence of friends or relatives
 - RV/trailer camping
 - Seasonal residence
 - Tent camping in developed campground
 - Other (Please specify) _____

7. a) On this visit, what forms of transportation did you and your personal group use to travel between your overnight accommodations or home and New Bedford Whaling NHP? Please mark (●) **all** that apply.

- | | |
|--|------------------------------------|
| <input type="radio"/> Private car | <input type="radio"/> Rental car |
| <input type="radio"/> Recreation vehicle (RV) | <input type="radio"/> Motorcycle |
| <input type="radio"/> Bus/motor coach | <input type="radio"/> Airplane |
| <input type="radio"/> Ferry: Which one? _____ | <input type="radio"/> Private boat |
| <input type="radio"/> Bicycle | <input type="radio"/> Cruise ship |
| <input type="radio"/> Other (Please specify) _____ | |

- b) If you and your personal group drove a vehicle to New Bedford Whaling NHP on this visit, where did you park?

- Did not drive a vehicle to the park → **Go to Question 8**
- Street parking Parking lot Parking garage
- Other (Please specify) _____

8. a) **On this visit** to New Bedford Whaling NHP, how many hours in **total** did you and your personal group spend visiting the park?

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

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

- Yes No → **Go to Question 9**

- c) If YES, on how many days did you visit New Bedford Whaling NHP?

_____ Number of days

9. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to New Bedford Whaling NHP? Please mark (●) **all** that apply.

- None → **Go to part b of this question**
- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="radio"/> Boston, MA | <input type="radio"/> Fair Haven, MA | <input type="radio"/> Westport, MA |
| <input type="radio"/> Cape Cod, MA | <input type="radio"/> Fall River, MA | <input type="radio"/> Providence, RI |
| <input type="radio"/> Dartmouth, MA | <input type="radio"/> New Bedford, MA | <input type="radio"/> Other (Please specify) _____ |

- b) Were you and your personal group able to obtain all the services that you needed in **New Bedford, MA**?

- No Yes → **Go to Question 10**

c) If NO, what needed services were not available in **New Bedford, MA**?

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

10. a) Please mark (●) all the activities that you and your personal group expected to do within New Bedford Whaling NHP and downtown New Bedford on this visit.

b) On this visit, in which activities did you and your personal group participate within New Bedford Whaling NHP and downtown New Bedford? Please mark (●) **all** that apply in column (b).

c) If you were to visit in the future, in which activities would you and your personal group prefer to participate within New Bedford Whaling NHP and downtown New Bedford ? Please mark (●) **all** that apply in column (c).

a) Expected activities	Activity	b) Activities on this visit	c) Activities on future visit
<input type="radio"/>	Attending arts/cultural event	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Fishing	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	General sightseeing	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Learning about New Bedford history	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Learning about Underground Railroad	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Learning about whaling and maritime history	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Recreation (boat tour, etc.)	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Researching family history/genealogy	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Shopping/dining out	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Viewing the fishing fleet	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Viewing/studying historic architecture	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Visiting art galleries in New Bedford	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Visiting Buttonwood Park Zoo	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Visiting Fort Tabor	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Other (Please specify below)	<input type="radio"/>	<input type="radio"/>
Expected	This visit	Future visit	

c) Which **one** of the above activities was most important to you and your personal group on this visit to New Bedford Whaling NHP?

11. a) Please mark (●) **all** the information services and facilities that you or your personal group **used** at New Bedford Whaling NHP during this visit.
- 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) 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"/> Access for people with disabilities	_____	_____
<input type="radio"/> AM 1610 radio (traveler's information)	_____	_____
<input type="radio"/> Assistance from National Park Service (NPS) staff/volunteers	_____	_____
<input type="radio"/> NPS Junior Ranger program	_____	_____
<input type="radio"/> NPS guided walking tour	_____	_____
<input type="radio"/> NPS park brochure	_____	_____
<input type="radio"/> NPS park website: www.nps.gov/nebe/ (used before or during this visit)	_____	_____
<input type="radio"/> New Bedford Whaling Museum	_____	_____
<input type="radio"/> Preservation Society self-guided architecture tour	_____	_____
<input type="radio"/> Rotch-Jones-Duff House	_____	_____
<input type="radio"/> Seamen's Bethel	_____	_____
<input type="radio"/> Self-guided tours (besides the Preservation Society self-guided tours)	_____	_____
<input type="radio"/> Schooner Ernestina	_____	_____
<input type="radio"/> Underground Railroad information	_____	_____

12. a) In the future, if a free shuttle bus were available to travel between the facilities listed in Question 11, would you and your personal group be interested in riding it?

- Yes, likely No, unlikely Not sure

b) Would you and your personal group be willing to pay \$1 per adult per day to ride a shuttle bus between any or all of the facilities listed in Question 11?

- Yes, likely No, unlikely Not sure

13. a) Please mark (●) **all** of visitor services and facilities that you or your personal group **used** while in the city of New Bedford.

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

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

	b) If used, how important?	c) If used, what quality?
	1=Not important	1=Very poor
	2=Somewhat important	2=Poor
	3=Moderately important	3=Average
	4=Very important	4=Good
	5=Extremely important	5=Very good

a) **Visitor services and facilities used**

Mark (●)

Visitor centers

- National Park Service (NPS) Visitor Center _____
- NPS Visitor Center bookstore sales items _____
(selection, price, etc.)
- NPS Visitor Center exhibits _____
- NPS Visitor Center movie _____
- Waterfront Visitor Center _____
- Waterfront Visitor Center exhibits _____

Other services/facilities

- Ferries _____
- Garage/lot parking _____
- Hotels/motels _____
- Restaurants _____
- Shops in New Bedford _____
- Street parking _____

14. If you were to visit New Bedford Whaling NHP in the future, how would you and your personal group prefer to learn about cultural and natural history/features of New Bedford Whaling NHP? Please mark (●) **all** that apply.

- Not interested in learning about the park → **Go to Question 15**
- Indoor exhibits Outdoor exhibits/panels
- Living history demonstrations Craft demonstrations
- Music programs/demonstrations Children's programs
- Park website: www.nps.gov/nebe Self-guided tours
- Ranger-led interpretive programs Special events
- Audiovisual programs (DVD, video, or audio) Volunteer opportunities
- Printed materials (brochures, books, maps, etc.)
- Electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs, cell phone tours, etc.)
- Other (Please specify) _____

15. a) For the safety issues below, please indicate how safe you and your personal group felt from crime and accidents during this visit to New Bedford Whaling NHP. Please mark (●) **one** answer for each issue.

How safe did you feel in the park?

<u>Safety issue</u>	Very unsafe	Somewhat unsafe	Neither safe nor unsafe	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 that you felt "very unsafe" or "somewhat unsafe" for any of the above issues, please explain why.

16. a) Compared to what you had planned, how much time did you and your personal group spend visiting New Bedford Whaling NHP? Please mark (●) **one**.

- Did not have a planned amount of time → **Go to Question 17**
- About the same time as planned
- Longer than planned
- Shorter than planned

b) If the amount of time you and your personal group spent visiting New Bedford Whaling NHP differed from what you had planned (longer or shorter) what were the reasons for changing your plans?

17. For you and your personal group on this visit to New Bedford Whaling NHP, please estimate all expenditures for the items listed below in the **area** within a 10-mile drive of the park. **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures in the city of New Bedford, MA within 10 miles of the park.

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

EXPENDITURES

a) In New Bedford within 10-mile drive

Hotels, motels, B&B, etc.	\$ _____
Camping fees and charges	\$ _____
Guide fees and charges	\$ _____
Restaurants and bars	\$ _____
Groceries and takeout food	\$ _____
Gas and oil (auto, RV, boat, etc.)	\$ _____
Boat tours	\$ _____
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	\$ _____
Admission, recreation, entertainment fees	\$ _____
All other purchases (souvenirs, books, sporting goods, clothing, etc.)	\$ _____
Donations	\$ _____

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

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, about how many people, including yourself, were in this group?

_____ Number of people in organized group

19. a) On this visit, with what kind of personal group (not guided tour/school/other organized group) were you? ? Please mark (●) **one**.

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

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.

_____ Number of vehicles

20. For you only, what is the highest level of education you have completed? Please mark (●) **one**.

Some high school Bachelor's degree

High school diploma/GED Graduate degree

Some college

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?

Yes No → **Go on to Question 22**

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

c) Do you identify yourself as any of the following ethnicities? Please mark (●) all that apply.

Portuguese Azorean Brazilian

Cape Verdean Madeiran

Other (Please specify) _____

24. After visiting New Bedford Whaling NHP what aspect of the park's story would you share with family and friends?

25. If you were a manager planning for the future of New Bedford Whaling NHP what would you and your personal group propose?

26. Is there anything else you and your personal group would like to tell us about your visit to New Bedford Whaling NHP?

27. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at New Bedford NHP during this visit? Please mark (●) **one**.

Very poor Poor Average Good Very good

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 Division
National Park Service
U.S. Department of the Interior**

Visitor Services Project

Wind Cave National Park Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Wind Cave NP
26611 US Highway 385
Hot Springs, SD 57747-6027

July 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 Wind Cave National 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 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,

Vidal Davila
Superintendent

DIRECTIONS

At the end of your visit:

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- 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!

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Your Visit To Wind Cave 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 Wind Cave National Park (NP)? Please mark (●) **all** that apply in column (a).

b) If you were to visit Wind Cave 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"/> Chamber of commerce/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"/> 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 (e.g., 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"/> Wind Cave NP website: www.nps.gov/wica | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

Note to OMB: all long list (14 answer) questions will be reversed in ½ of the questionnaires

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. How did this visit to Wind Cave NP fit into your travel plans? Please mark (●) **one**.

- Wind Cave NP was the primary destination
- Wind Cave NP was one of several destinations
- Wind Cave NP was not a planned destination

3. When did you and your group make the decision to visit Wind Cave NP? Please mark (●) **one**.

- On the day of the visit
- 2-7 days before the visit
- 8-30 days before the visit
- 1-6 months before the visit
- More than 6 months but less than a year before the visit
- A year or more before the visit

4. For this trip, what was the **primary** reason that you and your personal group visited Wind Cave NP **area** (within 30 miles)? Please mark (●) **one**.

- Resident of area (within 30 miles)
- Visit friends/relatives in the area
- Visit Wind Cave NP
- Visit other attractions in the area
- Traveling through - unplanned visit
- Business
- Other (Please specify) _____

5. On this visit, were the signs directing you and your personal group to and within Wind Cave NP adequate? Please mark (●) **one** answer for each of the following.

- 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) Signs in the park Yes No Did not use

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

Interstate _____

State highway _____

In local communities _____

In park _____

6. a) On this trip, did you and your personal group stay overnight **away from home** in Wind Cave NP or in the area within 30 miles of any entrance point?

Yes No → **Go to Question 7**

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

_____ Number of nights inside Wind Cave NP

_____ Number of nights outside park within 30 miles of park

c) and d) In what type of accommodation did you and your personal group spend the night(s)? Please mark (●) **all** that apply.

c) Inside park

d) Outside park within 30 miles

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

RV/trailer camping

Tent camping

Backcountry camping

n/a Personal seasonal residence

Residence of friends or relatives

Other (Please specify below)

Inside _____ Outside _____

e) If you and your personal group camped in the area, but **did not** stay in Wind Cave NP's campground, why not? Please mark (●) **all** that apply.

Unaware the park has campground

Lack of desired campsite type (Please specify) _____

Campground lacked desired facilities (Please specify)

Other (Please specify) _____

7. a) As you were planning your trip to Wind Cave NP, which activities did you and your personal group **expect** to include on this visit? Please mark (●) **all** that apply in column (a).
- b) On this visit, in which activities did you and your personal group participate while visiting Wind Cave NP? Please mark (●) **all** that apply in column (b).

a) Expected activity	b) Activity this visit in Wind Cave NP
<input type="radio"/> Camping	<input type="radio"/>
<input type="radio"/> Cave tour	<input type="radio"/>
<input type="radio"/> Enjoying natural quiet	<input type="radio"/>
<input type="radio"/> Evening campground program	<input type="radio"/>
<input type="radio"/> Hiking	<input type="radio"/>
<input type="radio"/> Photography	<input type="radio"/>
<input type="radio"/> Picnicking	<input type="radio"/>
<input type="radio"/> Ranger-led demonstration on front lawn	<input type="radio"/>
<input type="radio"/> Ranger-led Discovery Hike program	<input type="radio"/>
<input type="radio"/> Scenic drive	<input type="radio"/>
<input type="radio"/> Shopping at park bookstore	<input type="radio"/>
<input type="radio"/> Stargazing	<input type="radio"/>
<input type="radio"/> Viewing museum exhibits (in visitor center)	<input type="radio"/>
<input type="radio"/> Viewing outdoor/roadside exhibits	<input type="radio"/>
<input type="radio"/> Viewing park movie	<input type="radio"/>
<input type="radio"/> Viewing wildlife/birds	<input type="radio"/>
<input type="radio"/> Other (Please specify: _____)	<input type="radio"/>

Expected _____ This visit _____

- c) Which **one** of the above activities was most important to you and your personal group on this visit to Wind Cave NP? Please list **only one** response.

8. a) Please mark (●) **all** the visitor services and facilities that you and your personal group **used** at Wind Cave NP during this visit.
- b) Next, for **only** those services and facilities that you and your personal group **used**, please rate their importance to your visit from 1-5.
- c) Finally, for **only** those services and facilities that you and your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Campground	_____	_____
<input type="radio"/> Hiking trails	_____	_____
<input type="radio"/> Information/bulletin boards	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Museum exhibits (in visitor center)	_____	_____
<input type="radio"/> Outdoor/roadside exhibits	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper <i>Passages</i>	_____	_____
<input type="radio"/> Park roads NPS 5 or NPS 6 (gravel/backcountry)	_____	_____
<input type="radio"/> Park video	_____	_____
<input type="radio"/> Parking lots	_____	_____
<input type="radio"/> Picnic area	_____	_____
<input type="radio"/> Ranger-led cave tour	_____	_____
<input type="radio"/> Ranger-led programs (other than cave tour)	_____	_____
<input type="radio"/> Restrooms	_____	_____

9. a) Did you and your personal group visit the park bookstore in the visitor center?

Yes No **Go on to Question 10**

b) How would you rate the quality of sales items provided in the park bookstore?
Please mark (●) **one**.

Very poor Poor Average Good Very good

c) What additional items, if any, would you and your personal group like to have available in the park bookstore?

10. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Wind Cave NP? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

11. On this trip, how many total hours or days did you and your personal group spend visiting the Wind Cave NP? Please list partial hours or days as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.

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

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

12. a) On this visit, did you and your personal group take a cave tour or tours?

Yes No → **Go on to Question 13**

b) If YES, which cave tour(s) did you and your personal group take on this visit?
Please mark (●) **all** that apply.

- Not sure which tour Fairgrounds Tour (1.5 hrs, $\frac{1}{2}$ mi.)
 Garden of Eden tour (1 hr, $\frac{1}{4}$ mi.) Candlelight Tour (2 hrs, 1 mi.)
 Wild Cave Tour (4 hrs, $\frac{1}{2}$ mi.) Natural Entrance Tour (1.25 hr, $\frac{1}{2}$ mi.)
 Tours for visitors with special needs (1 hour, $\frac{1}{4}$ mile)

c) Why did you and your personal group select a particular cave tour(s)? Please mark (●) **all** that apply.

- Length of tour – distance Length of tour – time
 Difficulty of tour/number of stairs Cost of tour
 Description of tour (features) Availability at the desired time
 Other (Please specify) _____

d) For the tour(s) that you took, please rate the value received for the fee paid.
Please mark (●) **one**. (Tour name: _____)

Very poor Poor Average Good Very good

e) How many people were in your cave tour? _____ Number of people

f) How crowded did you and your personal group feel during your cave tour?
Please mark (●) **one**.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Extremely
crowded | Very
crowded | Moderately
crowded | A little
crowded | Not at all
crowded |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

g) What do you and your personal group think is the *maximum acceptable number* of people in each cave tour group before it becomes too crowded? Please mark (●) **only one** of the following:

- It would be acceptable to see a maximum of _____ people.
- The number of people is important, but I cannot give a maximum.
- It would not matter how many people are in the cave tour.

13. a) Wind Cave NP visitor center has two museum exhibit areas: (1) Prairie exhibits on the ground level and (2) Cave exhibits on the lower level. On this visit, did you and your personal group view/use any of these exhibits?

- Yes, we used/view the prairie exhibits ↘
Go to part c
- Yes, we used/view the cave exhibits ↗
- No, we did not use/view the any exhibits

b) If you did not view any exhibit, why not? Please mark (●) **all** that apply.

- | | |
|---|--|
| <input type="radio"/> Did not go to visitor center | <input type="radio"/> Have seen the exhibits on past visits |
| <input type="radio"/> Did not know exhibits' location | <input type="radio"/> Knew exhibits' location but not interested |
| <input type="radio"/> Knew exhibits' location but did not have time | |
| <input type="radio"/> Other (please specify)_____ | |

c & d) For the exhibits that you **used/viewed**, please rate their quality from 1 to 5 for the following features for each exhibit.

Feature	c) Prairie exhibits d) Cave exhibits	
	1=Very poor 2=Poor 3=Average 4=Good 5=Very good	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Lighting	_____	_____
Ease of understanding	_____	_____
Quality of content	_____	_____
Varieties of display modes (statics, computer interactive, hand-on, audio-visual, etc.)	_____	_____
Order of displays	_____	_____

d. What did you and your personal group like **most** about the exhibits?

Other (Please specify) _____

b) Which length of ranger-led activity would be most suitable for you and your personal group? Please mark (●) **one**.

- Under 1/2 hour 1 - 2 hours
 1/2 - 1 hour Other _____

c) Which time of day would be most suitable for you and your personal group to attend a ranger-led activity? Please mark (●) **one**.

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

17. If fees for the following cave tours increased in the future, would you and your group be willing to pay the proposed prices for each tour? Most or all of the funds would stay in the park to support visitor programs. Please mark (●) **one** for each tour.

Cave Tour	Current fee	Proposed fee	Willing to pay proposed fee?			Not interested in this tour
			Yes	No	Not sure	
Garden of Eden	\$7/adult	\$10/adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Entrance	\$9/adult	\$15/adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairgrounds	\$7/adult	\$15/adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic Candlelight	\$7/adult	\$15/adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wild Cave	\$23/adult	\$30/adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How did the following elements affect you or your personal group's cave tour experience? Please mark (●) **one** answer for element.

Did not go on a cave tour → **Go to Question 19**

Element	Added to	No effect	Detracted from	Did not experience
Level of lighting on trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors' use of flash photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of warm clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors' use of cell phones for light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other elements (Please specify) n/a n/a

19. For you and your personal group, please report all expenditures for the items listed below for this visit to Wind Cave NP and the surrounding area (within 30 miles of any entrance point). **Please write "0" if no money was spent in a particular category.**

- a) Please list your group's total expenditures inside Wind Cave NP.
- b) Please list your group's total expenditures outside the park (within 30 miles).

NOTE: Surrounding area residents should only include expenditures that were just for this visit to Wind Cave NP

	EXPENDITURES	
	a) Inside park	b) Outside park
Lodges, hotels, motels, cabins, B&B, etc.	n/a	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges	\$ _____	\$ _____
Bars/restaurants/snack bars	\$ _____	\$ _____
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)	\$ _____	\$ _____
Admission fees	\$ _____	\$ _____
Recreation, entertainment fees	n/a	\$ _____
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 you didn't have any children in the group covered by expenses

20. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Wind Cave NP during this visit? Please mark (●) **one**.

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

21. After visiting Wind Cave NP, what aspect of the park's story might you share with family and friends? Please be specific.

22. a) On this visit, were you and your personal group part of a larger organized group such as school/educational, commercial guided tour, church group, etc.?

Yes No → **Go to Question 23**

b) If YES, about how many people, including yourself, were in this group?

_____ 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? Please mark (●) **one**.

<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

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	Number of visits to Wind Cave NP (including this visit)	
			c) Past 12 months	d) Lifetime to date
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____

Member #7 _____

- e) 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 vehicles.

_____ Number of vehicles

- f) On this visit, how many times did you and your personal group enter the park?

_____ Number of entries

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?

Yes No → **Go on to Question 26**

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

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

Some high school Bachelor's degree

High school diploma/GED Graduate degree

Some college

27. a) & b) When visiting an area such as Wind Cave NP, which language do you and most members of your personal group prefer to use for the following?

a) Speaking: English Other (Specify) _____

b) Reading: English Other (Specify) _____

28. a) Which category best represents your annual **household** income? Please mark (●) **one**.

Less than \$24,999 \$50,000-\$74,999 \$150,000-\$199,999


\$25,000-\$34,999 \$75,000-\$99,999 \$200,000 or more

\$35,000-\$49,999 \$100,000-\$149,999 Do not wish to answer

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

29. Is there anything else you and your personal group would like to tell us about your visit to Wind Cave NP?

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 Division
National Park Service
U.S. Department of the Interior

Visitor Services Project

Niobrara National Scenic River Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Niobrara National Scenic River
146 S. Hall St.
P.O. Box 319
Valentine, NE 69201

July 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 Niobrara National Scenic River. 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,

Dan Foster
Superintendent
Niobrara National Scenic River

DIRECTIONS

At the end of your visit:

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

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

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

Thank you!

PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

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

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

Your Visit To Niobrara National Scenic River

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 Niobrara National Scenic River (NSR)? Please mark (●) **all** that apply in column a).
- b) If you were to visit Niobrara NSR 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/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 (motels, restaurants, outfitters, etc.) | <input type="radio"/> |
| <input type="radio"/> Maps/brochures/rack cards | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Niobrara National Scenic River website: www.nps.gov/niob | <input type="radio"/> |
| <input type="radio"/> Other websites | <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 (e.g., Facebook, Twitter, etc.) | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/DVDs | <input type="radio"/> |
| <input type="radio"/> Travel agent | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> Other (Please specify): | <input type="radio"/> |

Prior to this visit _____ Prior to future visits _____

Note to OMB: all long list (14 answer) questions will be reversed in ½ of the questionnaires

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. a) How did this visit to Niobrara NSR fit into your travel plans? Please mark (●) **one**.

- Niobrara National Scenic River was the primary destination
- Niobrara National Scenic River was one of several destinations
- Niobrara National Scenic River was not a planned destination

b) If Niobrara NSR was not your primary destination, what was?

3. On this trip, what were the reasons that you and your personal group came to Niobrara NSR? Please mark (●) **all that apply**.

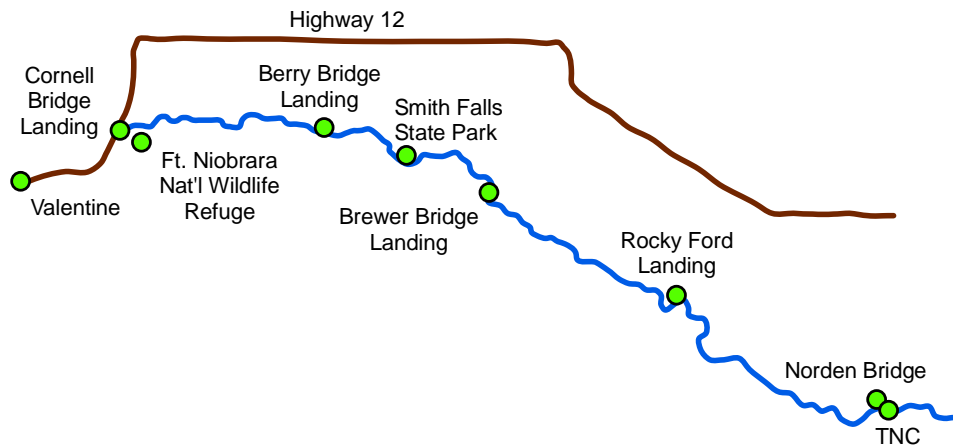
- Enjoy recreation in the park (floating, hiking, camping, hunting, etc.)
- Enjoy scenery
- Experience quiet/natural sounds and solitude
- Socialize with family/friends
- View or study plants or animals
- Other (Please specify) _____

4. Niobrara National Scenic River (NSR) is managed by the National Park Service and the U.S. Fish and Wildlife Service through partnerships and agreements with various agencies and organizations such as The Niobrara Council, The Nebraska Game and Parks Commission, The Nature Conservancy, The Middle Niobrara Natural Resources District, and with the cooperation of private landowners. Prior to this visit, were you aware of the different entities that collaboratively administer this site? Please mark (●) **one**.

- Yes, aware of the different groups managing Niobrara NSR
- No, thought Niobrara NSR was managed by National Park Service only
- No, thought Niobrara NSR was managed by other organizations, but not by National Park Service
- No, only aware of private landowners, but not other organizations
- Didn't know who managed Niobrara NSR

5. On the list below, please mark (●) **all** the locations at Niobrara National Scenic River that you and your personal group visited during this visit. Use the map below to help find the locations.

- | | |
|--|--|
| <input type="radio"/> Cornell Bridge Landing | <input type="radio"/> Brewer Bridge Landing |
| <input type="radio"/> Ft. Niobrara Wildlife Refuge | <input type="radio"/> Rocky Ford Landing |
| <input type="radio"/> Berry Bridge Landing | <input type="radio"/> Norden Bridge |
| <input type="radio"/> Smith Falls State Park | <input type="radio"/> Niobrara Valley Preserve (TNC) |
| <input type="radio"/> Other (Please specify) _____ | |



6. a) Using the map above, which location at Niobrara National Scenic River did you and your group visit **first**? Please list **only one**.

First location visited _____

- b) Using the map above, which location at Niobrara National Scenic River did you and your group visit **last**? Please list **only one**.

Last location visited _____

7. On this visit, how much time in **total** (both on land and on the river) did you and your personal group spend visiting Niobrara NSR? Please list partial hours or days as $\frac{1}{4}$, $\frac{1}{2}$, or $\frac{3}{4}$.

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

OR

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

8. a) As you were planning your trip to Niobrara NSR, which activities did you and your personal group **expect** to include on this visit? Please mark (●) **all** that apply in column (a).
- b) On this visit, in which activities did you and your personal group participate at Niobrara NSR? Please mark (●) **all** that apply in column (b).

<u>a) Expected activity</u>	<u>b) Activity on this visit</u>
-----------------------------	----------------------------------

- | | |
|--|-----------------------|
| <input type="radio"/> Attending ranger programs | <input type="radio"/> |
| <input type="radio"/> Camping | <input type="radio"/> |
| <input type="radio"/> Canoeing/kayaking | <input type="radio"/> |
| <input type="radio"/> Enjoying natural quiet | <input type="radio"/> |
| <input type="radio"/> Fishing | <input type="radio"/> |
| <input type="radio"/> Hiking | <input type="radio"/> |
| <input type="radio"/> Horseback riding | <input type="radio"/> |
| <input type="radio"/> Photography | <input type="radio"/> |
| <input type="radio"/> Picnicking | <input type="radio"/> |
| <input type="radio"/> Recreational sports (Frisbee, horseshoes, etc) | <input type="radio"/> |
| <input type="radio"/> Star-gazing | <input type="radio"/> |
| <input type="radio"/> Swimming | <input type="radio"/> |
| <input type="radio"/> Tubing | <input type="radio"/> |
| <input type="radio"/> Viewing wildlife/birds | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) | <input type="radio"/> |

Expected _____ This visit _____

- c) Which **one** of the above activities was most important to you and your personal group on this visit? Please list **only one** response.

- d) Were there any activities that you and your personal groups had expected to do but were unable to do?

- Yes No → **Go on to Question 9**

e) If YES, why weren't you able to do what you wanted to do?

- Financial constraints
 Time constraints
 Weather conditions
 Other reasons (Please specify) _____

9. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Niobrara National Scenic River during this visit.
 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"/> Assistance from park staff	_____	_____
<input type="radio"/> Niobrara NSR brochure/map	_____	_____
<input type="radio"/> Orientation/park information	_____	_____
<input type="radio"/> Ranger talks/programs	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Signs along the river	_____	_____
<input type="radio"/> Park website: www.nps.gov/niob used before or during visit	_____	_____

10. a) Compared to what you and your personal group expected, how would you rate your overall experience at Niobrara NSR? Please mark (●) one.

Exceeded expectation

About the same

Worse than expected

- b) If this trip did not meet your expectations, what additional facilities or services should be provided to enhance your experience?

11. a) If you and your personal group used the park website (www.nps.gov/niob) prior to or during this visit, please rate how helpful the website was in planning your visit, by marking (●) **one** response below.

Did not use the park website → **Go to Question 12**

Not at all helpful	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you rated the park website as “Not at all helpful” or “Somewhat helpful,” how would you improve the current website?

12. a) *Whether or not you used them on this trip*, please rate the **importance** from 1-5 of the following **commercial/outfitter** services to you and your personal group.

b) Please mark (●) **all** the commercial/outfitter services and facilities that you or your personal group **used** during this trip to Niobrara NSR.

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

a) How **important?** (Please rate, even if you did not use on this trip.)

- 1=Not important
- 2=Somewhat important
- 3=Moderately important
- 4=Very important
- 5=Extremely important

b) Services and facilities **used** during this visit

Mark (●)

c) If used, what **quality?**

- 1=Very poor
- 2=Poor
- 3=Average
- 4=Good
- 5=Very good

<input type="checkbox"/> Campgrounds	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Restrooms	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Canoe/kayak/tube rental	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Customer service	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Education/river information	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> River safety orientation	<input type="radio"/>	<input type="checkbox"/>
<input type="checkbox"/> Shuttle/transportation	<input type="radio"/>	<input type="checkbox"/>

13. During this visit to Niobrara National Scenic River, please indicate how the following elements may have affected you and your personal group's park experience. Please mark (●) **one** response for each element.

Element	Detracted from	No effect	Added to	Did not experience
Consumption of alcohol by other visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development along the river (towers, houses, barns, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good river ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter on the river (glass, plastic, Styrofoam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noisy visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nudity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor river ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public access areas to the river	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of ranger interpretive programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ranger presence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage along the river	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. On this visit to Niobrara National Scenic River, compared to what you expected, how crowded did you and your group feel at the following locations? Please mark (●) **one** response for each location.]

Location	How crowded?				
	Less than expected	About same as expected	More than expected	Did not use the facility	Did not know what to expect
In campgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On landings/boat launch areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the river	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the 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"/>

15. a) Did you and your group rent any equipment (canoe, kayak, tube, tank, etc.) from a commercial outfitter? Please mark (●) **one** answer.

Yes No → **Go to Question 16**

b) For you and your group, did you feel the pre-trip safety and river orientation briefing provided by the commercial outfitter was adequate? Please mark (●) **one** answer.

- Yes No Did not receive pre-trip safety briefing

c) If you answered “No,” please explain.

16. Niobrara National Scenic River was established to preserve and protect natural features and scenery and visitor experiences that depend on these. On this visit, how important was the protection of the following to you? Please mark (●) **one** answer for each attribute/resource.

Attribute/resource	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"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geologic features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (floating, hiking, camping, 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"/>
Wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. a) If you were to visit Niobrara National Scenic River in the future, would you and your personal group be interested in attending ranger-led programs?

- Yes, likely No, unlikely Not sure

➔ **Go to Question 18** ⚡

b) If YES, how long should the program be? Please mark (●) **one**.

- Less than ½ hour ½ hour 1 hour More than 1 hour

18. a. If you were to visit Niobrara National Scenic River in the future, which topics would you and your personal group be most interested in learning (or learning more) about? Please mark (●) **all** that apply.

- Not interested in learning about the park → **Go to Question 19**
- Cliff and canyon rock formations, waterfalls and erosion effects
- Diversity and identity of plants and animals
- Human history of the area
- Nationally and internationally significant fossil finds
- Threats to high water quality and consistent quantity
- Variety of recreation available
- Other (Please specify) _____

b. If you were to visit in the future, how would you and your personal group prefer to learn about the natural and cultural history of Niobrara National Scenic River? Please mark (●) **all** that apply.

- Not interested in learning about natural and cultural history → **Go to Question 19**
- Films, movies, slideshows
- Guided activities/informational programs
- Outdoor exhibits
- Park website: www.nps.gov/niob
- Printed materials (brochures, books, maps, etc.)
- Roving rangers available to answer questions
- Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)
- Other (Please specify) _____
- Children's programs
- Self-guided tours
- Special events
- Volunteer opportunities

19. a) On this visit, did anyone in your personal group have difficulty accessing or participating in any activities or services?

- Yes No → **Go to Question 20**

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

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

a) Commercial guided tour group Yes No

b) School/educational group Yes No

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

d) If you were with one of these organized groups, about how many people, including yourself, were in this group?

_____ 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**.

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

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.

_____ Number of vehicles

22. For you and your personal group on this visit, please provide the following information. If you do not know the answer, leave blank.

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	Number of visits to Niobrara NSR (including this visit)	
			c) In past 12 months	d) Lifetime to date
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**.

- 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.

	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.

	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) & b) When visiting an area such as Niobrara National Scenic River, which languages do you and most members of your personal group prefer to use for the following?

a) Speaking: English Other (Specify) _____

b) Reading: English Other (Specify) _____

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

Service(s) _____ None

26. a) Which category best represents your annual **household** income? Please mark (●) **one**.

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

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

27. a) On this visit, what did you and your personal group like **most** about your visit to Niobrara National Scenic River?

b) On this visit, what did you and your personal group like **least** about your visit to Niobrara National Scenic River?

28. If you were a manager planning for the future of Niobrara National Scenic River, what would you and your personal group propose?

29. Is there anything else you and your personal group would like to tell us about your visit to Niobrara National Scenic River?

30. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Niobrara NSR during this visit? Please mark (●) **one**.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 Division
National Park Service
U.S. Department of the Interior

Visitor Services Project

Delaware Water Gap National Recreation Area River Visitor Study



The Free-flowing Delaware River Reflects the 'Gap' framed by Mt. Tammany and Mt. Minner
Delaware Water Gap National Recreation Area

**United States Department of the Interior**

NATIONAL PARK SERVICE
Delaware Water Gap
National Recreation Area
One River Road
Bushkill, PA 18324

IN REPLY REFER TO:

Summer, 2010

Dear Park Visitor:

Hello and thank you for participating in this important study. I want to learn what your expectations and interests are in Delaware Water Gap National Recreation Area. I also want to hear your opinions. This information will assist me in better managing the park and serving 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.

We provide the postage, so when you finish it, 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,

John J. Donahue
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 Delaware Water Gap 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. Prior to this visit, were you and your personal group aware that Delaware Water Gap National Recreation Area (NRA) is managed by the National Park Service?

Yes No Not sure

2. a) Prior to this visit, how did you and your personal group obtain information about Delaware Water Gap NRA? Please mark (●) **all** that apply in column (a).

b) If you were to visit Delaware Water Gap 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 c of this question | |
| <input type="radio"/> Chamber of commerce/visitor bureau | <input type="radio"/> |
| <input type="radio"/> Commercial outfitter (livery) websites | <input type="radio"/> |
| <input type="radio"/> Delaware Water Gap NRA website: www.nps.gov/dewa | <input type="radio"/> |
| <input type="radio"/> Other websites (Specify) _____ | <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"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Park brochure (overview NPS brochure with map, or topical brochures) | <input type="radio"/> |
| <input type="radio"/> Pocono Mountains Visitor Bureau | <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"/> |

Prior to this visit _____ Prior to future visits _____

Note to OMB: all long list (14 answer) questions will be reversed in ½ of the questionnaires

c) From the sources marked in column (a), did you and your personal group receive the type of information (including safety information) about the park that you needed?

- No Yes → **Go to Question 3**

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

3. On this visit, were the signs directing you and your personal group to and around Delaware Water Gap NRA adequate? Please mark (●) **one** answer for each of the following.

- | | | | | | | |
|-------------------------------|-----------------------|-----|-----------------------|----|-----------------------|-------------|
| a) Interstate signs | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| b) State highway signs | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| c) Signs in local communities | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| d) Signs in the park | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |

e) If you answered NO for any of the above, how would you improve the signs?

Interstate _____

State highway _____

In local communities _____

Within park _____

4. How did this visit to Delaware Water Gap NRA fit into you and your personal group's travel plans? Please mark (●) **one**.

- Delaware Water Gap NRA was the primary destination
- Delaware Water Gap NRA was one of several destinations
- Delaware Water Gap NRA was not a planned destination

5. On this visit to Delaware Water Gap NRA, how long did you and your group visit the park? Please list partial hours or days as ¼, ½, or ¾.

_____ Number of hours (if **less than 24 hours**), **OR**

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

6. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Delaware Water Gap NRA? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

7. a) In which community or communities did you and your personal group receive support services (e.g. gas, food, or lodging) for this visit to Delaware Water Gap NRA (listed north to south)? Please mark (●) **all** that apply.

- None → **Go to Question 8**
- Delaware Water Gap, PA
- Dingmans Ferry, PA
- Marshalls Creek, PA
- Shawnee on Delaware, PA
- Other (Please specify) _____
- Bushkill, PA
- Layton, NJ
- Milford, PA
- East Stroudsburg, PA
- Stroudsburg, PA
- Blirstown, NJ
- Montague, NJ
- Portland, PA
- Port Jervis, NY
- Sussex, NJ

b) Were you and your personal group able to obtain all the services that you needed in these communities?

- No
- Yes → **Go to Question 8**

c) If NO, what services were not available?

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

8. On this trip, what were your **top three reasons** for visiting this part of Pennsylvania and New Jersey (within 20 miles of Delaware Water Gap NRA)? Please write 1, 2 and 3 on the lines below.

- _____ Resident of this part of Pennsylvania/New Jersey → **Go to Question 9**
- _____ Visit Delaware Water Gap NRA
- _____ Visit other area attractions (shopping, etc.)
- _____ Visit friends/relatives
- _____ Business trip
- _____ Traveling through - unplanned visit
- _____ Recreation (canoeing, fishing, hiking, hunting, swimming, etc.)
- _____ Other (Please specify) _____

9. 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.

_____ Number of vehicles

b) On this visit, which forms of transportation did you and your group use to arrive at Delaware Water Gap NRA? Please mark (●) **all** that apply.

- Private vehicle (car, SUV, pickup, RV, motorcycle, etc.)
- Rental or rideshare vehicle Commuter bus
- Train Other (for example: bicycle, walk)

c) On this visit, how many times did you and your personal group enter Delaware Water Gap NRA?

_____ Number of entries

10. a) On this trip, did you and your personal group stay overnight **away from home** in Delaware Water Gap NRA or within 20 miles of Delaware Water Gap NRA?

- Yes No → **Go on to Question 11**

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

_____ Number of nights in Delaware Water Gap NRA

_____ Number of nights outside Delaware Water Gap NRA (within 20 miles)

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

c) Inside Delaware Water Gap NRA	d) Outside park within 20 miles
<input type="radio"/> Lodge, motel, cabin, rented condo/home, B&B	<input type="radio"/>
<input type="radio"/> RV/trailer camping	<input type="radio"/>
<input type="radio"/> Tent camping in a developed campground	<input type="radio"/>
<input type="radio"/> Backcountry or river camping	<input type="radio"/>
n/a Personal seasonal residence	<input type="radio"/>
n/a Residence of friends or relatives	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>

Inside park _____ Outside park _____

11. a) During this visit to Delaware Water Gap NRA, did you and your personal group take a personal (non-livery) canoe/kayak/boat trip?

- Yes No → **Go to Question 12**

b) and c) Please list your starting and ending point on the river.

b) Starting point _____ c) Ending point _____

d) On this visit, which type(s) of watercraft did you and your personal group use? Please mark (●) **all** that apply.

- None Canoe Kayak Raft Boat
 Tube Other (Please specify) _____

12. a) On this visit to Delaware Water Gap NRA, in which activities did you and your group participate? Please mark (●) **all** that apply.

b) and c) Please mark (●) **all** activities in which you and your personal group have participated on previous visits and may participate in on future visits.

a) Activities this visit	b) Previous visits	c) Future visits
<input type="radio"/> Attending ranger programs	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Bicycling	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Bird watching/nature study	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Boating	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Camping	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Canoeing with canoe liveries	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Canoeing with private canoes/kayaks	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Fishing	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Hiking/walking	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Hunting	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Picnicking	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Swimming	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Viewing scenery/river views/waterfalls	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Visiting historic sites	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>	<input type="radio"/>

This visit _____ Previous visits _____ Future visits _____

d) Which one of the above activities was most important to you and your personal group on this visit to Delaware Water Gap NRA? List **one** activity below.

13. For this trip, please list the order (#1, 2, 3, etc.) in which you and your personal group visited the following sites at Delaware Water Gap NRA. If you did not visit a site, please leave that line blank. **Use the map attached to this survey to help you locate the sites you visited.**

- | | |
|--|---|
| <input type="checkbox"/> Milford Beach | <input type="checkbox"/> Smithfield Beach |
| <input type="checkbox"/> Turtle Beach | <input type="checkbox"/> Bushkill Access |
| <input type="checkbox"/> Dingmans Boat Launch | <input type="checkbox"/> Poxono Access |
| <input type="checkbox"/> Pocono Environmental Education Ctr. | <input type="checkbox"/> Hialeah Picnic Area |
| <input type="checkbox"/> Dingmans Falls/Visitor Center | <input type="checkbox"/> Kittattiny Point Visitor Center |
| <input type="checkbox"/> Bushkill Visitor Center | <input type="checkbox"/> Overlooks (Resort Point, Point of Gap, Arrow Island) |
| <input type="checkbox"/> Park Headquarters | <input type="checkbox"/> Raymondskill Falls |
| <input type="checkbox"/> Van Campens Glen Recreation Site | <input type="checkbox"/> Watergate Rec. Site |
| <input type="checkbox"/> Dingmans Campground | <input type="checkbox"/> Childs Park Rec. Site |
| <input type="checkbox"/> Valley View Campground | <input type="checkbox"/> Riversbend Campground |
| <input type="checkbox"/> Mohican Outdoor Center | <input type="checkbox"/> Millbrook Village |
| <input type="checkbox"/> Peters Valley Art Center | <input type="checkbox"/> Other (Please specify below) |

14. a) On this visit to Delaware Water Gap NRA, how much did each of the following elements detract from your park experience? Please mark (●) **one** for each.

Element	Not at all	A little	Moderate amount	A lot	Did not Experience
Campfire rings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crowds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other recreational users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Park roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power-lines and signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trailheads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unmarked trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) During this trip, did you and your personal group canoe/kayak, camp, boat or hike in Delaware Water Gap NRA?

- Yes No → **Go on to Question 15**

c) If YES, while canoeing/kayaking, camping, boating or hiking, about how many people, besides people in your personal group, did you see **per day**? Please mark (●) **one** answer in each column.

Canoers/Kayakers		Campers		Other boats		Hikers	
<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>	None	<input type="radio"/>	None
<input type="radio"/>	1 - 100	<input type="radio"/>	1-20	<input type="radio"/>	1 - 20	<input type="radio"/>	1 - 20
<input type="radio"/>	100 -250	<input type="radio"/>	21 or more	<input type="radio"/>	21 or more	<input type="radio"/>	21 or more
<input type="radio"/>	250 or more	<input type="radio"/>	Do not remember	<input type="radio"/>	Do not remember	<input type="radio"/>	Do not remember
<input type="radio"/>	Do not remember						

15. If you were to visit Delaware Water Gap NRA in the future, which topics would you and your personal group prefer to learn (or learn more) about? Please mark (●) **all** that apply.

- Not interested in learning about the park → **Go to Question 16**
- | | |
|---|-------------------------------------|
| <input type="radio"/> American Indian heritage | <input type="radio"/> Bird watching |
| <input type="radio"/> Copper mining | <input type="radio"/> Fishing |
| <input type="radio"/> Ecology/conservation | <input type="radio"/> Geology |
| <input type="radio"/> History and historic structures | <input type="radio"/> Hunting |
| <input type="radio"/> Natural history | <input type="radio"/> Logging |
| <input type="radio"/> Recreational opportunities (canoeing, etc.) | <input type="radio"/> Wildlife |

16. a) Currently, no camping fee is charged at Delaware Water Gap NRA. In the future, if a fee of \$10 per campsite per night were charged to reserve a river campsite, and all or most of the revenue stayed in the park to improve visitor services, would you be willing to pay this? Please mark (●) **one**.

- Not interested in river camping
- Yes, likely No, unlikely Not sure

17. There is a proposal to expand power lines within the river corridor through a section of Delaware Water Gap NRA and the Middle Delaware Wild and Scenic River. What is your opinion about how this might affect your park experience?

- Add to experience
 No effect on experience
 Deduct from experience

18. The National Park Service is responsible for protecting Delaware Water Gap NRA's scenic, historic and scientific resources, while at the same time providing for public enjoyment. How important is protection of the following resources/attributes to you and your personal group? Please mark (●) **one** answer for each resource/attribute.

Park resource/attribute	Not important	Somewhat important	Moderately important	Very important	Extremely important
Clean drinking 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"/>
River with outstanding water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geologic features (mountains, Delaware Water Gap, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic features and buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational programs/ 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"/>
Lakes, waterfalls and other water features (other than river)	<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"/>
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"/>
Recreational opportunities (hiking, boating, fishing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views/vistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming beaches	<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. a) Please mark (●) **all** the information services that you and your personal group **used** during this visit to Delaware Water Gap NRA.
- 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	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 concessionaires | _____ | _____ |
| <input type="radio"/> | Assistance from park rangers (land-based) | _____ | _____ |
| <input type="radio"/> | Assistance from park rangers (in boat) | _____ | _____ |
| <input type="radio"/> | Boat and canoe launch site signs/bulletins | _____ | _____ |
| <input type="radio"/> | Delaware Water Gap NRA website:
www.nps.gov/dewa (used before or during visit) | _____ | _____ |
| <input type="radio"/> | Launch site safety signs | _____ | _____ |
| <input type="radio"/> | Park brochure/map | _____ | _____ |
| <input type="radio"/> | Park ranger-led walks/programs | _____ | _____ |
| <input type="radio"/> | Specialized bulletins (river guide,
canoe livery list, etc.) | _____ | _____ |
| <input type="radio"/> | Trailhead signs/bulletin boards | _____ | _____ |
| <input type="radio"/> | Visitor center staff | _____ | _____ |
| <input type="radio"/> | Visitor center exhibits | _____ | _____ |

d) If you and your personal group have comments on any of the above information services, please use the lines below.

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

20. a) Please mark (●) **all** the visitor facilities that you and your personal group **used** during this visit to Delaware Water Gap NRA.

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

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

a) Visitor 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"/> Boat launches	_____	_____
<input type="radio"/> Developed campgrounds (Dingmans, Rivers Bend, Valley View)	_____	_____
<input type="radio"/> Canoe launches	_____	_____
<input type="radio"/> Highway directional signs (inside and outside the park)	_____	_____
<input type="radio"/> Hiking/biking trails	_____	_____
<input type="radio"/> Navigation aids	_____	_____
<input type="radio"/> Park overlooks/vistas	_____	_____
<input type="radio"/> Parking lots	_____	_____
<input type="radio"/> Picnic facilities	_____	_____
<input type="radio"/> Portable toilets/pit toilets	_____	_____
<input type="radio"/> Pull-offs	_____	_____
<input type="radio"/> Restrooms (other than portables)	_____	_____
<input type="radio"/> River campsites	_____	_____
<input type="radio"/> Roads	_____	_____

d) If you and your personal group have comments on any of the above facilities, please use the lines below.

Facility (List)	Comment (Please be specific)
_____	_____

21. For you and your personal group, please report all expenditures for the items listed below for this visit to the Delaware Water Gap NRA **area (within a 20-mile drive)**. Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Delaware Water Gap NRA.
- b) Please list your group's total expenditures outside the park.

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Delaware Water Gap NRA.

	EXPENDITURES	
	a) Inside park	b) Outside park within 20 miles
Hotels, motels, inns, cabins, B&B, etc.	\$ _____	\$ _____
Camping fees	\$ _____	\$ _____
Guide fees and charges	Free	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and take out food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses (rental cars, auto repairs, taxies, but not including airfare)	n/a	\$ _____
Admissions, recreation, entertainment fees	\$ _____	\$ _____ (casinos, resorts, etc.)
All other purchases (souvenirs, 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.

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

- 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, about how many people, including yourself, were in this group?

_____ Number of people in organized group

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

_____ Number of people in personal group

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

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

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	Number of visits to Delaware Water Gap NRA (including this visit)	
			c) In past 5 years	d) Lifetime to date
You	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

25. If you were a manager planning for the future of Delaware Water Gap NRA, what would you and your personal group propose? Please be specific.


26. Is there anything else you and your personal group would like to tell us about your visit to Delaware Water Gap NRA?

27. Overall, how would you rate the quality of facilities, services and recreational opportunities provided to you and your personal group at Delaware Water Gap NRA during this trip? Please mark (●) **one**.

- Very poor
- Poor
- Average
- Good
- Very good



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 Division
National Park Service
U.S. Department of the Interior

Visitor Services Project

Fossil Butte National Monument

Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Fossil Butte National Monument
PO Box 592
Kemmerer, WY 83101

August 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 Fossil Butte 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,

David McGinnis
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 Fossil Butte 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.

1. a) Prior to your visit, how did you and your personal group obtain information about Fossil Butte National Monument? Please mark (●) **all** that apply in column (a).
- b) If you were to visit Fossil Butte 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"/> 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"/> Fossil Butte National Monument website: www.nps.gov/fobu | <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"/> 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"/> Signs on highway | <input type="radio"/> |
| <input type="radio"/> Social media (e.g., 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"/> |

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?

No Yes → **Go to Question 2**

Note to OMB: all long list (14 answer) questions will be reversed in ½ of the questionnaires

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

2. On this trip, what was the **primary** reason that you and your personal group came to the Fossil Butte National Monument **area**? Please mark (●) **one**.

- Resident of the area (within 30 miles of the park) → **Go to Question 3**
- Business
- Traveling through - unplanned visit
- Visit Fossil Butte National Monument
- Visit friends/relatives in the area
- Visit other attractions in the area
- Other (Please specify) _____

3. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to Fossil Butte National Monument? Please mark (●) **all** that apply.

- None → **Go Question 4**
- Kemmerer/ Diamondville, WY
- Rock Springs/ Green River, WY
- Salt Lake City, UT
- Evanston, WY
- Jackson, WY
- Montpelier, ID
- Vernal, UT
- Other (Please specify) _____

b) Were you and your personal group able to obtain all of the services that you needed in these communities?

- No
- Yes → **Go to Question 4**

c) If NO, what needed services were not available?

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

4. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Fossil Butte National Monument? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

5. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the surrounding area of Fossil Butte National Monument (within 30 miles of the park)?

Yes No → **Go to Question 6**

- b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area** of Fossil Butte National Monument.

_____ 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 30 miles of the park)? Please mark (●) **all** that apply.

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

RV/trailer camping

Tent camping in developed campground

Backcountry camping

Seasonal residence

Residence of friends or relatives

Other (Please specify) _____

6. On this visit, which forms of transportation did you and your group use to travel between your overnight accommodations or home and Fossil Butte National Monument? Please mark (●) **all** that apply.

Private vehicle (car, SUV, pickup, van, etc.)

On foot

RV (rented or owned)

School bus

Rental vehicle (other than RV)

Tour bus

Bicycle

Motorcycle

Other (Please specify) _____

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.

_____ Number of vehicles

7. a) On this visit, how many hours in **total** did you and your personal group spend visiting Fossil Butte National Monument?

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

b) On this trip, how many times did you and your personal group enter the park?

_____ Number entries

8. On this visit to Fossil Butte National Monument, what park sites did you and your personal group visit? Please mark (●) **all** that apply.



- Visitor center
- Hiking trails
- Historic Quarry
- 7.5 mile scenic drive
- Hike/bike
Administrative roads
- Chicken Creek
Picnic Area
- Other (Please specify)

9. a) What did you and your personal group like **most** about your visit to Fossil Butte National Monument?

b) What did you and your personal group like **least** about your visit to Fossil Butte National Monument?

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

b) If you were to visit the park in the future, in which activities would you and your personal group prefer to participate? Please mark (●) **all** that apply in column (b).

a) Activities on this visit

b) Activities on future visit

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Attending ranger-led talks/programs | <input type="radio"/> |
| <input type="radio"/> | Creative arts (photography/drawing/painting/writing) | <input type="radio"/> |
| <input type="radio"/> | Mountain biking | <input type="radio"/> |
| <input type="radio"/> | Fossil preparation demonstrations | <input type="radio"/> |
| <input type="radio"/> | General sightseeing/7.5 mile scenic drive | <input type="radio"/> |
| <input type="radio"/> | Interactive electronic ranger computer program | <input type="radio"/> |
| <input type="radio"/> | Nature study (birdwatching, wildlife viewing, stargazing) | <input type="radio"/> |
| <input type="radio"/> | Roving rangers available to answer questions | <input type="radio"/> |
| <input type="radio"/> | Participating in Junior Ranger program | <input type="radio"/> |
| <input type="radio"/> | Participating in Senior Ranger program | <input type="radio"/> |
| <input type="radio"/> | Picnicking | <input type="radio"/> |
| <input type="radio"/> | Viewing video programs | <input type="radio"/> |
| <input type="radio"/> | Viewing visitor center exhibits | <input type="radio"/> |
| <input type="radio"/> | Visiting visitor center | <input type="radio"/> |
| <input type="radio"/> | Walking/hiking | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify below) | <input type="radio"/> |

This visit: _____ Future visit: _____

c) Which **one** of the above activities was most important to you and your personal group on this visit to Fossil Butte National Monument? Please list **one** response.

11. a) On this visit to Fossil Butte National Monument, did anyone in your personal group participate in any of the ranger-led talks/programs?

- No Yes → **Go to Question 12**

d) Please list any additional topics you and your personal group are interested in learning about Fossil Butte National Monument.

14. If you were to visit Fossil Butte National Monument in the future, which of the following additional facilities would you like to have available? Please mark (●) **all** that apply.

- | | |
|--|--|
| <input type="radio"/> Additional hiking trails | <input type="radio"/> Horseback riding trails |
| <input type="radio"/> Mountain biking trails | <input type="radio"/> Nearby camping facilities |
| <input type="radio"/> Expanded visitor center | <input type="radio"/> Handicapped accessible trail |
| <input type="radio"/> Other (Please specify) _____ | |

15. a) If you were to visit Fossil Butte 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.

- | | |
|--|---|
| <input type="radio"/> Not interested in learning about the park → Go to Question 16 | |
| <input type="radio"/> Junior Ranger program | <input type="radio"/> Indoor exhibits |
| <input type="radio"/> Other children's programs | <input type="radio"/> Outdoor exhibits |
| <input type="radio"/> Senior Ranger program | <input type="radio"/> Self-guided tours |
| <input type="radio"/> Ranger-led interpretive programs | <input type="radio"/> Nature camp |
| <input type="radio"/> Volunteer opportunities (in park) | |
| <input type="radio"/> Audiovisual programs (DVD, video, or audio) | |
| <input type="radio"/> Electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs/tours, etc.) | |
| <input type="radio"/> Printed materials (brochures, books, maps, etc.) | |
| <input type="radio"/> Park website: www.nps.gov/fobu | |
| <input type="radio"/> Other (Please specify) _____ | |

b) What length of ranger-led program would you and your personal group like to attend?

- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="radio"/> Under 1/2 hour | <input type="radio"/> 1/2 - 1 hour | <input type="radio"/> 1 - 2 hours |
| <input type="radio"/> Other (Please specify) _____ | | |

16. a) In your opinion, are campgrounds needed near Fossil Butte National Monument?

No Yes

b) If campgrounds were provided, would you and your personal group be likely to use them on a future visit?

Yes, likely No, unlikely Not sure

17. a) Would you or members of your personal group consider visiting Fossil Butte National Monument again in the future?

Yes No Not sure

b) Would you or members of your personal group recommend visiting Fossil Butte National Monument to your friends/relatives?

Yes No Not sure

18. It is the National Park Service's responsibility to protect Fossil Butte National Monument 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.

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"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational programs/ opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fossils	<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"/>
Repair/maintenance of facilities/roads/trails	<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"/>
Opportunities for solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Fossil Butte National Monument during this visit.
- 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"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Directional signs inside the park	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Senior Ranger program	_____	_____
<input type="radio"/> Picnic area	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Picnic table at Historic Quarry parking area	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Roadside exhibits	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Trailside exhibits	_____	_____
<input type="radio"/> Videos/films	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Park website: www.nps.gov/fobu Used before or during visit	_____	_____

d) If you used the park website www.nps.gov/fobu, what type of information did you and your personal group need that was not available on the park website? Please be specific.

Did not use park website

20. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Fossil Butte National Monument and the surrounding **area** (within 30 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures in Fossil Butte National Monument.

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 Fossil Butte 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	N/A	\$ _____
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.

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?

- Yes No → **Go on to Question 22**

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

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

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

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

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

d) If you were with one of these organized groups, about how many people, including yourself, were in this group?

_____ Number of people in organized group

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

- 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

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	Frequency of visits to Fossil Butte National Monument (including this visit)	
			c) In past 5 years	d) Lifetime to date
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

25. If you were a manager planning for the future of Fossil Butte National Monument what would you and your personal group propose? Please be specific.

26. Is there anything else you and your personal group would like to tell us about your visit to Fossil Butte National Monument?

27. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Fossil Butte National Monument during this visit? Please mark (●) **one**.

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

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