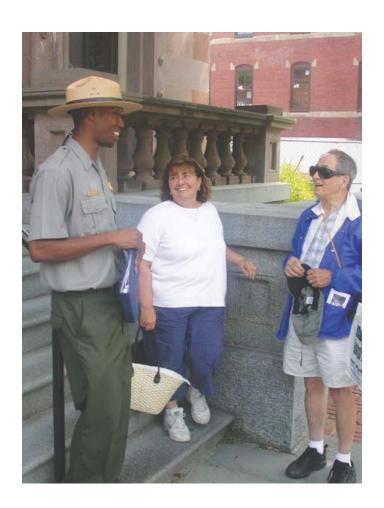


Social Science Division National Park Service U.S. Department of the Interior

**Visitor Services Project** 

### New Bedford Whaling National Historical Park Visitor Study



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

Expiration date: XXX-2010



### **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:







- 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.

- 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).

	(•) an that apply in column (b).		
<u>a) <b>P</b>ri</u>	or to this visit	b) <b>Prior to future v</b> i	<u>isits</u>
0	Did not obtain information prior to	visit -> Go to part b of this question	
0	Inquiry to park via phone, mail, e	-mail	Ο
0	Friends/relatives/word of mouth		Ο
0	Highway signs		Ο
0	Local businesses (hotels, motels	, restaurants, etc.)	Ο
0	Maps/brochures		Ο
0	New Bedford Whaling NHP websit	e: www.nps.gov/nebe	Ο
0	City of New Bedford website: ww	w.ci.new-bedford.mas.us	Ο
0	Other websites—Which one(s)?_		Ο
0	Newspaper/magazine articles		Ο
0	Previous visits		Ο
0	School class/program		Ο
0	Social media (such as Facebook	, Twitter, etc.)	Ο
0	Television/radio programs/videos	;	Ο
0	Travel guides/tour books (such a	s AAA, etc.)	Ο
0	Other (Please specify below)		Ο
Prior	to this visit	Prior to future visits	

New Bedford Whaling National Historical Park Visitor Study

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

6			New Be	edford	Whaling National Historical Par	rk Visitor Study			
	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?								
	Ο	No	Ο	Yes	→ Go to Question 2				
		NO, what type s not availabl			on did you and your personal g ecific.	roup need that			
2.	,	ior to this vis		ou and	your personal group aware tha	t New Bedford			
	0	Yes	0	No					
	´ Wł	naling NHP co	onsists of s	everál	our personal group aware that N sites besides the visitor center, Ouff House and others?				
	0	Yes	0	No					
3.		or to this visitecial events?	, had you a	and yo	ur personal group ever heard of	f the following			
		ve you or you ents?	ır personal	group	ever attended any of the follow	ving special			
<u>a)</u>	_	of event?			b) <b>Ever atte</b>	ended event?			
	Ο	Art • History	• Architec	ture (A	HA!) cultural nights	Ο			
	0	Bioneers by	the Bay			Ο			
	0	Cape Verde	an Indepe	ndence	e Day Parade	0			
	0	Feast of the	Blessed S	Sacram	ent (Portuguese Feast)	0			
	0	Summerfes	t			0			
	0	Taste the S	outhcoast			0			
	0	Working Wa	aterfront Fe	estival		0			
4.		did your visit o's travel plan			Vhaling NHP fit into you and yo ●) <b>one.</b>	ur personal			

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

0

Ο

O

Э.	Ca	ame to	the New Bedford Whaling NHP <b>area (</b> including the city of New Bedford in 10 miles of the park)? Please mark (•) <b>one</b> .
	C	) R	esident of the area (within 10-mile drive of park) → Go to Question 7
	C	<b>)</b> v	isit New Bedford Whaling NHP (Park Visitor Center, Whaling Museum, Rotch-Jones Duff House, Seamen's Bethel, Wharfinger Building, etc.)
	C	<b>)</b> v	isit the city of New Bedford
	C	<b>)</b> v	isit other attractions in the area
	C	<b>)</b> v	isit friends/relatives in the area
	C	) т	raveling through – unplanned visit
	C	) в	usiness
	C	<b>)</b> c	Other (Please specify)
6.	a)	perm	is trip, did you and your personal group stay overnight <b>away from your anent residence</b> in the surrounding area (within 10 miles of the park, ling the city of New Bedford)?
		0	Yes O No → Go to Question 7
	b)		S, please list the number of nights you and your personal group stayed in urrounding area.
			_ Number of nights in the surrounding area
	c)	In wh the su	ich types of lodging did you and your personal group spend the night(s) in urrounding area? Please mark (●) <b>all</b> that apply.
		0	Motels, hotels, vacation rentals, B&B, etc.
		0	Rental house/condominium
		0	Residence of friends or relatives
		0	RV/trailer camping
		0	Seasonal residence
		Ο	Tent camping in developed campground
		Ο	Other (Please specify)

	O	No	0	Yes =	Go to Que	stion 10	)				
	,	e you and your ed in <b>New Be</b> o	•	•	able to obtain	n all the	serv	rices that you			
0	Dartr	nouth, MA	Ο	New E	Bedford, MA	0	O	ther (Please specify)			
0	Cape	e Cod, MA	0	Fall R	iver, MA	Ο	Pr	ovidence, RI			
Ο	Bosto	on, MA	0	Fair H	aven, MA	0	W	estport, MA			
O	None	e → Go to pa	rt b of t	this que	estion						
9.	(e.g. NHP	information, ga ? Please mark	as, food (●) <b>all</b> t	, lodging that app	g) for this visit ly.	group o to New	btai Bed	n support services ford Whaling			
		Number of		·							
	c) If YE	ES, on how ma					halir	ng NHP?			
	Ο Ο	Yes	O	•	→ Go to Que		triai	Tone day:			
	<ul> <li>Number of hours (Please list partial hours as ¼, ½, ¾.)</li> <li>Did you and your personal group visit the park on more than one day?</li> </ul>										
	and	•	•	•			1/	3/ \			
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?										
	0	Other (Pleas	se specif	fy)							
	0	Street parkin	ng	0	Parking lot		0	Parking garage			
	Ο	Did not drive	a vehic	le to the	park <b>→ Go</b>	to Que	stio	n 8			
		and your persis visit, where			ve a vehicle to	New B	edfo	ord Whaling NHP			
	0	Other (Pleas	e specif	fy)							
	Ο	Bicycle				0		Cruise ship			
	0	Ferry: Which	one?_			_ 0		Private boat			
	Ο	Bus/motor co	oach			O		Airplane			
	0	Recreation v	ehicle (	RV)		0		Motorcycle			
	Ο	Private car				O	١	Rental car			
<ol> <li>a) On this visit, what forms of transportation did you and your personal group to travel between your overnight accommodations or home and New Bedfo Whaling NHP? Please mark (●) all that apply.</li> </ol>						ersonal group use nd New Bedford					

c) If NO, what needed services wer	e not available in <b>New Bedford, MA</b> ?
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
0	Attending arts/cultural event	0	0
0	Fishing	Ο	0
0	General sightseeing	Ο	0
0	Learning about New Bedford history	Ο	0
0	Learning about Underground Railroad	Ο	0
0	Learning about whaling and maritime history	Ο	0
0	Recreation (boat tour, etc.)	Ο	0
0	Researching family history/genealogy	Ο	0
0	Shopping/dining out	Ο	0
0	Viewing the fishing fleet	0	0
0	Viewing/studying historic architecture	Ο	0
0	Visiting art galleries in New Bedford	Ο	0
0	Visiting Buttonwood Park Zoo	Ο	0
0	Visiting Fort Tabor	Ο	0
0	Other (Please specify below)	0	0
Exped	cted This visit	Fu	ture visit

10	New Bedford Whalir	ng National Historical Pa	rk Visitor Study			
	Vhich <b>one</b> of the above activities was not not not this visit to New Bedford Whal		d your personal			
,	Please mark (●) <b>all</b> the information serversonal group <b>used</b> at New Bedford W		-			
,	lext, for <b>only</b> those services and facilities <b>sed</b> , please rate their importance to yo	, , ,	onal group			
	inally, for <b>only</b> those services and facilesed, please rate their quality from 1-5.		rsonal group			
b) If used, how important? what question a) Information services and facilities used  Mark (•)  b) If used, how important? what question important 2=Not important 2=Somewhat important 3=Not important 3=Avera 4=Very important 4=Good 5=Extremely important 5=Very						
0	Access for people with disabilities					
Ο	AM 1610 radio (traveler's information	)				
0	Assistance from National Park Service (NPS) staff/volunteers	ee				
Ο	NPS Junior Ranger program					
Ο	NPS guided walking tour					
0	NPS park brochure					
0	NPS park website: www.nps.gov/neb (used before or during this visit)	e/				
0	New Bedford Whaling Museum					
0	Preservation Society self-guided architecture tour					
Ο	Rotch-Jones-Duff House					
0	Seamen's Bethel					
Ο	Self-guided tours (besides the Preser Society self-guided tours)	rvation				

O

0

Schooner Ernestina

Underground Railroad information

									_
12.	,	the future, if a free s d in Question 11, wo							-
	Ο	Yes, likely	0	No, ι	ınlikely		0	Not sure	
	,	ould you and your pode a shuttle bus betw		•	_				
	0	Yes, likely	0	No, ι	ınlikely		0	Not sure	
13.		lease mark (●) <b>all</b> of oup <b>used</b> while in th				lities that yo	ou or y	our personal	
	,	ext, for <b>only</b> those se <b>sed</b> , please rate their				•	r pers	onal group	
	,	nally, for <b>only</b> those <b>sed</b> , please rate their				at you or yo	our pe	rsonal group	
,	<b>Visit</b> ark (●	or services and faci	lities use	ed	1=Not 2=Som 3=Mod 4=Very	sed, inportant? important iewhat important erately important emely important	rtant	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good	
Visi	itor c	enters							
(	C	National Park Service	e (NPS)	Visitor (	Center				
(	O	NPS Visitor Center I		sales i	items				
(	)	NPS Visitor Center	,					<u></u>	
(	)	NPS Visitor Center i	movie						
(	)	Waterfront Visitor C	enter						
(	)	Waterfront Visitor C	enter exh	ibits					
<u>Oth</u>	er se	rvices/facilities							
	Ο	Ferries							
	Ο	Garage/lot parking							
	Ο	Hotels/motels							
	О	Restaurants							
	Ο	Shops in New Bed	lford						
	0	Street parking							

<u>12</u> 14.	your pe	New Be vere to visit New Bedfo ersonal group prefer to edford Whaling NHP? I	ord Whalin Iearn abo	out cultural a	ne fut and n	ure, how v atural histo	vould you	and	
0									
0	Indoor	exhibits			Ο	Outdoor	exhibits/pa	anels	
Ο	Living	history demonstrations	3		О	Craft der	nonstratio	ns	
0	Music	programs/demonstration	ons		0	Children	's program	ns	
0	Park v	vebsite: www.nps.gov/r	nebe		0	Self-guid	led tours		
0	Range	er-led interpretive progr	ams		0	Special 6	events		
0	Audio	visual programs (DVD,	video, or	audio)	Ο	Voluntee	er opportur	nities	
0	Printe	d materials (brochures	, books, r	naps, etc.)					
0		onic media/devices ava		•		•			
0	Other	(Please specify)							
15.	felt f	the safety issues below from crime and acciden ( •) <b>one</b> answer for ea	ts during	this visit to	v safe New	e you and Bedford W	your perso /haling NF	onal group IP. Please	
			Ho Very	w safe did Somewhat	-		park? Somewhat	Verv	
	Safety is	ssue	unsafe			r unsafe	safe	<u>safe</u>	
Per	sonal sa	afety—from crime	0	0		0	0	0	
Per	sonal sa	afety—from accidents	0	Ο		0	0	Ο	
Per	sonal pr	operty—from crime	0	0		0	0	0	
	, .	u marked that you felt re issues, please expla	•	afe" or "son	newha	at unsafe"	for any of	the	
16.		pared to what you had p spend visiting New B						rsonal	
	0	Did not have a planr	ned amou	int of time	→ Go	to Ques	tion 17		
	0	About the same time	as planr	ned					
	0	Longer than planned	ł						
	O 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.

	<ol><li>On this visit, were you and your personal group part of the following types of organized groups? ? Please mark (●) one for each.</li></ol>							
a) C	ommercial guided	tour group	Ο	Yes	0	No		
b) S	chool/educational (	group	Ο	Yes	0	No		
c) O	ther (scouts, work,	church)	Ο	Yes	0	No		
•	you were with one cluding yourself, w		• •	, about h	now man	y people,		
_	Number of p	people in organ	ized group					
,	n this visit, with wh ganized group) we	•	• •	_	ed tour/s	chool/other		
Ο	Alone		0	Friends	8			
Ο	Family		Ο	Family	and frier	nds		
Ο	Other (Please s	pecify)						
ý	On this visit, how m rourself? Number of բ			ersonal g	Jroup, ind	cluding		
c) (	On this visit, how mat the park? Please  Number of v	any vehicles di write 0 if you o	d you and y			up use to arri	ve	
	you only, what is th < (●) <b>one.</b>	ne highest level	of educatio	n you ha	ve comp	leted? Please	Э	
Ο	Some high scho	ool	Ο	Bachel	or's degi	-ee		
0	High school dipl	oma/GED	Ο	Gradua	ate degre	ее		
Ο	Some college							
,				•		hat made it		
		_						
C	<b>)</b> Yes	O	No → Go	on to Q	uestion	22		
21	O . a) D	O Some college  . a) Does anyone in you difficult to access or	O Some college  . a) Does anyone in your personal groudifficult to access or participate in p	O Some college  . a) Does anyone in your personal group have a ph difficult to access or participate in park activities	O Some college  a) Does anyone in your personal group have a physical co	O Some college	O Some college  a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?	

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

## Frequency of visits to New Bedford Whaling NHP (including this visit)

				(111010	anig an	io violity	
	a) <b>Current</b>	b) U.S. ZIP code or name of country	•	ar?	times	everal s/year?	e) <b>Lifetime</b>
	age	other than U.S.	Yes	No	Yes	No	to date
Yourself			0	0	0	Ο	
Member #2			0	0	0	Ο	
Member #3			0	0	0	Ο	
Member #4			0	0	0	Ο	
Member #5			0	0	0	Ο	
Member #6			0	Ο	0	Ο	
Member #7			0	0	0	Ο	

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

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

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

		you identify yo t apply.	ourself as any	of the	following e	thnicities?	Please	mark (●) all
	0	Portuguese		Ο	Azorean		0	Brazilian
	Ο	Cape Verdea	ın	Ο	Madeiran			
	0	Other (Please	e specify)					
24.		visiting New Be hare with famil			what aspe	ct of the pa	ırk's sto	ory would
25.		were a manag you and your				w Bedford	Whalin	g NHP what
26.		re anything els visit to New Be				would like	to tell u	s about
27.	oppor	all, how would tunities provident	ed to you and	your p				
	Ver	y poor	Poor	Avera	ige	Good	Very	good
	(	C	0	0		0	0	
		ı for your help! t in any U.S. m		the qu	estionnaire	_	•	provided

New Bedford Whaling National Historical Park Visitor Study

Printed on recycled paper

16

# **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



OMB Approval xxx (NPS# xxx)
Expiration date:



### **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:

- 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 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.

- 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) <b>Pri</b> e	or to this visit b	) Prior to future visits
0	Did not obtain information prior to visit → Go to par	
0	Chamber of commerce/welcome center	0
0	Friends/relatives/word of mouth	Ο
Ο	Inquiry to park via phone, mail, email	Ο
Ο	Local businesses (hotels, motels, restaurants, etc.)	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Previous visits	Ο
Ο	School class/program	Ο
Ο	Social media (e.g., Facebook, Twitter, etc.)	0
Ο	Television/radio programs/DVDs	0
Ο	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Wind Cave NP website: www.nps.gov/wica	0
Ο	Other websites	Ο
Ο	Other (Please specify below)	0
Note to	o this visit Prior to future visits o 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 you receive the type of information about the park that you receive the type of information about the park that you receive the type of information about the park that you receive the type of information about the park that you receive the type of information about the park that you receive the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of information about the park that you are the type of type of the type of type of the type of	
	O No O Yes → Go to Question 2	2

	,	NO, what type of park in is not available? Please			•	and ;	your pe	ersonal (	group need that		
2.	How	did this visit to Wind Ca	ave NI	P fit into	o your	trave	el plans	? Pleas	se mark (●) <b>one</b>		
	0	Wind Cave NP was the primary destination									
	0	Wind Cave NP was o	Wind Cave NP was one of several destinations								
	0	Wind Cave NP was not a planned destination									
<ol> <li>When did you and your group make the decision to visit Wind Cave NF mark (●) one.</li> </ol>							e NP? Please				
	0	On the day of the visi	t								
	0	2-7 days before the v	isit								
	Ο	8-30 days before the	visit								
	0	1-6 months before the	e visit								
	0	More than 6 months b	out les	ss than	a yea	r bef	ore the	visit			
	0	A year or more before	e the v	/isit							
4.	For the	nis trip, what was the <b>p</b> i d Wind Cave NP <b>area</b> (	r <b>imar</b> withir	y reaso n 30 mi	n that les)? F	you Pleas	and yo se mark	ur perso (●) <b>on</b>	onal group <b>e</b> .		
0	Re	sident of area (within 3	0 mile	es)	0	Vis	Visit friends/relatives in the area				
0	Vis	sit Wind Cave NP			0	Vis	it other	attracti	ons in the area		
0	Tra	aveling through - unplar	nned v	visit	0	Bu	siness				
0	Ot	her (Please specify)									
5.	On th	nis visit, were the signs Cave NP adequate? P	direct lease	ing you mark (	ı and y ●) <b>on</b> e	our	persona swer fo	al group r each c	to and within of the following.		
а	) Inters	state signs	0	Yes	(	)	No	0	Did not use		
b	) State	highway signs	Ο	Yes	(	)	No	0	Did not use		
C	) Signs	s in local communities	0	Yes	(	)	No	0	Did not use		
d	) Signs	s in the park	0	Yes	(	)	No	0	Did not use		

0		Wind Cave National Park visit	or Study
e	•	nswered NO for any of the above, please explain.	
		ghway	
		communities	
6.	a) On th	is trip, did you and your personal group stay overnight <b>away fron</b> Cave NP or in the area within 30 miles of any entrance point?	n home i
	0	Yes O No → Go to Question 7	
	b) If YES	S, please list the number of nights you and your personal group st	tayed.
		_ Number of nights inside Wind Cave NP	
		_ Number of nights outside park within 30 miles of park	
	c) and d the nig	l) In what type of accommodation did you and your personal group tht(s)? Please mark (●) <b>all</b> that apply.	o spend
	c) Insid	e park d) Outside park within 3	<u>0 miles</u>
	n/a	Lodge, motel, cabin, rented condo/home, or bed & breakfast	0
	0	RV/trailer camping	0
	0	Tent camping	0
	0	Backcountry camping	0
	n/a	Personal seasonal residence	0
	0	Residence of friends or relatives	0
	0	Other (Please specify below)	0
	Inside_	Outside	
	e) If you Cave	and your personal group camped in the area, but <b>did not</b> stay in NP's campground, why not? Please mark (●) <b>all</b> that apply.	Wind
	0	Unaware the park has campground	
	0	Lack of desired campsite type (Please specify)	
	0	Campground lacked desired facilities (Please specify)	
	0	Other (Please specify)	

- 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).

<u>a) Expe</u>	cted activity	b) Activity this visit in Wind Cave NF
0	Camping	Ο
Ο	Cave tour	Ο
Ο	Enjoying natural quiet	Ο
Ο	Evening campground program	Ο
Ο	Hiking	Ο
Ο	Photography	Ο
Ο	Picnicking	Ο
Ο	Ranger-led demonstration on fro	nt lawn O
Ο	Ranger-led Discovery Hike progr	am O
Ο	Scenic drive	Ο
Ο	Shopping at park bookstore	Ο
Ο	Stargazing	Ο
Ο	Viewing museum exhibits (in visi	or center) O
Ο	Viewing outdoor/roadside exhibit	o O
Ο	Viewing park movie	Ο
Ο	Viewing wildlife/birds	Ο
0	Other (Please specify:	Ο
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.

	used, please rate their quality from 1-3	J.	
	) Visitor services/facilities used lark (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
0	Assistance from park staff		
0	Campground		
0	Hiking trails		
0	Information/bulletin boards		
0	Junior Ranger program		
0	Museum exhibits (in visitor center)		
0	Outdoor/roadside exhibits		
0	Park brochure/map		
0	Park newspaper Passages		
0	Park roads NPS 5 or NPS 6 (gravel/back	ckcountry)	
0	Park video		
O	Parking lots		
O	Picnic area		
0	Ranger-led cave tour		
0	Ranger-led programs (other than cave	e tour)	
0	Restrooms		
9.	a) Did you and your personal group visit	the park bookstore in the v	isitor center?
	O Yes O No <b>Go</b>	on to Question 10	

b)	ب How would ( Please mark	you rate the qua ‹ (●) <b>one</b> .	lity of sales it	ems pr	ovided in	the park booksto	ore?
		Poor	Average		Good	Very good	
	0	0	0		0	0	
c)		onal items, if any the park booksto		and you	ır persona	al group like to h	ave
th	e night after	-	ave NP? If yo	u staye	•	the <b>night before</b> e, please write t	
a) B	EFORE visit:	Town/city			State		
b) A	FTER visit:	Town/city			State		
		ow many total ho nd Cave NP? Ple				personal group s as ¼, ½, ¾.	spend
	Number	of hours, if less	s than 24 ho	urs - C	)R -		
_	Number	of days, <b>if 24 h</b>	ours or more	е			
12. a)	On this visit	, did you and yo				tour or tours?	
b)	If YES, which Please mark	ch cave tour(s) d ( (●) <b>all</b> that app	id you and yo ly.	ur pers	onal grou	ıp take on this vi	sit?
0	Not sure w	hich tour	0	Fair	grounds 7	<b>Γour</b> (1.5 hrs, ½ mi	i.)
0	Garden of	Eden tour (1 hr, 1	⁄4 mi.) O	Can	dlelight T	Our (2 hrs, 1 mi.)	
0	Wild Cave	Tour (4 hrs, ½ mi	.) O	Nati	ural Entra	nce Tour (1.25 hr	, ½ mi)
0	Tours for \	isitors with spec	cial needs (1 h	our, ¼ n	nile)		
c)	Why did you mark (●) <b>all</b>		nal group sel	ect a p	articular c	cave tour(s)? Ple	ase
0	Length o	f tour – distance	!	0	Length o	of tour – time	
0	Difficulty	of tour/number	of stairs	0	Cost of t	our	
0	Descripti	ion of tour (featu	res)	0	Availabil	lity at the desired	d time
0	Other (Ple	ease specify)					
d)		(s) that you took ( ●) <b>one</b> . (Tour Poor				ed for the fee pa	id. )
		$\circ$			$\circ$		

10				V	Vind Cave Nation	al Park Visitor Study				
	e) How r	many peo	ople were in y	our cave tour	? Number of people					
		rowded o mark (●)		our personal g	group feel during	your cave tour?				
	Extremely crowded		Very crowded	Moderately crowded	A little crowded	Not at all crowded				
	0	)	0	0	Ο	0				
	g) What do you and your personal group think is the <i>maximum acceptable number</i> of people in each cave tour group before it becomes too crowded? Please mark (●) <b>only one</b> of the following:									
	0	O It would be acceptable to see a maximum of people.								
	0	The nur	nber of people	e is important	, but I cannot give	e a maximum.				
	Ο	It would	not matter ho	w many peop	ole are in the cave	e tour.				
13.	on the	e ground nd your p	level and (2)	Cave exhibits o view/use an	on the lower leve y of these exhibit					
	0	Vas wa	used/view th	a cava avhihi	•					
	0									
	b) If you			•	lease mark (•) <b>all</b> that apply.					
Ο	, ,		sitor center	O	, ,	exhibits on past visits				
Ο	Did no	t know ex	xhibits' locatio	n O	Knew exhibits' le	ocation but not interes	sted			
Ο	Knew	exhibits'	location but of	lid not have ti	me					
O	Other	(please	specify)							
			ibits that you g features for (		I, please rate thei	r quality from 1 to 5				
Fe	ature					its   d) Cave exhibits 2=Poor 3=Average d 5=Very good				
Liç	ghting									
Ea	ase of und	derstandi	ng							
Qı	uality of c	ontent								
	Varieties of display modes (statics, computer interactive, hand-on, audio-visual, etc.)									
OI	der of dis									
	d. What did you and your personal group like <b>most</b> about the exhibits?									

	e. What	did you and your	r personal gro	oup like	<b>least</b> ab	out the exhibits?
4.	a) On th	is visit, did <b>all me</b>	<b>embers</b> of yo	ur group	take a	cave tour at Wind Cave NP
	0	No	O Yes	→ Go	to Ques	tion 15
		, what prevented Please mark (●)			person	al group from taking a cave
	0	Not interested in	n cave tours	→ Go	to Ques	tion 15
	Ο	Took a cave tou	ur on previous	s visit(s)	0	Lack of time
	0	Cost of tour			0	Tours sold out
	0	Inconvenient wi	th young child	dren	0	Inconvenient with pets
	0	Physical limitati	ons (mobility,	probler	n with d	arkness, etc.)
	0	Did not have pro	oper outfits (v	varm clo	othes, pr	oper footwear, etc.)
	0	Other (Please s	specify)			
5.		is visit to Wind C f the ranger-led t				ersonal group participate in e cave tour?
	Ο	No	Ο	Yes →	Go to	Question 16
		, what prevented er-led talks/progra				from participating in apply.
	0	Not interested		Ο	Did not	have time for this activity
	0	Not aware of ar	ny ranger-led	talks/pro	ograms (	offered at park
	Ο	Not enough pro	grams offered	b		
	Ο	Other (Please s	specify)			
6.	in wh	and your person ich types of range e mark (●) <b>all</b> tha	er programs/a	e to visit activities	Wind C would y	ave NP again in the future, ou like to participate?
	Ο	Not interested	in ranger pro	grams/a	ctivities	→ Go to Question 17
	0	Ranger-led hik	es	0	•	er-led children's grams
	0	Ranger talks		0	Demo	onstrations

12					Wind	Cave Nation	onal Park Vis	itor Study_		
	0	Other (	Please spe	cify)						
<ul> <li>b) Which length of ranger-led activity would be most suitable for you and your personal group? Please mark (●) one.</li> </ul>							l your			
	Ο	Under 1/	2 hour	(	0	1 - 2 hours	- 2 hours			
	Ο	1/2 - 1 h	our	(	0					
				e most suita ? Please m			ur personal g	group to		
	0	8 - 10 am	า	O Noon	- 2 pm	0	After 4 pm			
	0	10 am - N	Noon	O 2-4 p	om	0	Other (S	pecify)		
17.	be willir	ng to pay t	he propose	d prices for	each toi ns. Plea l	ur? Most or se mark (•	ould you and all of the fur	nds would		
Cav	ve Tour		Current fee	Proposed fee	Willin Yes	g to pay pro No	posed fee?  Not sure	interested		
			\$7/adult	\$10/adult	0	0	0	0		
	tural Ent		\$9/adult	\$15/adult	0	0	0	0		
·			\$7/adult	\$15/adult	0	0	0	0		
Historic Candlelight \$7/adult			\$7/adult	\$15/adult	0	0	О	0		
Wild Cave \$23/adult			\$23/adult	\$30/adult	0	0	О	0		
<ul> <li>18. How did the following elements affect you or your personal group's cave tour experience? Please mark (●) one answer for element.</li> <li>O Did not go on a cave tour → Go to Question 19</li> </ul>										
	Elemer	nt		А	dded to	No effect	Detracted from	Did not experience		
Level of lighting on trail						0	Ο	0		
	Visitors' use of flash photography					0	Ο	Ο		
	Presen	ce of youn	g children		0	Ο	Ο	0		

0

0

Lack of warm clothing

Visitors' use of cell phones for light

Wind Cave National Park Visitor Study				13				
Other elements (Please specify)	Ο	n/a	0	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 expe	enditures in	side Wind C	ave NP.					
b) Please list your group's total expe	enditures ou	ıtside the pa	ark (within 30	miles).				
NOTE: Surrounding area resider were just for this visit to Wind Ca		only include	expenditures	that				
	a) <b>In</b>	EXPEN	NDITURES b) Outsid	e park				
Lodges, hotels, motels, cabins, B&B, e		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 \$								

c) How many people do the above expenses cover?

\_\_\_\_\_ Adults (18 years or over)

**Donations** 

All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)

\_\_\_\_\_ Children (under 18 years)

Please write 0 if you didn't have any children in the group covered by expenses

14							Park Visitor Study		
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		Poor	Average		iood	Very good		
	0		0	Ο	(	C	0		
21.		siting Wind Cave NP, what aspect of the park's story might you share with and friends? Please be specific.							
22.	•		vere you and you ol/educational, co			_	er organized group group, etc.?		
	0	Yes	0	No →	Go to (	Question 2	23		
	,		how many people of people in c			, were in th	nis group?		
23.	,		hat kind of perseup) were you wit	• • •	•		ool/other		
	0	Alone			0	Friends			
	0	Family			0	Family and	d friends		
	0	Other (	Please specify) _						
	b) On th	is visit, h	ow many people	were in you	r persor	nal group, i	ncluding yourself?		
		_ Numbe	er of people in pe	ersonal group	)				
24.					, please	provide th	e following. If you		
	do not		answer, leave b a) <b>Current age</b>	b) U.S. ZI or nam country than U	e of other	<b>Wi</b> ı (includ	per of visits to nd Cave NP ing this visit) 12 d) Lifetime is to date		
			a) Current age	than C	J.S.	monu	s to date		
	Yours	elf					<del>-</del>		
	Memb	er #2							
	Memb	er #3							
	Memb	er #4							
	Memb	er #5					<del>-</del>		
	Memb	er #6							

	N	Иетb	er #7			_			_		<u> </u>	
	e)	at the		Please	write	0 if you	•	•			•	se to arrive
	f)	On th	nis visit,	how ma	any tir	nes did <u>y</u>	you and	your	pers	sonal (	group ente	r the park?
			Num	ber of e	ntries							
25.						onal grou pate in p					lition that ı s?	made it
		O	Yes			0	No -	→ G	o on	to Qu	estion 26	
	b)	If YES	S, what	service	s or ac	ctivities v	vere diff	ficult	to ac	cess/p	oarticipate	in?
26.		•	only, wł ) <b>one.</b>	nat is th	e high	est leve	l of edu	catior	n you	ı have	complete	d? Please
	O	S	ome hig	gh scho	ol		(	C	Bac	helor's	s degree	
	0	Н	igh sch	ool diplo	oma/G	ED	(	C	Gra	duate	degree	
	0	S	ome co	llege								
27.	a)	,		_							language or the follo	do you and wing?
a) S	Spea	aking:	0	Englis	sh	0	Other (	(Spec	cify) _			
b) F	Rea	ding:	0	Englis	sh	0	Other (	(Spec	cify) _			
28.	a)	Whic (●) o		_		esents yo						Please mark
0	)	Less	than \$2	4,999	Ο	\$50,000	)-\$74,99	9		0	\$150,000	-\$199,999
0	)	\$25,	000-\$34	,999	0	\$75,000	)-\$99,99	9		0	\$200,000	or more
0	)	\$35,	000-\$49	,999	Ο	\$100,00	0-\$149,	999		0	Do not wi	sh to answer
	b)	How i	many pe	eople ar	e in yo	our hous	sehold?	_		_ Nur	nber of pe	ople
29.			anything Vind Ca			d your p	ersonal	grou	p wo	uld lik	e to tell us	about your

16	Wind Cave National Park Visitor Study
'-	

# **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



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



#### **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

Oh. a Folin

Niobrara National Scenic River

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

#### **DIRECTIONS**

At the end of your visit:

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

Like this:



Not like this: (1)





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

Thank you!

#### PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

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

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

- 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).

<u>a) <b>P</b></u>	rior to this visit b)	Prior to future visits
0	Did not obtain information prior to visit → Go to par	t b of this question
0	Chamber of commerce/welcome center	Ο
Ο	Friends/relatives/word of mouth	Ο
Ο	Inquiry to park via phone, mail, email	Ο
Ο	Local businesses (motels, restaurants, outfitters, etc.	) O
Ο	Maps/brochures/rack cards	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Niobrara National Scenic River website: www.nps.go	v/niob O
0	Other websites	Ο
Ο	Previous visits	Ο
0	School class/program	Ο
Ο	Social media (e.g., Facebook, Twitter, etc.)	Ο
Ο	Television/radio programs/DVDs	Ο
0	Travel agent	Ο
Ο	Travel guides/tour books (such as AAA, etc.)	Ο
0	Other (Please specify):	Ο
	o this visit Prior to future visits OMB: all long list (14 answer) questions will be reversed in 1	√₂ of the questionnaires

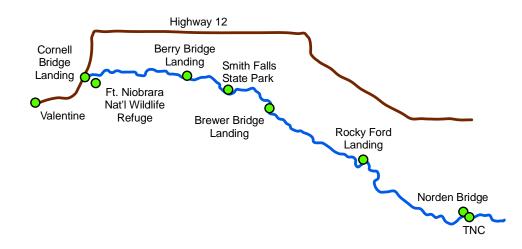
	,					n (a), did you and your personal group receive ark that you needed?
	(	0	No	0	Yes =	Go to Question 2
	,		what type of ot available?	•		n did you and your personal group need that ific.
2.	a) F	How c	did this visit to	o Niobrar	a NSR	fit into your travel plans? Please mark (●) one.
	(	0	Niobrara Na	tional So	enic Ri	ver was the primary destination
	(	0	Niobrara Na	tional So	enic Riv	ver was one of several destinations
	(	0	Niobrara Na	tional So	cenic Riv	ver was not a planned destination
	b) I	lf Niob	orara NSR wa	as not yo	ur prima	ary destination, what was?
3.			rip, what wer NSR? Pleas			at you and your personal group came to nat apply.
	Ο	Е	njoy recreatio	on in the	park (flo	pating, hiking, camping, hunting, etc.)
	Ο	E	njoy scenery			
	Ο	E	xperience qu	iet/natura	al sound	ls and solitude
	Ο	S	ocialize with	family/fri	ends	
	Ο	V	iew or study	plants or	animals	3
	Ο	0	ther (Please	specify)		
4.	and vari Gai Nat this	d the lious a me ar tural f s visit,	U.S. Fish and agencies and nd Parks Cor Resources Di	d Wildlife organizan nmission strict, an vare of th	Service ations so The N ad with the	is managed by the National Park Service through partnerships and agreements with uch as The Niobrara Council, The Nebraska ature Conservancy, The Middle Niobrara ne cooperation of private landowners. Prior to ent entities that collaboratively administer this
	0	Y	es, aware of	the diffe	ent gro	ups managing Niobrara NSR
	Ο	Ν	o, thought Ni	obrara N	ISR was	managed by National Park Service only
	0	N	o, thought Ni National Pa			managed by other organizations, but not by
	О	Ν	o, only aware	of priva	ite lando	owners, but not other organizations
	Ο	D	idn't know wh	no mana	ged Nio	brara NSR

O

Other (Please specify)

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.

O  $\mathbf{O}$ Cornell Bridge Landing Brewer Bridge Landing  $\bigcirc$ O Ft. Niobrara Wildlife Refuge Rocky Ford Landing 0 O Berry Bridge Landing Norden Bridge 0 O Smith Falls State Park Niobrara Valley Preserve (TNC)



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	
Lasi 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 ¼, ½, or ¾.

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) Exp</u>	ected activity	b) Activity on this visit
0	Attending ranger programs	Ο
0	Camping	Ο
0	Canoeing/kayaking	Ο
0	Enjoying natural quiet	Ο
0	Fishing	Ο
0	Hiking	Ο
0	Horseback riding	Ο
0	Photography	Ο
0	Picnicking	Ο
0	Recreational sports (Frisbee, horseshoes, etc)	Ο
0	Star-gazing	Ο
0	Swimming	Ο
0	Tubing	Ο
0	Viewing wildlife/birds	Ο
0	Other (Please specify)	Ο
xpected _	This visit	
	ch <b>one</b> of the above activities was most important to p on this visit? Please list <b>only one</b> response.	o you and your personal
	e there any activities that you and your personal group but were unable to do?	oups had expected
0	Yes O No → Go on to Question	9

	e) If YES, why weren't you able to do what you wanted to do?							
	Ο	Financial constra	aints					
	Ο	Time constraints						
	0	Weather condition	ons					
	Ο	Other reasons (F	Please specify)					
9.	a) Ple gro	) Please mark (●) <b>all</b> the visitor services and facilities that you or your personal group <b>used</b> at Niobrara National Scenic River during this visit.						
	,	kt, for <b>only</b> those se ase rate their import		lities that you or your per sit from 1-5.	sonal group <b>used</b>			
	,	ally, for <b>only</b> those s ed, please rate their		cilities that you or your pour 5.	ersonal group			
,	b) If used, how important? what quality?  1=Not important 1=Very poor 2=Somewhat important 2=Poor 3=Moderately important 3=Average 4=Good 5=Extremely important 5=Very good							
	Ο	Access for people v	with disabilities					
	0	Assistance from pa	rk staff					
	0	Niobrara NSR broc	hure/map					
	0	Orientation/park inf	ormation					
	0	Ranger talks/progra	ams					
	0	Restrooms						
	0	Signs along the rive	er					
	0	Park website: www used before or du						
10.				onal group expected, hov SR? Please mark (●) one				
	Excee	eded expectation	About the	same Worse tha	an expected			
		0	0	C				
	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 (●) <b>one</b> response below.							
	(	0	Did not เ	use the park	website → Go	to Question 12		
	İ	Not at helpf		Somewhat helpful	Moderately helpful	y Very helpful	•	
		0		Ο	0	Ο	Ο	
	,	•		park website ove the curre		elpful" or "Some	what helpful," how	
12.	b)	of the f Please	following e mark (●	commercial	<b>/outfitter</b> service	es to you and you services and fac	nportance from 1-5 our personal group. cilities that you or	
	,	•		those servicate their quali		that you or your	personal group	
not 1= 2= 3= 4=	Not Som Mod Very	importanewhat derately y impor	is trip.) ` ant importan importan	t	ven if you did	b) Services and facilities used during this visit Mark (●)	c) If used, what <b>quality</b> ? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good	
	-		Campg	rounds		Ο		
	-		Restroc	oms		Ο		
	-	Canoe/kayak/tube rental			ental	Ο		
	-	Customer service			Ο			
	-		Educati	on/river infor	mation	Ο		
	-		River sa	afety orientati	on	Ο		
	-	Shuttle/transportation				0		

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	0	0	0	0
Development along the river (towers, houses, barns, etc.)	0	0	0	Ο
Good river ethics	0	Ο	Ο	Ο
Litter on the river (glass, plastic, Styrofoam)	Ο	Ο	0	Ο
Noisy visitors	0	0	0	Ο
Nudity	0	0	0	Ο
Poor river ethics	0	0	0	Ο
Public access areas to the river	0	0	0	Ο
Availability of ranger interpretive programs	S 0	0	0	Ο
Ranger presence	0	0	0	Ο
Signage along the river	0	0	0	Ο

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.]

	How crowded?						
Location	Less than expected	About same as expected	More than expected	Did not use the facility	Did not know what to expect		
In campgrounds	0	Ο	0	0	0		
On landings/boat launch areas	0	0	0	0	0		
On the river	0	0	0	Ο	0		
On the roads	0	0	0	Ο	0		
On trails	0	0	0	0	0		

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

0	Yes	0	No →	Go to	Question	16

	bri	r you and y efing provic <b>e</b> answer.							
	Ο	Yes	O	No	Ο	Did not	receive pr	e-trip safe	ety briefing
	c) If y	ou answer	ed "No," ple	ease	explain.				
16.	featui how i	rara Nationares and sce mportant were for each	enery and vas the prot	risito ectio	r experiend on of the fo	es that de	epend on th	nese. On t	this visit,
	Attril	bute/resou	ce		Not important	Somewhat important	Moderately important		Extremely important
	Clea	ın air/visibil	ity		0	0	0	0	0
	Clea	ın water			0	0	0	0	0
	Dark	k, starry nig	ht sky		0	0	0	0	0
	Educ	cational opp	portunities		0	0	0	0	0
	Geol	logic featur	es		0	0	0	Ο	0
	Natu	ıral quiet/so	ounds of na	ture	0	0	0	Ο	0
	Plan	t diversity			0	0	0	Ο	0
		reational op pating, hiking	•		Ο	0	Ο	Ο	0
	Scer	nic views			0	0	0	Ο	0
	Solit	ude			0	0	0	Ο	0
	Wild	life			0	0	0	0	Ο
17.		ou were to ur personal							you and
	0	Yes, lik	kely	0	No, unl <b>Go to (</b>	ikely Question	O 18 <b>£</b>	Not sure	:
	b) If \	YES, how lo	ong should	the	orogram be	e? Please	mark (●) o	ne.	
	0	Less than	½ hour	О	½ hour	O 1 h	our (	O More	than 1 houi

18.	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.									
	0	Not interested in learning about the park	→ Go	to Question 19						
	0	Cliff and canyon rock formations, waterfa	alls and	erosion effects						
	0	Diversity and identity of plants and anima	als							
	0	Human history of the area								
	0	Nationally and internationally significant fossil finds								
	0	Threats to high water quality and consist	tent quai	ntity						
	O Variety of recreation available									
	O Other (Please specify)									
<ul> <li>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.</li> </ul>										
	Ο	Not interested in learning about natural a	and cultu	ıral history → Go to Question 19						
	Ο	Films, movies, slideshows	0	Children's programs						
	0	Guided activities/informational programs	0	Self-guided tours						
	0	Outdoor exhibits	0	Special events						
	0	Park website: www.nps.gov/niob	0	Volunteer opportunities						
	0	Printed materials (brochures, books, ma	ps, etc.)							
	0	Roving rangers available to answer ques	stions							
	0	Electronic media/devices for visitors (do cell phone tours, interactive compute		•						
	0	Other (Please specify)								
19.	•	this visit, did anyone in your personal groticipating in any activities or services?	up have	difficulty accessing or						
	Ο	Yes O No → Go	to Que	stion 20						
	,	ES, what activities or services did the per	` '	nave difficulty accessing or						

20.	Or or	n this vi ganized	isit, were you a d groups? Pleas	nd your personal g se mark (●) <b>one</b> fo	roup pa r each.	art of one o	f the foll	owing type	s of
	a)	Comm	ercial guided to	our group	0	Yes	0	No	
	b)	Schoo	l/educational gr	oup	0	Yes	Ο	No	
	c)	Other	group (scouts, v	work, church, etc.)	0	Yes	0	No	
	,	•		of these organized or the in this group?	groups,	about how	/ many	people,	
			_ Number of pe	eople in organized	group				
21.	a)			nd of personal grou re you with? Please			/school/	other	
		Ο	Alone		Ο	Friends			
		0	Family		Ο	Family and	d friends		
		0	Other (Please s	specify)					
	b)	On th	is visit, how ma	rsonal gro	up, inclu	ding yours	elf?		
			_ Number of pe	ople in personal g	roup				
c) On this visit, how many vehicles did you and your personal group use at the park? Please write 0 if you did not arrive by vehicle.									ive
			Number of ve	hicles		•			
22.		•	•	nal group on this vis		•	the follo	owing	
				b) <b>U.S. ZIP code</b>		ı <b>mber of v</b> (includ	isits to ing this		<b>NS</b> R
			a) Current age	name of countrounder than U.S	y (	c) In past 7 months	12 (	d) Lifetime date	to
Yo	urs	self			_				
Me	emb	oer #2			_				
Me	emb	oer #3			_				
Me	emk	oer #4			_				
Me	emb	oer #5			_				
Me	emb	oer #6			_				
Мє	emb	oer #7			_				

		_			_
Niobrara	Motional	Saania	Divor	\/ioitor	てもいるい
MUDDIAIA	Mallonai	Scenic	Rivei	VISILUI	Siuuv

O

None

Service(s)

26.	26. a) Which category best represents your annual <b>household</b> income? Please mark (●) <b>one</b> .						
0		Less than \$24,999	9 O	\$50,000-\$74,999	Ο	\$150,000-\$199,999	
0		\$25,000-\$34,999	0	\$75,000-\$99,999	0	\$200,000 or more	
0		\$35,000-\$49,999	0	\$100,000-\$149,999	0	Do not wish to answer	
	b) l	How many people	e are in y	our household?	Nu	mber of people	
27.		On this visit, what Niobrara National			group like <b>m</b>	ost about your visit to	
	,	On this visit, what Niobrara National	•	•	group like <b>le</b>	ast about your visit to	
28.	•		•	ing for the future of sonal group propos		ational Scenic River,	
29.		here anything els it to Niobrara Nati	· · · ·		oup would lik	e to tell us about your	
30.	opp vis	oortunities provide it? Please mark (	ed to you ●) <b>one</b> .	and your personal	group at Nic	ces, and recreational obrara NSR during this	
	'	Very poor	Poor	Average	Good	Very good	
		O	O	O	O	O	

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

# **OFFICIAL BUSINESS**

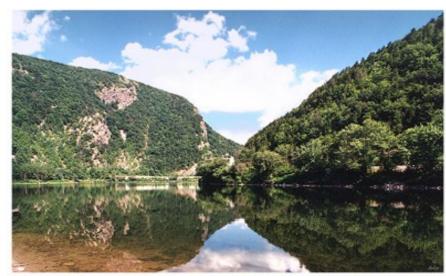
Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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. Dammary and Mt. Minst Delaware Water Gap National Recreation Area

OMB Approval 1024- (NPS #-)
Expiration Date: xx-xx-xxxx



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

Like this: (



Not like this: (1)





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

Thank you!

#### PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

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

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

### Your Visit To 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?							
	O Yes	Ο	No	0	Not sure			
2.	a) Prior to this Delaware W	visit, how did /ater Gap NR	you and A? Please	your person e mark (●) <b>a</b>	al group obtain informatio	n about ).		
	your person		er to obtain		n the future, how would y n about the park? Please			
<u>a)</u>	Prior to this vi	sit			b) Prior to future	visits		
Ο	Did not obta	in information	prior to	visit → Go	to part c of this questio	n		
Ο	Chamber of	commerce/vi	sitor bure	au		0		
Ο	Commercial outfitter (livery) websites							
Ο	Delaware Water Gap NRA website: www.nps.gov/dewa							
Ο	Other websites (Specify)							
O	Friends/rela	Friends/relatives/word of mouth						
Ο	Inquiry to pa	ark via phone,	mail, or	email		0		
Ο	Local busine	esses (hotels,	motels, i	estaurants,	etc.)	0		
Ο	Newspaper/	magazine art	cles			0		
Ο	Park brochu	re (overview	NPS broo	chure with m	ap, or topical brochures)	0		
O	Pocono Mou	untains Visitoi	Bureau			0		
O	Previous vis	sits				0		
O	Social media	a (such as Fa	cebook, <sup>-</sup>	Twitter, etc.)		0		
O	Television/ra	adio programs	s/videos/[	OVDs		0		
O	Travel guide	es/tour books	(such as	AAA, etc.)		0		
0	Other (Pleas	se specify bel	ow)			0		
	or to this visit e to OMB: all lone	g list (14 answ		Prior to futur	re visits versed in ½ of the questionn	 aires		

			e of ir									onal group receive park that you
		Ο	No		Ο	Yes	· <b>→</b>	Go t	o Qu	estion 3	3	
				type of pa al group r								ondid you and ecific.
3.	De	n this velaware lowing	e Wate	ere the si er Gap NF	gns d RA ac	irectir lequat	ng yοι te? Pl	u and lease	you	r person k (●) <b>on</b>	al group <b>e</b> answ	o to and around er for each of the
a)		erstate		3		Ο	Yes		Ο	No	0	Did not use
b)	Sta	ate hig	hway	signs		Ο	Yes		0	No	0	Did not use
c)	Sig	gns in	local c	ommuniti	es	Ο	Yes		0	No	0	Did not use
d)	Siç	gns in	the pa	rk		0	Yes		Ο	No	0	Did not use
e)	) If you answered NO for any of the above, how would you improve the signs?  Interstate											
	In	local c	ommu	nities								
	Wi	ithin pa	ark									
4.		How did this visit to Delaware Water Gap NRA fit into you and your personal group's travel plans? Please mark (●) <b>one</b> .										
	0	De	elawar	e Water (	Gap N	NRA w	vas th	e pri	mary	destinat	tion	
	0	De	elawar	e Water (	Gap N	NRA w	vas or	ne of	seve	ral desti	nations	
	0	De	elawar	e Water (	Gap N	NRA w	as no	ot a p	lann	ed destii	nation	
5.				Delaware se list par							ou and y	our group visit
			_ Num	ber of ho	urs (i	f less	than	24 ł	ours	s), OR		
			_ Num	ber of da	ıys ( <b>if</b>	24 h	ours (	or m	ore)			
6.	the	e night	t after	•	elaw	are W	ater (	Gap I	ŇRΑ΄	? If you s		<b>ght before</b> and at home, please
a)	ВЕ	FORE	visit:	Town/city	y						State	
b)	AF	TER \	/isit:	Town/city	<b>V</b>						State	

6	Delaware Water Gap NRA Visitor Study									
7.	support services (e	.g. gas,	food,	ies did you and your pe or lodging) for this visit t se mark ( <b>●</b> ) <b>all</b> that app	to Del	l group receive aware Water Gap				
O	None → Go to Ques	tion 8	0	Bushkill, PA		Blairstown, NJ				
O	Delaware Water Gap, PA		0	Layton, NJ	Ο	Montague, NJ				
O	Dingmans Ferry, PA		0	Milford, PA	Ο	Portland, PA				
0	Marshalls Creek, PA		0	East Stroudsburg, PA	Ο	Port Jervis, NY				
O	Shawnee on Delaware	e, PA	Ο	Stroudsburg, PA	0	Sussex, NJ				
O	Other (Please specify)									
	b) Were you and you needed in these co	•	_	up able to obtain all the	servio	ces that you				
	O No	0	Yes	→ Go to Question 8						
	c) If NO, what service	s were r	not ava	ailable?						
	Service (List)			Comments (Please	be sp	ecific)				
8.		n 20 mile		e <b>e reasons</b> for visiting the Delaware Water Gap NF						
	Resident of th	is part o	f Penr	nsylvania/New Jersey	<b>→</b> Go	to Question 9				
	Visit Delaware	e Water (	Gap N	IRA						
	Visit other are	a attract	ions (	shopping, etc.)						
	Visit friends/re	elatives								
	Business trip									
	Traveling thro	ugh - un	planne	ed visit						
	Recreation (ca	anoeing,	fishin	g, hiking, hunting, swim	ming,	etc.)				
	Other (Please	specify)								
9.	•	e write "	0" if yo	did you and your perso ou did not arrive by veh	_	oup use to arrive				

	b)		s visit, which forms of tra aware Water Gap NRA?					p use to arrive
		Ο	Private vehicle (car, SU	V, pickı	up, RV, r	notorcyc	le, etc.)	
		Ο	Rental or rideshare veh	icle	Ο	Commi	uter bus	
		0	Train		0	Other (	for examp	le: bicycle, walk
	c)		s visit, how many times o	did you	and you	r persona	al group e	nter Delaware
			Number of entries					
10.	a)		s trip, did you and your p are Water Gap NRA or v					
		Ο	Yes O	No	→ Go	on to Qı	uestion 1	1
	b)	If YES	, please list the number	of night	ts you ar	nd your p	ersonal gr	oup stayed.
			Number of nights in D	elaware	e Water (	Gap NRA	Λ.	
			Number of nights outs	ide Del	aware W	/ater Gap	NRA (wi	thin 20 miles)
	c)		In which types of lodgin s)? Please mark (●) <b>all</b> t	onal group	spend the			
	c)		Delaware Gap NRA				d) Outsid within 2	
		Ο	Lodge, motel, cabin, re	ented co	ondo/hon	ne, B&B		0
		0	RV/trailer camping					Ο
		0	Tent camping in a deve	eloped	campgro		0	
		Ο	Backcountry or river ca	amping				0
		n/a	Personal seasonal resi	dence				Ο
		n/a	Residence of friends o	r relativ	es			0
		0	Other (Please specify I	pelow)				0
Ins	side	e park_		_ Outs	ide park			
11.	a)		this visit to Delaware W personal (non-livery) ca				and your p	personal group
		Ο	Yes O No	→ Go	to Que	stion 12		
	b)	and c)	Please list your starting	and en	nding poi	nt on the	river.	
b)	Sta	arting p	oint	C	) Endina	point		

8	d) On this v	visit, whi	ch type(s)	of water	Delawar craft did you a		er Gap NI ur person		
	Please n	nark (●)	all that app	oly.		_		_	
0	None	0	Canoe	0	Kayak	0	Raft	0	Boat
Ο	Tube	Ο	Other (Pl	ease sp	pecify)				
12.					p NRA, in which all that apply		vities did	you and	your
					s in which you may participat				p have
a) 	Activities this visit					,	revious sits	c) Fut vis	
	0	Attendi	ng ranger p	orogram	ns		0	(	C
	0	Bicyclin	ng				0	(	С
	0	Bird wa	Bird watching/nature study				0 0		С
	0	Boating	Boating				Ο		С
	0	Campir	ng				0	(	С
	0	Canoei	ng with car	noe live	ries		0	(	С
	0	Canoei	ng with priv	/ate car	noes/kayaks		0	(	С
	0	Fishing	l				0	(	С
	0	Hiking/	walking				0	(	С
	0	Hunting	9				0	(	C
	0	Picnick	ing				0	(	С
	0	Swimm	ning				0	(	С
	0	Viewin	g scenery/r	iver vie	ws/waterfalls		0	(	С
	0	Visiting	historic sit	es			0	(	C

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.

Other (Please specify below)

This visit \_\_\_\_\_ Previous visits \_\_\_\_ Future visits \_\_\_\_

0

-011	awaro water cap mor vier	ioi Olaay				O		
13.	For this trip, please list the group visited the following site, please leave that line you locate the sites you	sites at Dela blank. <b>Use t</b> l	ware Wat	er Gap NRA.	If you d	id not visit a		
	Milford Beach		-	Smith	_ Smithfield Beach			
	Turtle Beach		_	Bushl	kill Acces	SS		
	Dingmans Boat La	unch	Рохоі	no Acces	SS			
	Pocono Environme	ntal Educatio	Hialea	ah Picnic	Area			
	Dingmans Falls/Vis	itor Center	_	Kittatt	iny Point '	Visitor Center		
	Bushkill Visitor Cer	nter	Overlooks (Resort Point, Point of Gap, Arrow Island)					
	Park Headquarters		Raymondskill Falls					
	Van Campens Gler	n Recreation	Site	Watergate Rec. Site				
	Dingmans Campgr	Childs Park Rec. Site						
	Valley View Campo	Valley View Campground			Riversbend Campground			
	Mohican Outdoor C	Mohican Outdoor Center			Millbrook Village			
	Peters Valley Art C	enter	-	Other (Please specify				
14.	a) On this visit to Delaware elements detract from years.							
Ele	ement	Not at all	A little	Moderate amount	A lot	Did not Experience		
Ca	mpfire rings	0	0	0	0	0		
Cro	owds	0	0	0	0	0		
Graffiti		0	0	0	0	0		
Hu	man waste	0	0	0	0	0		
Litt	er	0	0	0	0	0		
Oth	ner recreational users	0	0	0	0	0		
Pa	rk roads	0	0	O	0	0		

0

Amount of parking

Trailheads

Unmarked trails

Power-lines and signs

O

0

0

0

O

O

0

0

0

0

O

0

0

0

O

0

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

٠,	hike in Delaware Water Gap NRA?										
	Ο	Yes		Ο	No ·	→ Go	on to Qu	uestio	n 15		
•	peop	S, while car le, besides ( ●) <b>one</b> an	people	in your	persona						
Canoe	ers/K	ayakers	C	ampers		Oth	er boats		ŀ	likers	
0	No	ne	0	None		0	None		Ο	None	
0	1 -	100	0	1-20		0	1 - 20		Ο	1 - 20	
0	100	0 -250	0	21 or m	nore	0	21 or mo	ore	Ο	21 or more	
0	250	or more	0	Do not rememb	er	0	Do not remembe	er	0	Do not remember	
0		not ember									
an	<ol> <li>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.</li> </ol>										
0	1	Not intereste	ed in le	arning a	about the	park	→ Go to	Que	stion 1	6	
0	A	American In	dian he	eritage			(	0	Bird wa	atching	
0	(	Copper mini	ng				(	0	Fishing		
0	E	Ecology/con	servat	ion			(	0	Geolog	ЭУ	
0	ŀ	History and	historio	structu	res			0	Huntin	g	
0	1	Natural histo	ory				(	0	Loggin	g	
0	F	Recreationa	l oppo	rtunities	(canoeir	ng, etc	.)	0	Wildlife	e	
,	6. 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.								e a river		
	0	Not intere	sted ir	river ca	amping						
	0	Yes, likely	/	0	No, un	likely	0	No	t sure		

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?								
O Add to	O No	effect	O	Detract				
experience	on ex	perience		from expe	rience			
18. The National Park Service is scenic, historic and scientific enjoyment. How important is and your personal group? Pl	resources protection ease mark	s, while at the of the follo (●) <b>one</b> an	ne same tim wing resour Iswer for ea	e providing ces/attribu ch resourd	for public ites to you			
Park resource/attribute	Not important		Moderately important		Extremely important			
Clean drinking water	0	0	0	0	0			
Clean air (visibility)	0	O	0	Ο	0			
River with outstanding water quality	У О	O	0	0	0			
Geologic features (mountains, Delaware Water Gap, etc.)	0	Ο	0	0	0			
Historic features and buildings	0	Ο	0	0	Ο			
Educational programs/ opportunities	0	0	0	0	0			
Dark, starry night sky	0	Ο	0	0	Ο			
Lakes, waterfalls and other water features (other than river)	er O	0	0	0	0			
Native wildlife	Ο	Ο	0	Ο	Ο			
Native plants	Ο	Ο	0	Ο	Ο			
Natural quiet/sounds of nature	Ο	Ο	0	0	0			
Recreational opportunities (hiking, boating, fishing, etc.)	0	0	0	Ο	0			
Scenic views/vistas	0	Ο	0	0	0			
Swimming beaches	0	0	Ο	0	0			
Solitude	0	0	0	0	0			

17. There is a proposal to expand power lines within the river corridor through a

- 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 Mark (●)	1=Not in 2=Some 3=Mode 4=Very	ed, important? mportant ewhat important erately important important emely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
0	Assistance from park concession	naires		
0	Assistance from park rangers (la	nd-based)		
0	Assistance from park rangers (in	boat)		
0	Boat and canoe launch site signs	s/bulletins		
0	Delaware Water Gap NRA webs www.nps.gov/dewa (used befo		y visit)	
0	Launch site safety signs			
0	Park brochure/map			
0	Park ranger-led walks/programs			
0	Specialized bulletins (river guide canoe livery list, etc.)	,		
0	Trailhead signs/bulletin boards			
0	Visitor center staff			
0	Visitor center exhibits			
	d) If you and your personal group har services, please use the lines belo		nts on any of the	above information
	Service (List)	Comme	ent (Please be sp	pecific)

- 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) <b>Vis</b> Mark (	itor facilities used (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
0	Boat launches		
Ο	Developed campgrounds (Dingm Rivers Bend, Valley View)	ans,	
0	Canoe launches		
Ο	Highway directional signs (inside and outside the park)		
Ο	Hiking/biking trails		
0	Navigation aids		
0	Park overlooks/vistas		
0	Parking lots		
0	Picnic facilities		
0	Portable toilets/pit toilets		
0	Pull-offs		
0	Restrooms (other than portables		
Ο	River campsites		
Ο	Roads		
ple	you and your personal group have ease use the lines below.	·	
ra	cility (List)	Comment (Please be sp	ecific)

- 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.

			Outsid	le park	
	a) Inside par	K V	vithin 2	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	\$	(cas	\$ sinos, i	resorts, etc.)	
All other purchases (souvenirs, books, sporting goods, clothing, etc.)	\$		\$		
Donations	\$		\$		
c) How many people do the above expe	nses cover?				
Plea	ldren (under 18 ase write "0" if no ered by the expe	children	 were		
<ol> <li>On this visit, were you and your persona groups? Please mark (●) one for each.</li> </ol>	ll group part of	the follov	ving typ	pes of organi	zed
a) Commercial guided tour group	0	Yes	O	No	
b) School/educational group	Ο	Yes	0	No	
c) Other (scouts, work, church, senior cent	er) O	Yes	0	No	
d) If you were with one of these organized yourself, were in this group?	groups, about l	how man	y peop	ole, including	
Number of people in organize	ed group				

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

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

16			De	laware Water C	Sap NRA Visit	or Study		
	0	0	0	0	0			
Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.								
	,			<b>⊗</b> Pr	inted on recycled p	oaper		

# **OFFICIAL BUSINESS**

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

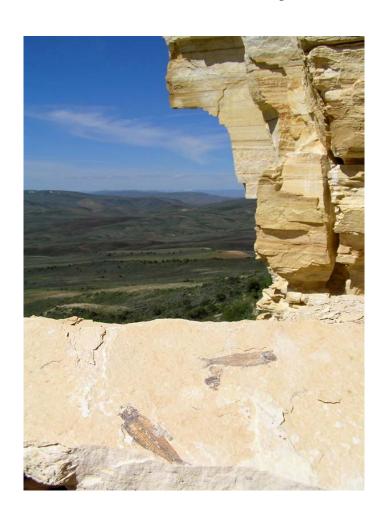


Social Science Division National Park Service U.S. Department of the Interior

**Visitor Services Project** 

## Fossil Butte National Monument

### **Visitor Study**



OMB Approval 1024-XXXX (NPS# xx-XXX)

Expiration date: XXX-xxxx



#### **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

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

#### **DIRECTIONS**

At the end of your visit:

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

Like this:

Not like this: (1)





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

Thank you!

#### PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

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

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

- 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).

<u>a) Pr</u>	ior to this visit b) Prior to	<u>future visits</u>			
0	Did not obtain information prior to visit → Go to part b of this	question			
Ο	Chamber of commerce/visitors bureau/state welcome center	0			
Ο	Inquiry to park via phone, mail, or email	0			
Ο	Fossil Butte National Monument website: www.nps.gov/fobu	0			
Ο	Other websites	0			
Ο	Friends/relatives/word of mouth	0			
Ο	Maps/brochures	0			
Ο	Newspaper/magazine articles	0			
Ο	Previous visits	0			
Ο	School class/program	0			
Ο	Signs on highway	0			
Ο	Social media (e.g., Facebook, Twitter, etc.)	0			
Ο	Television/radio programs/videos	0			
Ο	Travel guides/tour books (such as AAA, etc.)	0			
Ο	Other (Please specify below)	0			
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?				
	O No O Yes → Go to Question 2				

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

	On this trip, what was the <b>primary</b> reason that you and your personal group came to the Fossil Butte National Monument <b>area</b> ? Please mark (●) <b>one</b> .								
Ο	R	esident of the area	a (within	30 miles of the park)	→ Go	to Question 3			
Ο	В	usiness							
Ο	Т	raveling through -	unplann	ed visit					
Ο	V	isit Fossil Butte Na	itional M	lonument					
0	V	Visit friends/relatives in the area							
0	V	Visit other attractions in the area							
0	С	ther (Please speci	fy)						
, (i	e.g. i		od, lodo k (●) <b>all</b>		•				
(			0	Rock Springs/	0	Salt Lake City, UT			
	O	Kemmerer/ Diamondville, W	Y	Green River, WY					
	) )		Y O	Green River, WY Jackson, WY	0	Montpelier, ID			
		Diamondville, W	Ο	,		•			
() () () ()	D D Vere	Diamondville, W Evanston, WY Vernal, UT	O O onal gro	Jackson, WY	eify) _				
() () (b) W	D D Vere	Diamondville, Wievanston, WY Vernal, UT you and your pers	O O onal gro	Jackson, WY Other (Please spec	eify) _	services that you			

6							Fos	ssil Butte	National	Monu	ment Visitor Study
4.	On this trip, where did you and your personal group stay on the <b>night before</b> and the <b>night after</b> visiting Fossil Butte National Monument? If you stayed at home, please write the name of the town/city and state where you live.										
a	a) B	EFOR	RE visit:	Town/cit	ty					St	ate
b	) A	FTER	visit:	Town/cit	ty					St	ate
5. a) On this trip, did you and your personal group stay overnight <b>away from your permanent residence</b> in the surrounding area of Fossil Butte National Mo (within 30 miles of the park)?											
		0	Yes		0	No	<b>→</b>	Go to Q	uestion	6	
	b)			se list the			_	•			al group stayed in
			Num	nber of ni	ghts in	the s	surr	ounding	area out	tside th	ne park
	c)	outsi		k in surroi							pend the night(s) )? Please mark (●)
		Ο	Lodg	es, motel	s, vac	ation	rent	tals, B&B	, etc.		
		Ο	RV/tr	ailer cam	ping						
		0	Tent	camping	in dev	elope	ed ca	ampgrou	nd		
		Ο	Back	country c	ampin	g					
		О	Seas	onal resid	dence						
		0	Resid	dence of t	friends	or re	elativ	ves			
		0	Othe	r (Please	specif	·y)					
6.	be	etwee	n your (	hich form overnight lease ma	accon	nmoc	latio	ns or ho	ou and y me and F	our gro Fossil E	oup use to travel Butte National
	C	) F	Private	vehicle (d	car, SL	JV, pi	cku	p, van, e	tc.)	0	On foot
	C	) F	RV (ren	ted or ow	/ned)					Ο	School bus
								Tour bus			

Other (Please specify)

0

Motorcycle

Ο

0

Bicycle

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 On this visit to Fossil Butte National Monument, what park sites did you and your personal group visit? Please mark (●) all that apply. Administrative Visitor center 1 Kilometer Road 1 Mile O Hiking trails O Historic Quarry Administrative O 7.5 mile scenic drive Roads Scenic, Fossil Lake Trail O Hike/bike Picnic area Drive Administrative roads O Chicken Creek **Visitor Center FOSSIL BUTTE** Picnic Area **NATIONAL** MONUMENT O Other (Please specify) Historic Quarry To Cokeville 300 To Kemmerer a) What did you and your personal group like most about your visit to Fossil Butte 9. National Monument? b) What did you and your personal group like **least** about your visit to Fossil Butte **National Monument?** 

O

No

, ,	ou were to visit the park in the future, in which activities would sonal group prefer to participate? Please mark (●) <b>all</b> that app	,
<u>a) <b>Ac</b></u>	tivities on this visit b) Activities o	n future visit
0	Attending ranger-led talks/programs	0
0	Creative arts (photography/drawing/painting/writing)	0
0	Mountain biking	0
0	Fossil preparation demonstrations	0
0	General sightseeing/7.5 mile scenic drive	0
0	Interactive electronic ranger computer program	0
0	Nature study (birdwatching, wildlife viewing, stargazing)	0
0	Roving rangers available to answer questions	Ο
0	Participating in Junior Ranger program	0
Ο	Participating in Senior Ranger program	0
0	Picnicking	0
0	Viewing video programs	0
0	Viewing visitor center exhibits	Ο
0	Visiting visitor center	Ο
0	Walking/hiking	Ο
0	Other (Please specify below)	0
nis visit:	Future visit:	
	nich <b>one</b> of the above activities was most important to you and oup on this visit to Fossil Butte National Monument? Please lis	

O Yes → Go to Question 12

	b) If NO, what prevented you and your personal group from participating in ranger-led talks/programs? Please mark (●) <b>all</b> that apply.									
	0	Not interested in		` ,						
	0	Did not have time	Did not have time for this activity							
	0	Not aware of any	Not aware of any ranger-led talks/programs offered at the park							
	0	Programs not offe	ered when	we wei	e there					
	0	Other (Please spo	ecify)							
12.		utte National Monun n your opinion, wha					-	ice to the		
13.	a) Fossil relate visit.	Butte National Moduline	onument e ossils. Ple	xhibits a	and ranger-le rk (●) <b>all</b> the	d progra topics ye	ams disc ou learne	uss topics ed on this		
C	Did	not learn about an	y topics or	n this vi	sit	part c	of this q	uestion		
		e indicate how mu g your visit. Please					topic im	proved		
	c) Next, future	mark (●) the topics visit.	s you wou	ld be int	terested in le	arning m	nore abo	ut on a		
•	earned o		Level of	unders	tanding imp	roved?	•	erested ire visit?		
	ilis visit :	i 	Not at all	A little	Somewhat	A lot	Yes			
0	How fos	ssils form	0	0	0	0	0	0		
O		s that wide variety s are found in park	0	0	0	0	0	0		
0		s fossils are found os of ridges	0	0	Ο	Ο	0	Ο		
0		s fossils are so nt in park	0	0	Ο	Ο	0	Ο		
Ο		s fossils are so served in park	0	0	Ο	0	0	Ο		
Ο		cks containing vere formed	0	0	0	0	0	0		

		ease list any additional topics you and rning about Fossil Butte National Mo		
14.	follo	u were to visit Fossil Butte National N wing additional facilities would you lik apply.	Monumo ke to ha	ent in the future, which of the ave available? Please mark (●) <b>al</b> l
	Ο	Additional hiking trails	0	Horseback riding trails
	0	Mountain biking trails	0	Nearby camping facilities
	0	Expanded visitor center	0	Handicapped accessible trail
	0	Other (Please specify)		
15.	and	rou were to visit Fossil Butte Nationad your personal group prefer to learn tures of the park? Please mark (●) a	about	cultural and natural history/
	Ο	Not interested in learning about th	e park	→ Go to Question 16
	0	Junior Ranger program	0	Indoor exhibits
	Ο	Other children's programs	0	Outdoor exhibits
	0	Senior Ranger program	0	Self-guided tours
	Ο	Ranger-led interpretive programs	0	Nature camp
	0	Volunteer opportunities (in park)		
	Ο	Audiovisual programs (DVD, video	o, or au	dio)
	0	Electronic media/devices available podcasts, interactive computer		,
	0	Printed materials (brochures, book	ks, map	os, etc.)
	0	Park website: www.nps.gov/fobu		
	0	Other (Please specify)		
		nat length of ranger-led program wou end?	ıld you	and your personal group like to
	Ο	Under 1/2 hour O 1/2	- 1 hou	ır O 1 - 2 hours
	0	Other (Please specify)		

16.	a)	In you	r opinion, are car	npgro	unds	needed ne	ar Fossil	Butte Nationa	al Monument?
		Ο	No	Ο	Yes				
	b)		pgrounds were p em on a future vi		d, wo	ould you an	d your pe	ersonal group	be likely to
		0	Yes, likely	Ο	No,	unlikely	Ο	Not sure	
17.	a)		d you or member nal Monument ag	-	-	_	up consi	der visiting Fo	ossil Butte
b	))		Yes d you or member nal Monument to	-	-	ersonal gro	up recon	t sure nmend visiting	g Fossil Butte
		Ο	Yes	Ο	No	(	О Мо	t sure	
	Mo for att	onume r public tributes	National Park Ser nt natural, scenic enjoyment. How in the park to yo resource/attribute	, and impo u and	cultur rtant i	al resource is protectio	es while a on of the f	at the same ti following reso	me providing urces/
Res	οι	ırce/at	tribute		lot ortant	Somewhat important	Moderate importa		Extremely important
Clea	an	air (vis	sibility)	(	0	0	0	0	0
Clea	an	water		(	0	0	0	0	0
Dark	ζ, \$	starry r	night sky		0	0	Ο	0	0
		tional ¡ unities	orograms/	(	0	0	0	0	Ο
Foss	sils	5		(	0	0	Ο	0	0
Nati	ve	plants		(	0	0	Ο	0	Ο
Nati	ve	wildlife	е	(	0	0	Ο	Ο	Ο
			enance of pads/trails		0	Ο	0	Ο	0
Natu	ıra	al quiet	sounds of nature	)	0	0	0	0	0
Rec	rea	ational	opportunities		0	Ο	0	Ο	Ο
Scei	nic	views	ı	(	0	Ο	0	0	0
Onn	or	tunition	s for solitudo		$\sim$	_		0	

- 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.

<b>a) Visit</b> o Mark (●	or services and facilities used	b) If used, how important?  1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
0	Bookstore sales items (selection, price, etc.)		
Ο	Assistance from park staff		
Ο	Directional signs inside the park		
Ο	Junior Ranger program		
0	Senior Ranger program		
Ο	Picnic area		
Ο	Park brochure/map		
Ο	Picnic table at Historic Quarry park	ing area	
Ο	Ranger-led programs		
0	Restrooms		
0	Roadside exhibits		
0	Trails		
Ο	Trailside exhibits		
Ο	Videos/films		
Ο	Visitor center exhibits		
Ο	Park website: www.nps.gov/fobu		

Fossil Butte National Monument Visitor Stud	y		13					
	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.							
O Did not use park website								
			_					
20. For you and your personal group, please listed below for this visit to Fossil Butte Narea (within 30 miles of the park). Pleas particular category.	National Monument	and the surrounding	g					
a) Please list your group's total expendit	ures in Fossil Butte	e National Monumen	ıt.					
b) Please list your group's total expendit park (within 30 miles of the park).	ures in the <b>surrou</b> i	nding area outside	the					
NOTE: Surrounding area residents should just for this trip to Fossil Butte Na		ditures that were						
	<b>EXPEN</b> a) Inside park	NDITURES 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.

<b>-</b> 1.	uj		ult to access or partic	-	•				mac made it
		0	Yes	Ο	No	<b>→</b>	Go on to	Questio	n 22
b) If YES, what services or activities were difficult to acc							ult to acces	s/partici	pate in?
<ul> <li>c) Because of the physical condition, what specific problems did that have? Please mark (●) all that apply.</li> <li>O Hearing (difficulty hearing ranger programs, bus drivers, a exhibits or programs, or information desk staff, even with the physical condition.</li> </ul>							cific probler	ns did th	ne person(s)
	O Visual (difficulty seeing exhibits, directional signs, or visual aids that a part of programs, even with prescribed glasses or due to blindness								
		0	Mobility (difficulty acwalking aid and/o			s, s	ervices, or	program	s, even with
		Ο	Other (Please spec	ify)					
22.			visit, were you and yoed groups? Please m					followin	ng types of
	a)	Com	mercial guided tour g	roup		O	Yes	0	No
	b)	Scho	ol/educational group			O	Yes	0	No
	c)		r organized group outs, work, church, et	c.)		Ο	Yes	0	No
	d)	•	u were with one of the ding yourself, were in	_	_	rou	ps, about h	ow mar	y people,
			Number of people	in organ	nized g	rou	р		
23.	a)		nis visit, with what kin nized group) were you					ed tour/s	school/other
	0	P	Alone			O	Friends	3	
	0	F	amily			O	Family	and frie	nds
	0		Other (Please specify)	)					
	b)		his visit, how many poself?	eople we	re in y	our	personal g	roup, in	cluding

\_\_\_\_\_ Number of people in personal group

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

				Frequency of visits to Fossil Butte National Monument			
	_	a) Current age	b) U.S. ZIP code or name of country other than U.S.	(inclue) c) <b>In pa</b> <b>year</b>		visit) d) <b>Lifetime</b> to date	
	Yourself						
	Member #2						
	Member #3						
	Member #4						
	Member #5						
	Member #6						
	Member #7						
25.			g for the future of Fos onal group propose? I				
26.	Is there anything visit to Fossil But		your personal group vonument?	would like	e to tell u	s about you	
27.	opportunities pro	vided to you a	e quality of the facilitie and your personal gro ease mark (•) <b>one</b> .				
	Very poor	Poor	Average	Good	Very	good	
	0	Ο	Ο	0	0		
	ank you for your h p it in any U.S. ma		eal the questionnaire	with the s	stickers p	orovided and	

# **OFFICIAL BUSINESS**

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