

# Instrument C – Transportation Effects on Auto Touring Experience, Park Roads – MORA

2011



**ID:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ AM/PM

**A. Trip Description**

**1. Including yourself, how many people are in your personal group today? [Topic Area 1. GR3]**

\_\_\_\_\_ Number of people

**2. Are there any children under the age of 16 in your group today? (Check one.)  
[Topic Area 1. VARIATION GR3]**

- Yes (\_\_\_\_\_ Number of children)
- No

**3. At which location did you enter this part of Mount Rainier National Park today?  
(Check one.) [Topic Area 3. TRIPC2]**

- Nisqually Entrance Station
- Stevens Canyon Entrance Station
- Don't know/Not sure

**4. Approximately what time did you enter at the location you listed in Question 3?  
[Topic Area 3. VARIATION TRIPC4]**

Approximate time entered: \_\_\_\_\_AM/PM or  Don't know/Not sure

**5. Which of the following activities have you or do you plan to do during this visit to  
Mount Rainier National Park? (Check all that apply.)**

**[Topic Area 3. VARIATION ACT18]**

- Day hike
- Bicycle
- Picnic
- Drive to view scenery
- View wildflowers
- View wildlife
- Take photographs
- Visit a visitor center
- Play in the snow
- Backpack
- Mountaineer/climb
- Attend a park service naturalist program
- Tour Longmire Museum
- Camp overnight in a campground
- Stay overnight at Longmire Inn or Paradise Lodge
- Shop for souvenirs
- Eat at one of the eating establishments within the park
- Other (Please specify: \_\_\_\_\_)

6. Which of the activities listed in Question 5 would you consider to be your primary activity during this visit? **[Topic Area 3. ACT23]**

\_\_\_\_\_ Primary activity

7. Which of the following locations have you or do you plan to visit during this trip to Mount Rainier National Park? (Check all that apply.) **[Topic Area 3. ACT19]**

- Westside Road
- Longmire
- Comet Falls
- Cougar Rock
- Ricksecker Point
- Paradise area
- Ohanapecosh
- Tipsoo Lake
- White River
- Box Canyon
- Sunrise area
- Carbon River area
- Mowich Lake area
- Other (Please specify: \_\_\_\_\_)

8. Which of the following description best fits your group during this visit to Mount Rainier National Park? (Check one.) **[Topic Area 2. VARIATION TPLAN4]**

- We had not determined any specific destinations to visit before entering the park
- Before entering the park we had decided on ONE destination as the focus of our visit  
( \_\_\_\_\_ Name of destination)
- Before entering the park we had decided on multiple destinations, all of which are important to our visit  
( \_\_\_\_\_ Name of destination)  
( \_\_\_\_\_ Name of destination)  
( \_\_\_\_\_ Name of destination)  
( \_\_\_\_\_ Name of destination)  
( \_\_\_\_\_ Name of destination)

**9. Prior to arriving in the park, which of the following sources of information did you use to plan this visit to Mount Rainier National Park? (Check all that apply.)**  
**[Topic Area 2. TPLAN11]**

- Received no prior information
- Knowledge from previous visit(s)
- Family/friends/word of mouth
- Travel guide/Tour book
- Convention/Visitor Bureau
- Radio/Television
- Newspaper/Magazine article
- Hotel/Motel
- National Park website ([www.nps.gov/mora](http://www.nps.gov/mora))
- Other website (Please specify): \_\_\_\_\_
- Local business (Please specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

**B. The Visitor Experience**

**10. How important to you was each of the following reasons for taking this trip to Mount Rainier National Park? (Check one box for each item.)**

**[Topic Area 4. VARIATION PREF1]**

	<b>Extremely important</b>	<b>Very important</b>	<b>Moderately important</b>	<b>Slightly important</b>	<b>Not important</b>
Enjoying scenic views/natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing sounds of nature and natural quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying clean air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about natural resources of the park (e.g., glaciers, volcanoes, plants, wildlife, ecology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about park history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing a sense of connection with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a break from the “daily routine”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. What have you most enjoyed about your visit to Mount Rainier National Park today? (Please tell us up to three things you enjoyed most.) [Topic Area 6. EVALSERV25]**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**12. What have you least enjoyed about your visit to Mount Rainier National Park today? (Please tell us up to three things you enjoyed least.) [Topic Area 6. EVALSERV24]**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

13. If you could ask the National Park Service to change some things about the way they manage this area of the park, what would you ask them to do?  
**[Topic Area 6. VARIATION EVALSERV7]**

*(Please tell us up to three things you would ask to be changed.)*

- a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

14. A. We would like to know how acceptable you would find various traffic conditions while driving on the park road. To help judge this, imagine that you are traveling on the park road, making your way up the mountain to Paradise and rate how acceptable the level of traffic depicted in each of the photographs in the binder would be. (Circle one number for each photograph.) **[Topic Area 5. VARIATION VERP1]**

	Very Unacceptable					Very Acceptable				
Photo 1...	-4	-3	-2	-1	0	+1	+2	+3	+4	
Photo 2...	-4	-3	-2	-1	0	+1	+2	+3	+4	
Photo 3...	-4	-3	-2	-1	0	+1	+2	+3	+4	
Photo 4...	-4	-3	-2	-1	0	+1	+2	+3	+4	
Photo 5...	-4	-3	-2	-1	0	+1	+2	+3	+4	
Photo 6...	-4	-3	-2	-1	0	+1	+2	+3	+4	

- B. Which photograph shows the level of vehicle traffic you would prefer to see?  
**[Topic Area 5. VARIATION VERP2]**

Photo number: \_\_\_\_\_

**C. Which photograph shows the maximum amount of vehicle traffic the National Park Service should allow? In other words, at what point should the number of visitors driving on the park road be limited? (Record a photo number or check one of the boxes.) [Topic Area 5. VARIATION VERP3]**

Photo number: \_\_\_\_\_

OR

None of the photographs show a high enough level of vehicle traffic to limit the number of visitors driving on the park road.

OR

The number of visitors driving on the park road should not be limited.

**D. Which photograph looks most like the traffic conditions you have experienced while driving on the park road today? (Record a photo number or check the box.) [Topic Area 5. VARIATION VERP4]**

Photo number: \_\_\_\_\_

OR

Don't know/Not sure

15. A. We would like to know how acceptable you would find various traffic conditions while driving on the park road. To help judge this, imagine that you are traveling on the park road, making your way up the mountain to Paradise and indicate how acceptable each of the following traffic scenarios would be. (Circle one number for each scenario.) [Topic Area 5. VARIATION VERP1]

Traffic conditions are...		Very Unacceptable					Very Acceptable				
A	Free-flowing, with few other vehicles.	-4	-3	-2	-1	0	+1	+2	+3	+4	
B	Mostly free-flowing, with brief periods when you must slow down due to the presence of other vehicles.	-4	-3	-2	-1	0	+1	+2	+3	+4	
C	Steady traffic flow, but your speeds are slowed by other vehicles about half the time.	-4	-3	-2	-1	0	+1	+2	+3	+4	
D	Variable traffic flow, where you must often slow and return to desired speeds.	-4	-3	-2	-1	0	+1	+2	+3	+4	
E	Stop and start traffic flow, with frequent brief stoppages.	-4	-3	-2	-1	0	+1	+2	+3	+4	

- B. Which of the traffic descriptions in Question 15A describes the maximum amount of vehicle traffic the National Park Service should allow? In other words, at what point should the number of visitors driving on the park road be limited? [Topic Area 5. VARIATION VERP2]

Max. traffic congestion the NPS should allow: \_\_\_\_\_ (Enter a letter from Question 15A)

OR

- None of the traffic conditions describe a high enough level of traffic congestion to limit the number of visitors driving on the park road.

OR

- The number of visitors driving on the park road should not be limited.



**C. Which of the traffic descriptions in Question 15A is most like the traffic conditions you have experienced while driving on the park road today? [Topic Area 5. VARIATION VERP4]**

Traffic description most like today: \_\_\_\_\_ (*Enter a letter from Question 15A*)

OR

Don't know/Not sure

**16. Please rate the importance of traffic conditions to your overall enjoyment of Mount Rainier National Park? (Check one.) [Topic Area 4. VARIATION PREF2]**

- Not important
- Slightly important
- Moderately important
- Very important
- Extremely important

17. How much of a problem have each of the following items been for you during your visit today? (Check one box for each item.) [Topic Area 6. VARIATION OPMGMT2]

	Not a Problem	Small Problem	Big Problem
Too many cars on the road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many large vehicles (e.g., buses, campers) on the road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many bicycles on the road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding a parking place at scenic overlooks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding a parking place at park destinations (e.g., Longmire, Paradise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People walking on, across, or along the road.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many people at scenic overlooks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough park orientation information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough signs with directions to park destinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic delays at the park entrance station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cars parked illegally (on road shoulders, in “no parking” areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road traffic noise that interferes with enjoyment of natural sounds and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How much of a problem do you feel traffic congestion is at different locations in Mount Rainier National Park? (Check one box for each item.) [Topic Area 6. VARIATION OPMGMT2]

Location	Not a Problem	Small Problem	Big Problem
At the park entrance/exit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving on park roads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In parking areas at primary destinations (e.g., Paradise, Longmire).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At scenic overlooks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C. Background Information

19. **What is your gender? (Check one.) [Topic Area 1. GEND2]**
- Male
  - Female
20. **In what year were you born? [Topic Area 1. AGE1]**
- Year born: \_\_\_\_\_
21. **Do you live in the United States? (Check one.) [Topic Area 1. RES1]**
- Yes (What is your zip code? \_\_\_\_\_)
  - No (What country do you live in? \_\_\_\_\_)
22. **What is the highest level of formal education you have completed? [Topic Area 1. VARIATION ED2] (Check one.)**
- Some high school
  - High school graduate or GED
  - Some college, business or trade school
  - College, business or trade school graduate
  - Some graduate school
  - Master's, doctoral or professional degree
23. **Are you Hispanic or Latino? (Check one.) [Topic Area 1. RACE/ETH2]**
- Yes
  - No
24. **What is your race? (Check all that apply.) [Topic Area 1. RACE/ETH3]**
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White

**Thank you for your help with this survey! Please return it to the surveyor.**

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