

Survey #: _____

PAOT: Min _____ Max _____

Time: _____

Location: _____

Date: _____

Attachment 1.

“Understanding and Managing Soundscapes in National Parks: Sequoia and Kings Canyon National Parks Visitor Use Survey”

Today we are conducting a visitor survey that includes a listening portion which directs your attention to the sounds of the park. If you are interested in participating, you will be asked to **fill out a checklist to identify sounds you heard today**. This survey will be used to help the National Park Service (NPS) understand the effects of natural and human sounds in the park. This exercise is voluntary and anonymous. It will take approximately 5-10 minutes to complete.

Step 1: The listening portion of this survey will be led by an NPS volunteer. Remember that all sounds are included, both human and natural.

Step 2: Close your eyes and relax, and keep track of each individual sound that you heard.

Step 3: While holding your concentration, focus on the sounds you have heard. Now, please take a moment to fill out the attached sheet before speaking with other participants about what you have heard. This exercise begins on the next page.

Step 4: **Please put a ✓ check mark next to each sound that you heard during the exercise.** If a sound is not listed, please write the sound(s) in the blank spaces provided at the bottom of the **SOUNDS** column on page 4. **Again, only put a ✓ check mark next to each sound that you actually heard during the exercise.**

Step 5: Under the **FEELINGS OR EMOTIONS ASSOCIATED WITH SOUNDS** column, please list any feelings or emotions that you associated with each of the sounds you checked ✓. **Please only respond questions corresponding to sounds you actually heard.**

Examples: I felt *relaxed* because the stream was soothing to me.

I felt *annoyed* because the bird was beeping like an alarm clock.

I felt *frustrated* because the dog was barking when I wanted peace and quiet.

Step 6: Under the **ACCEPTABILITY OF SOUNDS AT THIS LOCATION** column, please circle one number which best describes how unacceptable or acceptable the sound was for this location in the park: The scale is on a continuum from: - 4 as very unacceptable, - 2 as slightly unacceptable, 0 as neutral, +2 as slightly acceptable, and + 4 as very acceptable.

Step 7: Under the **PERSONAL INTERPRETATION** column, please circle one number which best describes how pleasing or annoying the sound was to you: The scale is on a continuum from: -4 as very annoying, - 2 as slightly annoying, 0 as neutral, +2 as slightly pleasing, and + 4 as very pleasing.

Step 8: Please answer a few questions about yourself and your group on page 5.

Thank you for your participation!

SOUNDS	DID YOU HEAR THIS SOUND?	ACCEPTABILITY OF SOUND AT THIS LOCATION					PERSONAL INTERPRETATION OF THIS SOUND					FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND								
		Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing									
Wind	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Wind, through pine trees	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Wind, rustling leaves	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Water, streams, rivers, etc.	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Rain	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Thunder	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Animal, small (e.g. squirrel)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Animal, large (e.g. deer)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Bird song	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Bird chatter (e.g. Jay)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Insect (s)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Animal, unknown	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

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		Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing									
People	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Voices	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Soft voice, whisper	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Group, talking	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Group, loud or yelling	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Adult, loud or yelling	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Children, loud or yelling	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Child, crying	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Group activities (gathering or shuffling)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Walking sounds	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Walking sticks	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Camera	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

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		Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing									
Cell phone	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Headset or iPod	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Technology Sounds, Unknown	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Unknown	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Jet	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Propeller	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Helicopter	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Vehicle	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Shuttle bus	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Car horn	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Car door	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Engine noise, Unknown	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Motorcycle	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Grounds Care (trail work, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Other:	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

