



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

Visitor Services Project

# Congaree National Park

## Visitor Study

Insert photo



IN REPLY REFER TO:

**United States Department of the Interior**NATIONAL PARK SERVICE  
Congaree National Park  
100 National Park Road  
Hopkins, SC 29061

Summer 2011

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Congaree 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 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 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](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

(insert electronic signature)

Tracy Swartout  
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 #2 pencil.

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

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

Thank you!

**PRIVACY ACT and PAPERWORK REDUCTION ACT STATEMENT:**

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your personal group on the questionnaire. The Paperwork Reduction Act requires us to tell you that 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.

### Please tell us about your visit to Congaree National Park

NOTE: In this questionnaire, your **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.

#### Topic Area 2 – Trip Planning (TPLAN11)

1. Prior to your visit, how did you and your personal group obtain information about Congaree National Park (NP)? Please mark (●) **all** that.

- Did not obtain information prior to visit → **Go to question 2**
- Chamber of Commerce/visitors bureau/state welcome center
- Friends/relatives/word of mouth
- Highway signs
- Inquiry to park/forest via phone, mail or e-mail
- Congaree NP website: [www.nps.gov/cong](http://www.nps.gov/cong)
- Other websites — which one(s)? \_\_\_\_\_
- Local businesses (hotels, motels, restaurants, etc.)
- Maps/brochures
- Newspaper/magazine articles
- Other National Park Service sites
- Previous visits
- School class/program
- Social media (such as Facebook, Twitter, etc.)
- Television/radio programs/videos
- Travel guides/tour books (such as AAA, etc.)
- Other (Please specify) \_\_\_\_\_

#### Topic Area 1 – Knowledge (KNOW 1 variation)

2. Prior to your visit, were you and your group aware of what programs (ranger-led walks, canoe trips, presentations, school group tours, etc.) were offered in Congaree NP?

- Yes                       No

**Topic Area 2 – Trip Planning (TPLAN6 variation)**

3. a) In 2003, Congaree Swamp National Monument became Congaree National Park. Did this name change have any effect on your decision to visit?

Yes                       No                       Not sure

b) If YES, what effect did it have? Please be specific. \_\_\_\_\_

\_\_\_\_\_

**Topic Area 1 – Knowledge (KNOW 9 variation)**

4. a) Prior to your visit, were you aware of what congressionally designated wilderness is?

Yes                       No                       Not sure

b) If NO, did you and your group learn about congressionally designated wilderness during your visit?

Yes                       No

**Topic Area 2 - Trip Planning (TPLAN 4 variation)**

5. On this trip, what was the **primary** reason that you and your personal group came to the Congaree NP **area** (within 1-hour drive of the park)? Please mark (●) **one**.

Resident of the area (within 1-hour drive of the park) → **Go to Question 6**

Visit Congaree NP

Visit other attractions in the area

Visit friends/relatives in the area

Traveling through – unplanned visit

Business

Other (Please specify) \_\_\_\_\_

**Topic Area 3 - Trip Characteristics (TRIPC 13, 14 and 15)**

6. a) On this trip, did you and your personal group stay overnight away from your **permanent residence** either inside Congaree NP or within the nearby area (within 1-hour drive of the park)?

Yes                       No → **Go to Question 7**

b) If YES, please list the number of nights you and your personal group stayed in Congaree NP and the area (within 1-hour drive of the park).

\_\_\_\_\_ Number of nights inside the park

\_\_\_\_\_ Number of nights in the **area** outside the park

c & d) In which types of lodging did you and your personal group spend the night(s) in Congaree NP and the area (within 1-hour drive of the park)? Please mark (●) **all** that apply.

c) **Inside** park

d) **Outside** park in surrounding area  
(within 1-hour drive of park)

- |                       |   |                       |
|-----------------------|---|-----------------------|
| n/a                   | Lodge, hotel, motel, vacation rental, B&B, etc. | <input type="radio"/> |
| <input type="radio"/> | RV/trailer camping                              | <input type="radio"/> |
| <input type="radio"/> | Tent camping                                    | <input type="radio"/> |
| <input type="radio"/> | Backcountry camping                             | <input type="radio"/> |
| n/a                   | Residence of friends or relatives               | <input type="radio"/> |
| n/a                   | Personal seasonal residence                     | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify)                          | <input type="radio"/> |

Other inside \_\_\_\_\_ Other outside \_\_\_\_\_

### Topic Area 2 - Trip Planning (TPLAN C 29)

7. On this visit, what sites did you and your personal group visit in the Congaree NP area (within 1-hour drive of the park)? Please mark (●) **all** that apply.

- |                       |   |                       |                                  |
|-----------------------|---|-----------------------|----------------------------------|
| <input type="radio"/> | Did not visit any other sites → <b>Go to Question 9</b> |                       |                                  |
| <input type="radio"/> | Lake Murray   | <input type="radio"/> | Ft. Jackson Army Training Center |
| <input type="radio"/> | National Advocacy Center                                | <input type="radio"/> | Harbison State Forest            |
| <input type="radio"/> | EdVenture   | <input type="radio"/> | The State Capitol                |
| <input type="radio"/> | Riverbanks Zoo  | <input type="radio"/> | University of South Carolina     |
| <input type="radio"/> | Shaw Air Force Base                                     | <input type="radio"/> | Columbia Museum of Art           |
| <input type="radio"/> | South Carolina State Parks                              | <input type="radio"/> | Columbia Metropolitan Airport    |
| <input type="radio"/> | South Carolina State Museum                             |                       |                                  |
| <input type="radio"/> | Other (Please specify) _____                            |                       |                                  |

**Topic Area 3 - Trip Behaviors (ACT22)**

8. On this visit, in which activities did you and your personal group participate within Congaree NP? Please mark (●) **all** that apply.

- |   |  |
|---|--|
| <input type="radio"/> Attending ranger-led programs             | <input type="radio"/> Backpacking        |
| <input type="radio"/> Citizen Science program                   | <input type="radio"/> Birdwatching       |
| <input type="radio"/> Exercising (jogging, rollerblading, etc.) | <input type="radio"/> Camping            |
| <input type="radio"/> Nature study (other than birdwatching)    | <input type="radio"/> Canoeing/kayaking  |
| <input type="radio"/> Visiting the visitor center               | <input type="radio"/> Fishing            |
| <input type="radio"/> Walking dogs                              | <input type="radio"/> Park special event |
| <input type="radio"/> Walking/hiking                            | <input type="radio"/> Picnicking         |
| <input type="radio"/> Other (Please specify) _____              |  |

**Topic Area 3 - Trip Behaviors (TBACK 12 variation)**

9. a) On this visit to Congaree NP, did you and your group walk/canoe/kayak any park trails?

- Yes                       No → **Go on to Question 10**

b) If YES, which of the following trails did you and your group walk/canoe/kayak on this visit? Please mark (●) **all** that apply.

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> Low Boardwalk Trail                | <input type="radio"/> Bluff Trail     |
| <input type="radio"/> Elevated Boardwalk Trail           | <input type="radio"/> River Trail     |
| <input type="radio"/> Weston Lake Loop Trail             | <input type="radio"/> Sims Trail      |
| <input type="radio"/> Oakridge Trail                     | <input type="radio"/> Kingsnake Trail |
| <input type="radio"/> Cedar Creek Wilderness Canoe Trail |                                       |
| <input type="radio"/> Other (Please specify) _____       |                                       |

**Topic Area 3 - Trip Behaviors (TRIPC 11)**

10. a) How long did you and your personal group stay in the Congaree NP **area** (within 1-hour drive of the park)? Please list partial hours/days as ¼, ½, ¾.

- Resident of the area → **Go to Question 11**

\_\_\_\_\_ Number of hours **if less than 24 hours**

**- OR -**

\_\_\_\_\_ Number of days **if 24 hours or more**

b) On this visit, how long did you and your personal group spend visiting Congaree NP? Please list partial hours/days as  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ .

\_\_\_\_\_ Number of hours **if less than 24 hours**

- OR -

\_\_\_\_\_ Number of days **if 24 hours or more**

**Topic Area 5 – Crowding and Experiences (VERP 8 and 10, CRWDATT9)**

11. Please indicate how the following elements may have affected you and your personal group's park experience during this visit to Congaree NP. Please mark (●) **only one** for each element.

<b>Affect your park experience?</b>	Detracted from	No effect	Added to	Did not experience
Noise from:				
Airplanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automobiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Park staff activities (such as chainsaws, leaf blowers, generators, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gunshots from neighboring lands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other visitors' activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small number of visitors on trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large number of visitors on trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small number of visitors canoeing/kayaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large number of visitors canoeing/kayaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact from wild pigs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Topic Area 1- Respondent Knowledge (KNOW5)**

12. a) Prior to this visit were you and your personal group aware that Congaree NP is home to the Old-Growth Bottomland Forest Research and Education Center, one of 21 centers nationwide?

Yes  No



**Topic Area 3 – Trip Behaviors (ACT15 - variation)**

b) Did you and your personal group notice any scientists, scientific markers, or scientific equipment at work while you were in the park?

- Yes  No

**Topic Area 3 – Trip Behaviors (LEARN 4 - variation)**

c) Did you and your personal group – through programs and products – learn about actual results of scientific studies at the park?

- Yes  No

**Topic Area 6 - Evaluation and Opinion of Management (OPMGMT 4)**

13. It is the National Park Service’s responsibility to protect Congaree NP’s natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/attributes in the park to you and your personal group? Please mark (●) **one** answer for each resource/attribute.

Resource/attribute	Not important	Somewhat important	Moderately important	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear night sky (star gazing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural history (photographs/artifacts/oral histories)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designated wilderness/backcountry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic buildings/archeological sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Topic Area 2 – Trip Planning (TPLAN)**

14. a) On this trip, if you and your personal group had not chosen to visit Congaree NP, what other recreation site would you have visited instead?

\_\_\_\_\_

b) How far is this alternative site from your home? \_\_\_\_\_ miles

**Topic Area 6 – Evaluation of Services (EVALSERV 21)**

15. a) Please mark (●) **all** of the information services and facilities that you or your personal group **used** at Congaree NP during this visit.

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

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

a) Information services/facilities used?	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Assistance from park volunteers	_____	_____
<input type="radio"/> Bulletin boards	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park interpretive pamphlets	_____	_____
<input type="radio"/> Park newspaper <i>Boardwalk Talk</i>	_____	_____
<input type="radio"/> Ranger-led talks/programs/walks	_____	_____
<input type="radio"/> Ranger guided canoe tours	_____	_____
<input type="radio"/> Visitor center videos/films/movies	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Park website (nps.gov/cong)	_____	_____

**Topic Area 6 – Evaluation of Services (EVAL 25, 24)**

16. a) Please mark (●) **all** of the visitor services and facilities that you or your personal group **used** at Congaree NP 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) Visitor services/facilities used?</b>	<b>b) If used, how important?</b>	<b>c) If used, what quality?</b>
Mark (●)	1=Not important	1=Very poor
	2=Somewhat important	2=Poor
	3=Moderately important	3=Average
	4=Very important	4=Good
	5=Extremely important	5=Very good

<input type="radio"/>	Access for people with disabilities	_____	_____
<input type="radio"/>	Backcountry camping	_____	_____
<input type="radio"/>	Campgrounds	_____	_____
<input type="radio"/>	Parking areas	_____	_____
<input type="radio"/>	Park directional signs	_____	_____
<input type="radio"/>	Directional signs outside park	_____	_____
<input type="radio"/>	Picnic areas	_____	_____
<input type="radio"/>	Restrooms	_____	_____
<input type="radio"/>	Canoe launches	_____	_____
<input type="radio"/>	Boardwalks	_____	_____
<input type="radio"/>	Trails	_____	_____

**Topic Area 6 – Evaluation of Services (EVALSERV 1)**

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

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

**Topic Area 3 – Trip Behaviors (TRIPC 26 and 27)**

18. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Congaree NP and the surrounding area (within 1-hour drive of the park). **Please write "0" if no money was spent in a particular category.**

- a) Please list your group's total expenditures inside Congaree NP.
- b) Please list your group's total expenditures in the **surrounding area** outside the park (within 1-hour drive of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Congaree NP.

	<b>EXPENDITURES</b>	
	<b>a) Inside park</b>	<b>b) Outside park</b>
Lodges, hotels, motels, cabins, B&B, etc.	\$ _____	\$ _____
Camping fees and charges	\$ _____	\$ _____
Canoe/kayak rental charges	\$ _____	\$ _____
Guide fees and charges	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	\$ _____	\$ _____
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	\$ _____	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
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.

**Topic Area 3 – Trip Behavior (FVIS1)**

19. Would you and your group be likely to visit Congaree NP again in the future?

- Yes                       No                       Not sure

**Topic Area 3 – Trip Behavior (FVIS7)**

20. If you were to visit Congaree NP in the future, which types of organized activities and programs would you and your personal group like to have available? Please mark (●) **all** that apply.

- Not interested in organized activities → **Go on to Question 21**
- |  |  |
|--|--|
| <input type="radio"/> Art/photography              | <input type="radio"/> History tours                |
| <input type="radio"/> Bird walks                   | <input type="radio"/> Night walk/night sky program |
| <input type="radio"/> Camping (family)             | <input type="radio"/> Outdoor recreation workshop  |
| <input type="radio"/> Camping (educational)        | <input type="radio"/> Ranger-led programs          |
| <input type="radio"/> Canoeing/kayaking            | <input type="radio"/> Special events/festivals     |
| <input type="radio"/> Children's programs          | <input type="radio"/> Volunteering                 |
| <input type="radio"/> Family activities            | <input type="radio"/> Owl prowls                   |
| <input type="radio"/> Other (Please specify) _____ |  |

**Topic Area 3 – Trip Behavior (FVIS7)**

21. If you were to visit Congaree NP in the future, which subjects would you and your personal group like to learn about? Please mark (●) **all** that apply.

- Not interested in learning about these subjects → **Go to Question 24**
- |  |  |
|--|--|
| <input type="radio"/> Challenges facing park   | <input type="radio"/> Natural resource management                        |
| <input type="radio"/> Champion trees   | <input type="radio"/> Old growth floodplain forest                       |
| <input type="radio"/> Climate change   | <input type="radio"/> Plants/animals                                     |
| <input type="radio"/> Current research   | <input type="radio"/> Threatened/endangered species                      |
| <input type="radio"/> History  | <input type="radio"/> Volunteer opportunities<br>(ways to help the park) |
| <input type="radio"/> International Biosphere Reserve  | <input type="radio"/> Wilderness   |
| <input type="radio"/> Recreational opportunities (canoeing/kayaking, fishing, camping, etc.) |  |

- Other (Please specify) \_\_\_\_\_

**Topic Area 6 – Evaluation and Opinion of Management (OPMGMT 4 and 5)**

22. a) The National Park Service has a policy to control or remove non-native plants and animals from within park boundaries. Non-native species occupy an area that is not part of their natural, historic range, and often originated from another continent or region. Many of these species are invasive and damage park resources. Were you aware of this policy prior to your visit to Congaree NP?

- Yes                       No                       Not sure

b) Would you and your personal group be supportive of the control and removal of non-native species at Congaree NP? Please mark (●) **one** for each option.

- a) Non-native plants     Yes             No             Not sure  
 b) Non-native animals  Yes             No             Not sure

**Topic Area 1 – Respondent Characteristics (GR 6, 3, and 5)**

23. On this visit, were you and your personal group part of the following types of organized groups?

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

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

\_\_\_\_\_ Number of people in organized group

24. On this visit, with what kind of personal group (not guided tour/school/other organized group) were you?

- Alone     Friends  
 Family      Family and friends  
 Other (Please specify) \_\_\_\_\_

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

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

**Topic Area 1 – Group Characteristics (GR4)**



Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Topic Area 1 – Respondent Characteristics (ED1)**

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

- Some high school
   
  Bachelor's Degree  
 High School Diploma/GED
   
  Graduate Degree  
 Some college

**Topic Area 1 – Respondent Characteristics (GR2)**

28. a) Does anyone in your personal group have mobility or other physical impairment?

- Yes
   
  No → **Go on to Question 29**

b) If YES, did anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

- Yes
   
  No

**Topic Area 1 – Respondent Characteristics (INCOM1)**

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

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

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

**Topic Area 6– Opinions of Management (OPNMGMT 6 and 7)**

31. a) What did you and your group like **most** about your visit to Congaree NP?

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b) What did you and your group like **least** about your visit to Congaree NP?

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**Topic Area 1– Group Characteristics (KNOW 15)**

32. Congaree NP was established because of its significance to the nation. In your opinion, what is the national significance of this park?

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**Topic Area 6– Opinions of Management (OPNMGMT 6 and 7)**

33. If you were a manager planning for the future of Congaree NP what would you and your personal group propose?

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34. Is there anything else you and your personal group would like to tell us about your visit to Congaree NP?

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

# # # # # # # # # # # # # # #

# #

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
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