

U.S. Department of the Interior National Park Service

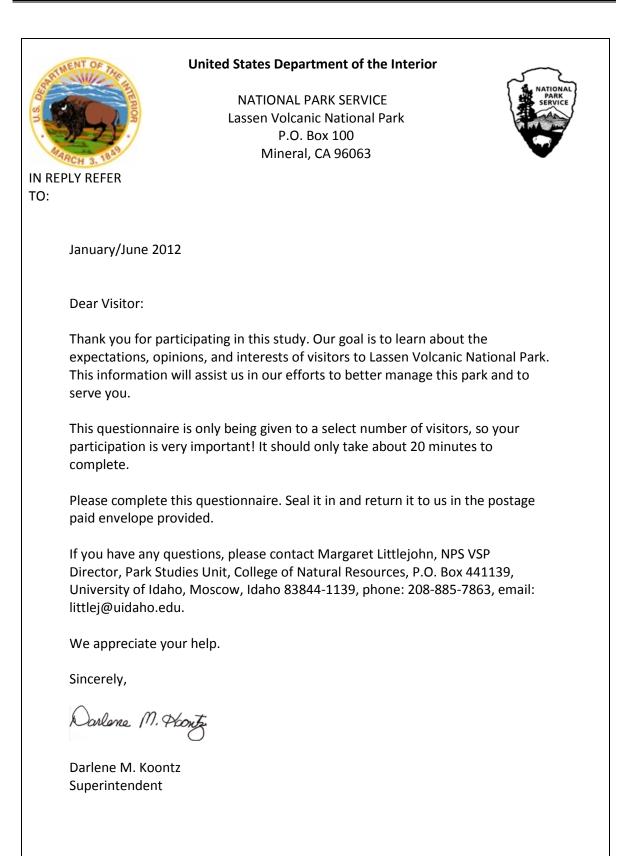
Social Science Program Visitor Services Project



Lassen Volcanic National Park Visitor Study

[Insert image here]

OMB Control Number: 1024-0224 Current Expiration Date: 8/31/2014



DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) 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*. Please do not use pencil!

Like this: \bullet Not like this: \checkmark \checkmark \checkmark \bigcirc

4. Seal it in the postage-paid envelope provided.

5. Drop it in a U.S. mailbox.

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate visitor services managed at Lassen Volcanic National Park. Your responses are voluntary. Your name and contact information have been requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed and will in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. We estimate that it will take about 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; littlej@uidaho.edu (email).

Your Visit To Lassen Volcanic 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.

The questions below will be used in both the **summer and winter** versions of the survey unless otherwise indicated. The text in the shaded boxes above each question is used to annotate the questions that have been approved in the current Pool of Known Questions for the NPS Programmatic Review Process (OMB Control Number: 1024-0224).

Topic Area 2 - TPLAN1

- 1. Prior to your visit, how did you and your personal group obtain information about Lassen Volcanic National Park (NP)? Please mark (,) all that apply.
 - O Did not obtain information prior to visit **→ Go to Question 2**
 - O Chamber of commerce/visitors bureau/state welcome center
 - O Friends/relatives/word of mouth
 - O Highway signs
 - O Inquiry to park via phone, mail or email
 - O Lassen Volcanic NP website: www.nps.gov/lavo
 - O Other websites which one(s)?
 - O Local businesses (hotels, motels, restaurants, etc.)
 - O Maps/brochures
 - O Newspaper/magazine articles
 - O Previous visits
 - O School class/program
 - O Social media (such as Facebook, Twitter, etc.)
 - O Television/radio programs/videos
 - O Travel guides/tour books (such as AAA, etc.)
 - O Other (Please specify)

Topic Area 3 - TRIPC4 and TRIPC5

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

a) BEFORE visit:	Nearest town/city	State
b) AFTER visit:	Nearest town/city	State

Topic Area 3 – TRIPC3

3. a) On this trip, did you and your personal group stay overnight away from your permanent residence either inside Lassen Volcanic NP or within the nearby area (within 75 miles of the park)?

O Yes O No → Go to Question 4

b) If YES, please list the number of nights you and your personal group stayed in Lassen Volcanic NP and the area within 75 miles of the park.

Number of nights inside Lassen Volcanic NP Number of nights in the area outside Lassen Volcanic NP

c & d) In which types of lodging did you and your personal group spend the night(s) in Lassen Volcanic NP or in the area within 75 miles of the park? Please mark (•) all that apply.

c) Inside park	d) Outside park (within	
	75 miles)	Accommodation
n/a	0	Lodge, hotel, motel, vacation rental, B&B, etc.
0	0	RV/trailer camping
0	0	Snow camping in campground [Winter only]
0	0	Backpacking in backcountry
0	0	Tent camping in developed campground [Summer only]
0	0	Cabin [Summer only]
0	0	Guest ranch [Summer only]
n/a	0	Camping in a backcountry roadside campsite [Summer only]
n/a	0	Other (Specify)

Topic Area 1 - RES1

4. a) Were all members of your personal group residents of the Lassen Volcanic NP **area** (within a 75-mile drive of park)?

O NO O Yes -> Go to Question 5

Topic Area 3 – TRIPC1

b) For non-residents of the Lassen Volcanic NP **area** (within a 75-mile drive of the park), was visiting the park the primary reason you and your group came to the area?

O Yes O No

Тор	Topic Area 3 – TRIPC4 variation									
5.	5. On this trip which of the following towns did you and your personal group travel through to arrive at Lassen Volcanic NP? Please mark (,) all that apply.									
	O Burney O Chester O Chico O Susanville									
	O Red Bluff O Redding O Reno O Shingletown									
Тор	Topic Area 2 – TPLAN12 [WINTER SURVEY ONLY]									

- a) When did you and your group make the decision to visit Lassen Volcanic NP? Please mark
 (•) one.
 - O On the day of the visit
 - O The day before the visit
 - O 3-7 days before the visit
 - 0 8-30 days before the visit
 - 0 1-6 months before the visit
 - O More than 6 months but less than a year before the visit
 - O A year or more before the visit

Topic Area 2 - TPLAN14 [WINTER SURVEY ONLY]

b) Which factors affected you and your group's decision to visit Lassen Volcanic NP on the day that you visited? Please mark (•) all that apply.

- O Availability of lodging and other amenities in the area
- O Availability of vacation time
- O Expecting fewer crowds in the park
- O Expecting lower travel costs
- O Information received after arriving in the Lassen Volcanic NP area (within 75 miles of any entrance point)
- O Interest in seeing Lassen scenery in wintertime
- O Interest in winter activities
- O Snow and favorable weather conditions for winter activities
- O Sun and mild weather conditions
- O Other (Please specify)

Topic Area 3 – TRIPC8

7. a) On this visit, how long did you and your personal group stay at Lassen Volcanic NP? Please list partial hours or days as 1/4, 1/2, or 3/4.

_____ Number of hours, if less than 24 hours

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

Topic Area 3 – TRIPC7

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

Number of times entered O Don't know

Topic Area	3 – ACT1
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- 8. a) On this visit, in which activities did you and your personal group participate within Lassen Volcanic NP? Please mark (•) **all** that apply in column (a).
 - b) If you were to visit the park in the future, in which activities would you and your personal group prefer to participate at the park? Please mark (,) all that apply in column (b).

a) This	b) Future	
visit	visit	Activity
0	0	Attending ranger-led snowshoe programs [winter survey only]
0	0	Camping
0	0	Creative arts (photography/drawing/painting/writing)
0	0	Cross-country skiing [winter survey only]
0	0	Enjoying solitude/quiet
0	0	Nature study (birdwatching, wildlife viewing, stargazing)
0	0	Snowshoeing [winter survey only]
0	0	Snowplay [winter survey only]
0	0	Visiting visitor center
0	0	Attending living history demonstrations [summer survey only]
0	0	Attending ranger-led talks/programs [summer survey only]
0	0	Explore the Hydrothermal areas [summer survey only]
0	0	Fishing [summer survey only]
0	0	Horseback trips [summer survey only]]
0	0	Scenic drive/byway [summer survey only]
0	0	Picnicking [summer survey only]
0	0	Walking/hiking [summer survey only]
0	n/a	Other – this visit (Specify)
n/a	0	Other – future visit (Specify)

Topic Area 3 - ACT2

c) Which one of the above activities was the **primary** reason you and your personal group visited Lassen Volcanic NP on this visit? Please list **one**.

Topic Area 3 -- TRIPC2 variation

- 9. If for some reason you had been unable to go to Lassen Volcanic NP on this trip:
 - a. Would you have come back another time? O Yes O No
 - b. What would you have done with the time you spent on this trip? Please mark (•) one.
 - O Gone somewhere else for similar activities -> Go to Question 1c
 - O Gone somewhere else for a different activity -> Go to Question 1c
 - O Stayed home -> Go to Question xx
 - O Gone to work at your regular job -> Go to Question xx
 - O None of these -> Go to Question xx
 - c. About how far away from your home is the place you would have gone instead of Lassen?

____ miles **OR** Location (city & state) _____

Topic Area 3 - TBACK11 Winter Survey ONLY

10. a) On this visit to Lassen Volcanic NP, which park routes did you and your personal group ski/snowshoe? Please mark (•) **all** that apply in column (a).

Topic Area 5 - CRWD1 Winter Survey ONLY

b) For the trails that you and your group skied/snowshoed, please rate from 1-4 how crowded you felt by people.

a) Trails skied/snow shoed? Mark (•)		b) If you skied/snowshoed, how crowded?
		1=Not at all crowded
		2=Slightly crowded
		3=Moderately crowded
		4=Extremely crowded
0	Brokeoff Mountain	
0	Butte Lake Road	
0	Forest Lake	
0	Lassen Peak	
0	Main Park Road from Southwest Area	
0	Manzanita Creek	
0	Manzanita Lake Snowshoe Loop	
0	Nobles Emigrant Trail	
0	Ridge Lakes	

Topic Area 6 – EVALSERV8

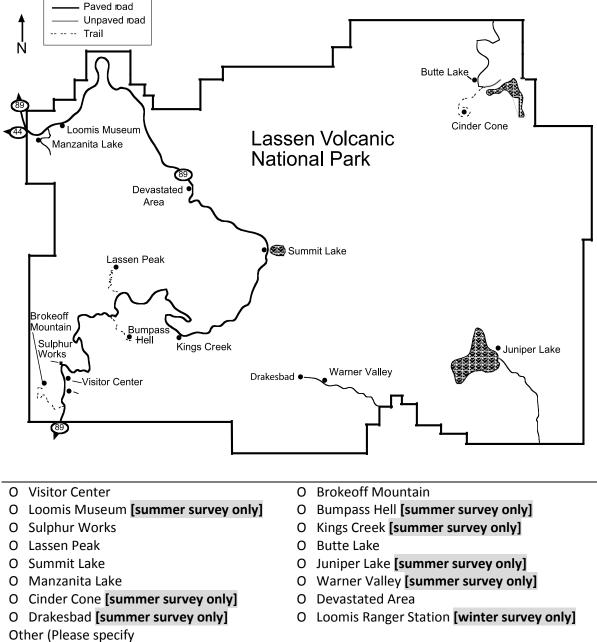
11. a) For the safety issues below, please indicate how safe you and your personal group felt from crime and accidents during this visit to Lassen Volcanic NP. Please mark (•) **one** answer for each issue.

	How safe did you feel in the park?					
	Very		Neither safe		Very	
Safety issue	unsafe	Unsafe	nor unsafe	Safe	<u>safe</u>	
Personal safety—from crime	0	0	0	0	0	
Personal safety—from accidents	0	0	0	0	0	
Personal property—from crime	0	0	0	0	0	
Topic Area 6 – EVALSERV9						

- b) If you marked that you felt "very unsafe" or "somewhat unsafe" for any of these issues, please
 - explain why.

Topic Area 3 - ITIN1

12. On this visit to Lassen Volcanic NP, which park sites did you and your personal group visit? Please mark (,) all that apply.



Topic	Area	1 –	LANG1	

a) When visiting an area such as Lassen Volcanic NP, what one language do you and most						
members of your personal group prefer to use for the following?						
Speaking: O English O Other (Specify)						
	s of your	s of your perso	s of your personal group p	s of your personal group prefer to u	s of your personal group prefer to use	s of your personal group prefer to use for the following?

0

Reading:

- 0 English

Other (Specify) _____

9

Lassen \	Volcanic	National	Park	Visitor	Study
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- b) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify or mark (•) **none.**
 - O None O Other (Specify)

Topic Area 6 – EVALSERV13

- 14. a) Please mark (•) all of the information services and facilities that you or your personal group **used** at Lassen Volcanic NP during this visit.
 - b) For only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
 - c) 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? Mark (_•)	 b) If used, how important? 1=Not at all important 2=Slightly 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	Bookstore sales items (selection, price, etc.)		
0	Bulletin boards		
0	Junior Ranger program		
0	Park brochure/map		
0	Park newspaper: Peak Experiences		
0	Park website: www.nps.gov/lavo/ used before or during visit		
0	Ranger-led snowshoe programs [winter survey only]		
0	Twitter.com/LassenNPS		
0	Youtube.com/LassenNPS)		
0	Facebook.com/pages/ Lassen-Volcanic-National-Park)		
0	Videos/films		
0	Visitor center exhibits		
0	Living history demonstrations [summer survey only]		
0	Loomis Museum exhibits [summer survey only]		
0	Self-guided trail brochures [summer survey only]		
0	Other		

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Topic Area 6 – EVALSERV13

- 15. a) Please mark (•) all of the visitor services and facilities that you or your personal group used at Lassen Volcanic NP during this visit.
 - b) For only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
 - c) For only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

a) \	/isitor services/facilities used? Mark (_•)	 b) If used, how important? 1=Not at all important 2=Slightly 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	Access for people with disabilities		
0	Kohm Yah-Mah-Nee Visitor Center		
0	Parking areas		
0	Recycling		
0	Restrooms		
0	Road directional signs (inside park)		
0	Road directional signs (outside park)		
0	Roads		
0	Southwest Campground [winter survey only]		
0	Camper store [summer survey only]		
0	Campgrounds [summer survey only]		
0	Guest ranch [summer survey only]		
0	Parking lots [summer survey only]		
0	Picnic areas/shelters [summer survey only]		
0	Pull outs [summer survey only]		
0	Trail signs [summer survey only]		
0	Trails [summer survey only]		

Topic Area 1 – GR2

16.	On this visit, were you and your personal group part of the follo	wing	types of o	rgan	ized groups?
	a) Commercial guided tour group	0	Yes	0	No
	b) School/educational group	0	Yes	0	No
	c) Other group (Please specify below)	0	Yes	0	No

Topic Area 1 – GR3

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

0

Yes

O No

_____ Number of people in organized group

Topic Area 1 – GR1

- 17. a) On this visit, with what kind of personal group (not guided tour/school/other organized group) were you?
 - O Alone
 - O Family
 - O Friends
 - O Family and friends
 - O Other (Please specify)

Topic Area 1-GR3

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

_____ Number of people in personal group

Topic Area 3-TRANS2

a) On this visit, how many vehicles did you and your personal group use to arrive at the park?

____ Number of vehicles

Topic Area 3-TRANS1

b) What was your primary method of transportation for getting from your home to the Lassen Volcanic NP area?

0	Car	0	Motorcycle	0	SUV/truck/van
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O Motorhome O Airplane

)	_	
	I)	') _

- c) What was your primary destination on this trip?
 - O Lassen Volcanic NP OR Location _____(city & state)

					nber of visits to Volcanic NP
			 b) U.S. ZIP code or name of country other than 		ng this visit)
		a) Current age	U.S.	Past 5 years	Lifetime
	urself				
	ember #2				
	ember #3 ember #4				
	ember #5				
	ember #6				
M	ember #7				
opi	c Area 1 –	GR4			
0.	-	nyone in your personal gro ticipate in park activities or	up have a physical conditio services?	n that made it	difficult to acces
	0	Yes	O No → Go to Qu	estion 21	
	b) If YES,	what services or activities v	were difficult to access/par		
	c) Becaus			ticipate in?) have? Please
	c) Becaus	e of the physical condition, •) all that apply. Hearing (difficulty hearin	were difficult to access/par	ticipate in? I the person(s vers, audio-vis	
	c) Becaus mark (e of the physical condition, •) all that apply. Hearing (difficulty hearin programs, or informat	were difficult to access/par , what specific problems did g ranger programs, bus driv	ticipate in? I the person(s vers, audio-vis earing aid)	ual exhibits or
	c) Becaus mark (O	e of the physical condition, •) all that apply. Hearing (difficulty hearin programs, or informat Mobility (difficulty access and/or wheelchair) Visual (difficulty seeing e	were difficult to access/par , what specific problems did g ranger programs, bus driv ion desk staff, even with he	ticipate in? d the person(s vers, audio-vis earing aid) rograms, even	ual exhibits or with walking aid
	c) Becaus mark (O O	e of the physical condition, •) all that apply. Hearing (difficulty hearin programs, or informat Mobility (difficulty access and/or wheelchair) Visual (difficulty seeing e programs, even with p	were difficult to access/par , what specific problems did g ranger programs, bus driv tion desk staff, even with he sing facilities, services, or particular whibits, directional signs, or	ticipate in? d the person(s vers, audio-vis earing aid) rograms, even visual aids the blindness)	ual exhibits or with walking aid at are part of
	c) Becaus mark (O O O O	e of the physical condition, •) all that apply. Hearing (difficulty hearin programs, or informat Mobility (difficulty access and/or wheelchair) Visual (difficulty seeing e programs, even with p	were difficult to access/par , what specific problems did g ranger programs, bus driv ion desk staff, even with he sing facilities, services, or po xhibits, directional signs, or prescribed glasses or due to	ticipate in? d the person(s vers, audio-vis earing aid) rograms, even visual aids the blindness)	ual exhibits or with walking aid at are part of

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	0	0	0	Ο	0	0	0
No, not Hispanic or Latino	0	0	0	0	0	0	0

Topic Area 1 - RACE/ETH3

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	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0
Fopic Area 7 – ECON1							

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

0	Less than \$24,999	0	\$50,000-\$74,999	0	\$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) How many people are in your household? _____ Number of people

Topic Area 7 – ECON2

- c) Did your household take any unpaid vacation or take unpaid time off of work to come on this trip?
 - 0

Yes O No **→** Go on to Question 23

d) How much income did your household forgo to make this trip? \$_____

Topic Area 7– ECON4	
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23. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Lassen Volcanic NP and the surrounding **area** (within 75 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures inside Lassen Volcanic NP.

b) Please list your group's total expenditures in the **surrounding area** outside the park (within 75 miles of the park).

NOTE: Surrounding area residents should only include expenditures that w Lassen Volcanic NP.	vere just for t	his trip to
	EXPEN	DITURES
	a) Inside	b) Outside

Lassen Volcanic National Park Visitor Study

<u>park</u>	park
0 🗲 Go to	0 🗲 Go to
(b)	(c)
NA	
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
	O → Go to (b) NA

Topic Area 7 – ECON5

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 – FVIS5 [WINTER SURVEY ONLY]

24. If you were to visit Lassen Volcanic NP in the future, how would you and your personal group prefer to learn about cultural and natural history/features of Lassen? Please mark (•) **all** that apply.

- O Not interested in learning about the park → Go to Question 25
- O Indoor exhibits
- O Outdoor exhibits
- O Park website: <u>www.nps.gov/lavo</u>
- O Self-guided tours
- O Volunteer opportunities
- O Special events
- O Interactive computer programs tours
- O Living history/costumed interpretive programs
- O Electronic media/devices available to visitors (downloadable podcasts, MP3, Windows Media[™], etc.)
- O Audiovisual programs (DVD, video, or movie)
- O Printed materials (brochures, books, maps, etc.)
- O Other (Please specify) _____

Topic Area 6 – OPNMGMT3

25. Is there anything else you and your personal group would like to tell us about your visit to Lassen Volcanic NP?

Topic Area 6 - EVALSERV1

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

Very poor	Poor	Average	Good	Very good
0	0	0	0	0

NOTE: The questions on the following pages will be used in the Summer Survey ONLY

Topic Area 3 – TBACK 11

1. a) On this visit to Lassen Volcanic NP, which park trails did you and your personal group walk/hike? Please mark (•) all that apply in column (a).

Topic Area 5 – CROWD1

b) For the trails that you and your group walked/hiked, please rate from 1-4 how crowded you felt by people.

	a) Trails walked/hiked? Mark (_)	b) If you walked/hiked trails, how crowded?
		1=Not at all crowded
		2=Slightly crowded
		3=Moderately crowded
		4=Extremely crowded
0	Brokeoff Mountain Trail	
0	Bumpass Hell Trail	
0	Cinder Cone Trail	
0	Kings Creek Trail	
0	Lassen Peak Trail	
0	Manzanita Lake Trail	
0	Devils Kitchen Trail	

Topic Area 6 – EVALSERV24 variation

- 2. a) On this visit, what did you and your personal group like **most** about the roadside displays/exhibits along the main park road at Lassen Volcanic NP?
 - b) What did you and your personal group like **least** about the roadside displays/exhibits along the main park road at Lassen Volcanic NP?

- 3. a) Please mark (•) all of the concession services and facilities that you or your personal group used at Lassen Volcanic NP during this visit.
 - b) For only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
 - c) For only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

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

Drakesbad Guest Ranch

-		
0	Overnight lodging	
0	Food service/restaurant	
0	Guided horseback trips	
0	Fly fishing lessons	
0	Hot springs-fed swimming pool	
0	Massage	
Man	izanita Lake	
0	Cabin	
0	Food service	
0	Gifts	
0	Gas station	
0	Equipment/kayak rentals	

Topic Area 6 – EVALSERV16b

d) How could the concession services and facilities better serve you and your personal group on a future visit to Lassen Volcanic NP? Please be specific.

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

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