

DRAFT

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

**Yosemite National Park
Happy Isles
Visitor Survey
2012**



ID: _____

Date: _____

Time: _____ **AM/PM**

Location: _____

Weather: Sunny / Partly / Overcast / Raining

Special Event: No / Yes: _____

NOTE: For the purposes of this review and submission the justifications for each question or section of questions is highlighted in a shaded text box above each question. These text boxes will not be printed on the final version of the surveys. The Topic Areas noted are consistent with the currently approved pool questions for the NPS Programmatic Review Process (1024-0224). The questions that are slight variations are denoted as such. Any questions that are outside the general scope of the programmatic review process have been carefully discussed and generally approved by the NPS Information Collection Review Coordinator with understanding that those questions will require further review and consideration by OMB before full determination and approval can be granted.

A. Trip Description

TOPIC AREA 1: GR3

1. Including yourself, how many people are in your personal group during this hike today? (Enter number of people.)

Number of people: _____

TOPIC AREA 3: ACT31 (variation)

2. Approximately how many previous hikes has each member of your group taken in Yosemite National Park in the past 12 months and during each group member's lifetime. Please also indicate if you have a trip leader(s) who planned or led your group on this hike.
- 3.

	Number of hikes you have taken in Yosemite NP (including this hike)		Planned or led this hike? (Check <u>one</u> box per person.)	
	Past 12 Months (Enter # of trips.)	Lifetime (Enter # of trips.)	Yes	No
Yourself			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #2			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #3			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #4			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #5			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #6			<input type="checkbox"/>	<input type="checkbox"/>
Group Member #7			<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 3:ACT (variation)

3. Is your hike today a day hike or part of an overnight backpacking trip? (Check one.)

- Day hike
- Overnight backpacking trip

TOPIC AREA 3: TBACK 5 (variation)

4. Where did you start your hike today? (Check one.)

- Happy Isles Trailhead
- Glacier Point
- Backcountry Campsite (please specify campsite: _____)
- Other (please specify: _____)
- Don't know/not sure

TOPIC AREA 5: CROWD1 (variation)

5. Did you feel crowded while you were at any of the following destinations during your hike today? (Check one box for each location.)

Destination	Yes	No	Did not hike to this destination	Don't know this destination
Footbridge below Vernal Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railing at the top of Vernal Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railing at the top of Nevada Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little Yosemite Valley (Ranger Station/Camping Area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Dome Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Dome Summit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glacier Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illilouette Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 5: CROWD1 (variation)

6. Did you feel crowded while you were hiking on any of the following sections of trail today? (Check one box for each trail section.)

Trail Section	Yes	No	Did not hike on this trail section	Don't know this trail section
Happy Isles Trailhead to Footbridge below Vernal Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Footbridge below Vernal Fall to top of Vernal Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top of Vernal Fall to top of Nevada Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top of Nevada Fall to Half Dome Trail Junction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Dome Trail Junction to Cloud's Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Dome Trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glacier Point to top of Illilouette Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illilouette Fall to top of Vernal Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Visitor Experience

Hiking in Yosemite National Park and other outdoor recreation areas can include being exposed to natural hazards that require hikers to be prepared, knowledgeable, and in control of the level of risk they take. The questions in this section of the survey ask about potential natural hazards you experienced or observed other visitors experience during your hike today in the Happy Isles Trail Corridor.

TOPIC AREA 6: EVALSERV 8

7. To what extent do you agree or disagree with each of the following statements? (Check one box for each item.)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. I felt like I might fall and be injured on the Mist Trail because the rock steps were wet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The risk of an accident on the Mist Trail seemed high to me because there were too many people on the trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt like other visitors put me or others at risk by rushing to pass people on the rock steps on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I assume that park rangers would tell visitors when it is NOT safe to hike on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The challenges of hiking the Mist Trail (steep, wet, narrow rock steps) were greater than I expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt confident that if I had an accident while hiking on the Mist Trail, park rangers would help me back to safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel like I could safely hike the Mist Trail again on another day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am relieved to be finished hiking the Mist Trail because it felt unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There were places in this area of the park without railings where visitors were getting too close to the water to be safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The railings at the top of waterfalls in this area were adequate to protect me from an accident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Visitors at the top of waterfalls in this area were careful not to go past the railings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I saw signs warning me not to pass the railings or go in the water at the top of waterfalls in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Some visitors ignored the signs at the top of waterfalls in this area by going past the railings and/or into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The risk of a visitor slipping/falling into the water at the top of waterfalls in this area seemed high to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o. There were places in this area of the park without railings where visitors were getting too close to the water to be safe.

TOPIC AREA 3: TRIPC 36

8. Did you observe any of the following during your hike today in the Happy Isles Trail Corridor? (Check one box for each item).

	Yes	No
a. Individuals rushing past me or others on the rock steps on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
b. Individuals slipping on wet rock on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
c. Individuals who looked noticeably scared on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
d. Individuals you think were unprepared for the safety/natural hazards of hiking on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
e. Individuals you think were not fit enough to safely hike the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
f. Visitors going past the railing on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>
g. Visitors going past railings in viewing areas at the top of waterfalls.	<input type="checkbox"/>	<input type="checkbox"/>
i. Visitors entering the water above waterfalls.	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 6: OPMGMT6

9. To what extent do you support or oppose each of the following potential management actions for the Happy Isles Trail Corridor? (Check one box for each item.)

	Strongly Support	Support	Neither Support nor Oppose	Oppose	Strongly Oppose
a. Increase the number of signs on the Mist Trail regarding potential safety/natural hazards on the hike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Require a safety orientation (e.g., a short video) before visitors hike the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide an optional safety orientation (e.g., a short video) before visitors hike the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Limit the number of people allowed to hike the Mist Trail each day to minimize crowding-related accidents on the narrow rock steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Increase the number of park rangers along the Mist Trail to promote safe visitor behavior and preparedness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Require all hikers on the Mist Trail to meet safe footwear and clothing requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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g.	Close the Mist Trail when water levels are high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Close the Mist Trail when there are snowy/icy conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Increase the number of warning signs in viewing areas at the top of waterfalls to reduce the risk of visitors slipping/falling into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Increase the number of park rangers in viewing areas at the top of waterfalls to reduce the risk of visitors slipping/falling into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Install additional railings in viewing areas at the top of waterfalls to reduce the risk of visitors slipping/falling into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Close viewing areas at the top of waterfalls when water levels are high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Remove warning/regulatory signs from this area of the park to make it more natural appearing and require visitors to be more responsible for managing their own safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Remove railings from this area of the park to make it more natural appearing and require visitors to be more responsible for managing their own safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 3: LEARN6 (variation)

10. Please indicate if you think there was too much, not enough, or about the right amount of each of the following forms of visitor safety management on your hike today in the Happy Isles Trail Corridor? (Check one box for each item.)

	Too Much	Not Enough	About the Right Amount
Information on the park website about safety/natural hazards on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information at the Visitor Center about safety/natural hazards on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs at the trailhead about safety/natural hazards on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs along the trail about safety/natural hazards on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of park rangers on the Mist Trail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning signs in viewing areas at the top of waterfalls to reduce the risk of visitors slipping/falling into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railings in viewing areas at the top of waterfalls to reduce the risk of visitors slipping/falling into the water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 3: ACT28

11. Did you encounter a park ranger on your hike today? (Check one.)

- Yes
- No (SKIP TO QUESTION 13)

TOPIC AREA 3: ACT27

12. If you encountered a park ranger during your hike today, did you gain any information from him/her? (Check one.)

- Yes (Please specify what type of information you gained): _____

No, I did not gain information about safety/natural hazards from them

TOPIC AREA 3: LEARN7

13. Did you notice any signs with information during your hike today? (Check one.)

- Yes (Please specify the types of information on the signs you noticed): _____

No

C. Background Information

TOPIC AREA 1: AGE1

14. Please provide the following information for each member in your group?

	Gender		Age	US Zip Code or Country of residence if other than US
	Male	Female		
Yourself	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #2	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #3	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #4	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #5	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #6	<input type="checkbox"/>	<input type="checkbox"/>		
Group Member #7	<input type="checkbox"/>	<input type="checkbox"/>		

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TOPIC AREA 1:ED2 (variation)

15. Please mark the highest level of formal education each member of your group has completed.

	Yourself	Group Member #2	Group Member #3	Group Member #4	Group Member #5	Group Member #6	Group Member #7
Some high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college, business or trade school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College, business or trade school graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some Graduate School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's, doctoral or professional degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 1: RACE/ETH1

16. Are you or members of your group Hispanic or Latino? (Check one box for each group member.)

	Yourself	Group Member #2	Group Member #3	Group Member #4	Group Member #5	Group Member #6	Group Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 1: RACE/ETH3

17. What is your race and the race of each member of your group? (For each person, check all that apply.)

	Yourself	Group Member #2	Group Member #3	Group Member #4	Group Member #5	Group Member #6	Group Member #7
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander other than Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please provide additional comments about ways the Park Service can improve visitor use management and experience on the Half Dome Trail.

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

PAPERWORK REDUCTION ACT statement: PAPERWORK REDUCTION ACT STATEMENT The National Park Service is authorized by 16 U.S.C. 1a-7 to collect this information. This information will be used by park managers to better understand visitors perceptions of information along the trail and potential management action the associated with hiking along the Half Dome Trail corridor. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Please do not put your name or that of any member of your group on the questionnaire. The permanent data associated with this collection will be anonymous.

BURDEN ESTIMATE: The public reporting burden for this form is estimated to average 10 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to: the NPS Information Collection Review Coordinator, National Park Service, 1201 Oakridge Dr., Fort Collins, CO 80525.