



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

**Visitor Services Project**

## **2012 Visitor Study**

INSERT PHOTO HERE

**United States Department of the Interior**

NATIONAL PARK SERVICE  
[SPECIFY PARK NAME]  
Address



Date, 2012

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the expectations, opinions, and interests of visitors to [SPECIFY PARK NAME]. 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 in the postage-paid envelope provided and drop it in any U.S. Postal mailbox.

If you have any questions, please contact Lena Le, VSP Assistant Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-2585, lenale@uidaho.edu (email).

We appreciate your help.

Sincerely,

[insert signature]





Name

Superintendent

**DIRECTIONS**

At the end of your visit:

1. Please have the selected individual (at least 16 years old) complete this questionnaire.
2. Read each the question 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: ● Not like this:    

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. Postal mailbox.

**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 understand the visitor use and to evaluate visitor services here at [SPECIFY PARK NAME]. Responses to this request are voluntary and anonymous. Your name will never be associated with your answers, and all contact information will be destroyed when the data collection is concluded. No action may be taken against you for refusing to supply the information requested. 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 and expiration date.

**BURDEN ESTIMATE STATEMENT:** 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: Lena Le, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; [lenale@uidaho.edu](mailto:lenale@uidaho.edu) (email).

**NOT TO OMB REVIEWERS:** 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 – Current Expiration Date: 8-31-2014). 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.

## 2012 Visitor Survey

**NOTE:** In this questionnaire, your **personal group** is defined as anyone with whom you are visiting the park, such as a spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as a school, church, scout, or tour group.

**TOPIC AREA 2 - TPLAN1**

1. a) Prior to this visit, how did your personal group obtain information about **[SPECIFY PARK NAME]**? Please mark (  ) **all** that apply in column (a).
  - Did not obtain information prior to visit → **Go to part (b) of this question**
- b) If you were to visit **[SPECIFY PARK NAME]** in the future, how would your personal group prefer to obtain information about the park? Please mark (  ) **all** that apply in column (b).
- c) For the sources of information that you used to plan your visit to **[SPECIFY PARK NAME]**, please rate their importance in planning your trip.

			<b>c) How important?</b>
<b>a) This visit</b>	<b>b) Future visit</b>	<b>Source of information</b>	1= Not at all important 2= Slightly important 3= Moderately important 4= Very important 5= Extremely important
<input type="checkbox"/>	<input type="checkbox"/>	Friends/relatives/word of mouth	_____
<input type="checkbox"/>	<input type="checkbox"/>	Inquiry to park via phone, mail, or email	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>[SPECIFY PARK NAME]</b> website: www.nps.gov/	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other websites — Which one(s)?	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Local businesses (hotels, motels, restaurants, etc.)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Maps/brochures	_____
<input type="checkbox"/>	<input type="checkbox"/>	Newspaper/magazine articles	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other units of the National Park System (NPS)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Previous visits	_____
<input type="checkbox"/>	<input type="checkbox"/>	School class/program	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social media (such as Facebook, Twitter, etc.)	_____
<input type="checkbox"/>	<input type="checkbox"/>	State welcome center/visitors bureau/chamber of commerce	_____

<input type="radio"/>	<input type="radio"/>	Television/radio programs/DVDs	_____
<input type="radio"/>	<input type="radio"/>	Travel guides/tour books (such as AAA, etc.)	_____
<input type="radio"/>	n/a	Other, this visit (Specify)	_____
n/a	<input type="radio"/>	Other, future visit (Specify)	_____

**TOPIC AREA 2 - TPLAN2**

c) From the sources you used prior to this visit, did your personal group receive the type of information about the park that you needed?

- No
- Yes → Go to Question 2

**TOPIC AREA 2 - TPLAN3**

d) If NO, what type of park information did your personal group need that was not available? Please be specific.

\_\_\_\_\_

**Topic AREA 1 - KNOW2**

2. Prior to receiving this questionnaire, were you and your personal group aware that [SPECIFY PARK NAME]? is a unit of the National Park Service?

- Yes
- No

**TOPIC AREA 3 - TRIPC8**

3. On this visit, how much total time (both on land and on the river) did your personal group spend visiting [SPECIFY PARK NAME]? Please list partial hours or days as ¼, ½, or ¾.

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

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

**TOPIC AREA 1 - RES2**

4. a) Were all members of your personal group residents (year round or part time) of the [SPECIFY PARK NAME] area (within 50 miles of the park)?

- No
- Yes → Go to Question 5

**TOPIC AREA 3 - TRIPC1**

b) For non-residents of the area (within 50 miles drive of park) on this trip, what was the primary reason your personal group came to the [SPECIFY PARK NAME] area? Please mark (•) one.

- Visit [SPECIFY PARK NAME]
- Visit [other federal sites]
- Visit other attractions in the area
- Visit friends/relatives in the area

- Business
- Just passing through to another destination
- Other (Please specify) \_\_\_\_\_

**TOPIC AREA 3 - TRIPC3**

5. a) On this trip, did your personal group stay overnight away from home inside [**SPECIFY PARK NAME**] or in the area (within 50 miles of any entrance point)?

- Yes
- No → **Go to Question 6**

b) If YES, please list the number of nights your personal group stayed inside [**SPECIFY PARK NAME**] and in the local area (within 50 miles of any entrance point).

Number of nights **inside** [**SPECIFY PARK NAME**] \_\_\_\_\_

Number of nights in [**SPECIFY PARK NAME**] **area** (within 50 miles) \_\_\_\_\_

c & d) In which type(s) of accommodations did your personal group spend the night(s) inside the park and in the local area? Please mark (.) **all** that apply.

<u>Accommodation</u>	<b>c) Inside park</b>	<b>d) Outside park</b>
Lodge, motel, rented condo/home, cabin, B&B	n/a	<input type="radio"/>
Residence of friends or relatives	<input type="radio"/>	<input type="radio"/>
RV/trailer/tent camping in a developed campground	<input type="radio"/>	<input type="radio"/>
Backcountry camping	<input type="radio"/>	<input type="radio"/>
Personal seasonal residence	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>

c) Inside park \_\_\_\_\_ d) Outside park \_\_\_\_\_

**TOPIC AREA 1 - KNOW1**

6 a) Prior to visit, were you aware of the history of this site? [**SPECIFY PARK NAME**]? Please mark (.) **Yes or No** for each site.

**TOPIC AREA 3 - ITIN1**

b) Have you ever visited these sites before? Will you plan to visit again in the future? Please mark (.) **all** that apply for each site.

<b>a) Aware of the history of this site?</b>		<b>b) Visitation history</b>		
Yes	No	I've visited this site in the in the past	This is my first time visiting this site	I will plan a trip to visit this site again in the future
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Name of site		

Name of site

**TOPIC AREA 2 - TPLAN15**

c. How important were the following factors in your personal group's decision to visit [SPECIFY PARK NAME]? Please mark (•) one for each factor.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
A national park site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A [specific content] related site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A place to get off the highway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else to do while we were in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOPIC AREA 3 - FVIS1 (Variation)**

7. a) For you only, if you had been unable to visit [SPECIFY PARK NAME] on this trip, would you have visited another time?

Yes, likely  No, unlikely

**TOPIC AREA 3 - TRIPC2 (Variation)**

b) If NO, what would you have done with the time you spent on this trip? Please mark (•) one.

- Gone somewhere else → Go to Part c
- Stayed home
- Gone to work at your regular job
- Not sure/None of these

**TOPIC AREA 3 - TRIPC2**

c) How far from your home is the place you would have gone instead of [SPECIFY PARK NAME]?

Number of miles  Don't know/don't remember

**TOPIC AREA 3 - TRANS1**

8. a) What was your primary method of transportation for getting from your home to the [SPECIFY PARK NAME] area? Please mark (•) one.

- Car  Motorcycle  SUV/truck/van
- Motorhome  Airplane
- Other (Please specify)

**TOPIC AREA 2 - TPLAN5**

b) What was your primary destination on this trip?

[SPECIFY PARK NAME] OR Location

(Place, city, & state)

#### TOPIC AREA 3 - ITIN1

9. On this visit to [SPECIFY PARK NAME], please mark (●) all the sites within the park that your personal group visited on the map below.

### Place holder for map

The sites will be inserted in the [SPECIFY PARK NAME] map.

#### TOPIC AREA 6 - EVALSERV4

10. On this visit, were the signs directing your personal group to and around [Park name] adequate? Please mark (●) **one** answer for each of the following.

- |                               |                       |     |                       |    |                       |             |
|-------------------------------|-----------------------|-----|-----------------------|----|-----------------------|-------------|
| a) Interstate signs           | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| b) State highway signs        | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| c) Signs in local communities | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |
| d) Signs in the park          | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | Did not use |

#### TOPIC AREA 6 - EVALSERV5

e) If you answered NO for any of the above, please explain.

Interstate \_\_\_\_\_

State highway \_\_\_\_\_

In local communities \_\_\_\_\_

In park \_\_\_\_\_

#### TOPIC AREA 5 - CROWD9



11. How much of a problem to you feel traffic congestion is at different locations in [SPECIFY PARK NAME]. Please mark (●) one response for each location.

Location	Not a problem	Small problem	Big problem
At the park entrance/exit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving on park roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In parking areas at primary destinations (list of places.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At scenic overlooks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOPIC AREA 6 - OPNMGMT4**

12. It is the National Park Service's responsibility to protect [SPECIFY PARK NAME] 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 at all important	Slightly 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backcountry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed recreation facilities (campground, trails, etc.)	<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"/>
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 features (such as arches, bluffs, streams)	<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"/>
Recreational opportunities (access to hiking/walking trails, campgrounds, viewing areas, rivers etc.)	<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 3 - ACT1**

13. a) On this visit, in which activities did your personal group participate within [SPECIFY PARK NAME]? Please mark (●) all that apply in column (a).

- b) If you were to visit the park in the future, in which activities would your personal group prefer to participate within the park? Please mark (•) all that apply in column (b).

a) This visit	b) Future visit	Activity
<input type="radio"/>	<input type="radio"/>	Attending ranger-led talks/programs
<input type="radio"/>	<input type="radio"/>	Birdwatching/wildlife viewing/wildflower viewing
<input type="radio"/>	<input type="radio"/>	Camping
<input type="radio"/>	<input type="radio"/>	Climbing
<input type="radio"/>	<input type="radio"/>	Fishing
<input type="radio"/>	<input type="radio"/>	Hiking/walking
<input type="radio"/>	<input type="radio"/>	Hunting/trapping
<input type="radio"/>	<input type="radio"/>	Obtaining National Park passport stamp
<input type="radio"/>	<input type="radio"/>	Overnight backpacking
<input type="radio"/>	<input type="radio"/>	Participate in Junior Ranger program
<input type="radio"/>	<input type="radio"/>	Picnicking
<input type="radio"/>	<input type="radio"/>	Shopping in park bookstore (at visitor center)
<input type="radio"/>	<input type="radio"/>	Stop at scenic overlooks
<input type="radio"/>	<input type="radio"/>	Swimming
<input type="radio"/>	<input type="radio"/>	Water sport (rafting, canoeing, kayaking, etc.)
<input type="radio"/>	n/a	Other – this visit (Specify below)
n/a	<input type="radio"/>	Other – future visit (Specify below)

**TOPIC AREA 6 - EVALSERV13**

14. a) Please mark (•) **all** services and facilities that your personal group **used** at [*SPECIFY PARK NAME*] during this visit.
- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.
- c) For only those services and facilities that 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
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Campground	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper	_____	_____
<input type="radio"/> Park website: www.nps.gov/ used before or during visit	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Toilet facilities	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center (overall)	_____	_____

**TOPIC AREA 3 - FVIS16**

15. If you were to visit [*SPECIFY PARK NAME*] in the future, what additional services/facilities would personal group like to have available? Please be specific.

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**TOPIC AREA 3 - FVIS19**

16. If your personal group were to visit [**SPECIFY PARK NAME**] in the future, what would you like to have available for purchase at the visitor center bookstore?

- None
- Additional publications (books, brochures, maps, etc.)  
List subject that you are interested in \_\_\_\_\_
- Convenience items (disposable cameras, batteries, bottled water, etc.)
- Souvenir items (tee shirts, etc.)
- Other (Please specify) \_\_\_\_\_

**TOPIC AREA 3 - ACT7**

17. a) On this visit to [**SPECIFY PARK NAME**], did you and your personal group attend any ranger-led programs/talks?

- Yes  No

**TOPIC AREA 6 - EVALSERV22**

If YES, please rate the following aspects of the program/talk. Please mark (•) **one** for each aspect.

- b) Program length  Too short  About right  Too long
- c) Topics discussed on program  Of interest  NOT of interest

**TOPIC AREA 6 - EVALSERV20**

d) Is there any aspect of the story that needs to be strengthened?

- No
- Yes → Please be specific. \_\_\_\_\_
- \_\_\_\_\_

**TOPIC AREA 3 - FVIS7**

18. a) If your personal group were to visit [**SPECIFY PARK NAME**] in the future, please list any ranger-led program that you would like to have available. Please be specific.

- Not interested in any program → **Go to Question 19**

**TOPIC AREA 3 - FVIS8**

b) What length of ranger-led program would your personal group like to attend? Please mark (.) one for each program.

a) Program	b) Preferred program length			
	Under ½ hour	½-1 hour	1-2 hours	More than 2 hours
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOPIC AREA 3 - FVIS11**

c) What time of the day would be most suitable for you to attend a ranger-led program/talk?

- Between 8am and 10am
- Between 10am and noon
- After noon to 2pm
- Between 2pm to 4pm
- Other (Please specify) \_\_\_\_\_

**TOPIC AREA 6 - EVALSERV1**

19. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at [SPECIFY PARK NAME] 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 7 - ECON4**

20. For your personal group, please estimate all expenditures for the items listed below for this visit to [SPECIFY PARK NAME] and the surrounding area (within 50 miles of any entrance point). Please write "0" if no money was spent in a particular category. For the expenditures, please consider rounding your expenses to the nearest whole dollar amount.

- a) Please list your personal group's total expenditures inside [SPECIFY PARK NAME]
- b) Please list your personal group's total expenditures in the communities in surrounding area outside the park (within 50 miles of any entrance point).

NOTE: Surrounding area residents should only include expenditures that were just for this trip to [SPECIFY PARK NAME]

Expenditures	a) Inside [SPECIFY	b) In the communities
--------------	--------------------	-----------------------

	PARK NAME]	within 50 miles
Spent no money (•)	<input type="radio"/> → Go to (b)	<input type="radio"/> → Go to (d)
Lodge, motel, rented condo/home, cabin, etc.		\$ _____
Camping fees and charges (including backcountry)	\$ _____	\$ _____
Water rafting/kayaking/canoeing guide fees and charges	\$ _____	\$ _____
Other guide fees and charges	\$ _____	\$ _____
Restaurants and bars	n/a	\$ _____
Groceries and takeout food	n/a	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses (rental cars, auto repairs, taxis, but NOT airfare)	n/a	\$ _____
Admission, recreation, entertainment fees	n/a	\$ _____
All other expenditures (souvenirs, books, sporting goods, donations, etc.)	\$ _____	\$ _____

#### 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 - TRIPC23

21. Please mark (•) all the communities in [SPECIFY PARK NAME] area in which your personal group obtained support services on this visit.

Did not use any services in listed communities → Go to Question 22

Service	Community	Community
Buy gasoline	<input type="radio"/>	<input type="radio"/>
Buy groceries	<input type="radio"/>	<input type="radio"/>
Buy photography/art supplies	<input type="radio"/>	<input type="radio"/>
Buy recreational equipment/supplies	<input type="radio"/>	<input type="radio"/>
Eat a meal	<input type="radio"/>	<input type="radio"/>
Guide services (hunting, fishing, etc.)	<input type="radio"/>	<input type="radio"/>
Obtain travel/ tourist information	<input type="radio"/>	<input type="radio"/>
Shop	<input type="radio"/>	<input type="radio"/>
Stay overnight in a campground/RV park	<input type="radio"/>	<input type="radio"/>
Stay overnight in a motel/hotel/B&B/etc.	<input type="radio"/>	<input type="radio"/>
Use sport facilities (golf course, archery range, etc.)	<input type="radio"/>	<input type="radio"/>

- Visit art gallery/ museums
- Other (Please specify below)

**TOPIC AREA 3 - TRIPC21**

22. a) On this visit to [SPECIFY PARK NAME], were there any support services or products that your personal group needed but were not available inside the park or in the area (within 50 miles of any entrance point)?

- Yes  No → Go to Question 23

**TOPIC AREA 3 - TRIPC22**

b) If YES, what were the products/services that your group needed but were not available? Please be specific

Location	Service/product
_____	_____
_____	_____
_____	_____

**TOPIC AREA 3 - FVIS5**

23. If you were to visit [SPECIFY PARK NAME] in the future, how would your personal group prefer to learn about cultural and natural history/features of the park? Please mark ( . ) all that apply.

- Not interested in learning about the park → Go to Question 24
- Indoor exhibits  Outdoor exhibits
- Park website: www.nps.gov/  Cell phone tour
- Volunteer opportunities  Smart phone apps
- Interactive computer programs  Special events
- Other electronic medias (downloadable digital files, podcasts, Facebook, etc.)
- Audiovisual programs (DVD, video, or audio)
- Hands-on activities with touchable subjects/artifacts
- Living history demonstrations/costumed interpretive programs
- Self-guided with printed materials (brochures, books, maps, etc.)
- Other (Please specify) \_\_\_\_\_

**TOPIC AREA 1 - GR2**

24 On this visit, was your personal group part of the following types of organized groups?

- a) A List of Park Specific Activities listed here  Yes  No

**TOPIC AREA 1 - GR3**

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

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

**TOPIC AREA 1 - GR1**

25. a) On this visit, what type of personal group (not guided tour/school/other organized group) were you with? Please mark (.) **one**.

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

**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**

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

\_\_\_\_\_ Number of vehicles

**TOPIC AREA 1 - RACE/ETH1**

26. a) Are members of your personal group Hispanic or Latino? Please mark (.) **one** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TOPIC AREA 1 - RACE/ETH3**

b) 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 - AGE1**

27. For your personal group on this visit, please provide the following. (If you do not know the answer, leave blank).

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) What year was your first visit to the [SPECIFY PARK NAME]	d) Number of times visited the [SPECIFY PARK NAME] up to date (including this visit)
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

**TOPIC AREA 1 - GEND1**

28. For you only, what is your gender?

- Male       Female

**TOPIC AREA 1 - LANG1**

29. a & b) When visiting an area such as [SPECIFY PARK NAME], which languages do you and most members of your personal group prefer to use for the following?

- a) Speaking       English       Other (Specify) \_\_\_\_\_
- b) Reading       English       Other (Specify) \_\_\_\_\_

- c) In your opinion, what **services** in the park need to be provided in languages other than English?  
Please specify a service(s) or mark (●) "None."

Service(s) \_\_\_\_\_  None

**TOPIC AREA 1 - ED1**

30. 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 7 - ECON1**

31. a) Which category best represents your annual **household** income? Please mark (●) 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 7 - ECON2**

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

- Yes  No

**TOPIC AREA 6 - EVALSERV3**

32. a) What did your personal group like most about your visit to [**SPECIFY PARK NAME**]? \_\_\_\_\_

**TOPIC AREA 6 - EVALSERV2**

- b) What did your personal group like least about your visit to [**SPECIFY PARK NAME**]? \_\_\_\_\_

**TOPIC AREA 6 - OPMGMT1**

33. If you were a manager planning for the future of [**SPECIFY PARK NAME**] what would your personal group propose? \_\_\_\_\_

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**TOPIC AREA 6 - OPMGMT3**

34. Is there anything else your personal group would like to tell us about your visit to [SPECIFY PARK NAME]?

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**Topic Area 6 - EVALSERV1**

35. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at [SPECIFY PARK NAME] 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"/>

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

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139**

**The questions in the following sections are site specific  
and will use in the recreation areas listed  
along with the questions above**

- **Addendum 1: Big South Fort National River Recreation Area (BISO)**
- **Addendum 2: Obed Wild and Scenic River (OBED)**
- **Addendum 3: Mesa Verde National Park (MEVE)**
- **Addendum 4: Sequoia and Kings Canyon National Park (SEKI)**
- **Addendum 5: Steamtown National Historic Site (STEA)**
- **Addendum 6: Canyon de Chelly National Monument (CACH)**

## Addendum 1: Big South Fort National River Recreation Area (BISO)

### Topic Area 1 - KNOW9

2. a) Prior to your visit, were members of your personal group aware of food storage regulations in bear country at Big South Fork NRRRA?
- Yes                       No

### Topic Area 3 - LEARN6

- b) During your visit, did your personal group learn about bear country food storage regulations from rangers, brochures, exhibits, or by other means?
- Yes                       No

## Addendum 2: Questions Specific to Obed Wild and Scenic River (OBED)

<b>TOPIC AREA 3 - ACT23</b>
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8. a) During this visit to **Obed** did your personal group participate in any type of rock climbing activity?
- Yes                                       No → **Go to Question 9**
- b) If YES, what type of rock climbing did your personal group participate in? Please mark (•) **all** that apply.
- Traditional rock climbing (with traditional gears)
- Sport climbing (bolted routes)
- Bouldering
- Scrambling without rope or gear
- Other (Please specify) \_\_\_\_\_
- c) Where did your personal group climb on this visit to **Obed** Please mark (•) **all** that apply.
- |  |   |
|--|---|
| <input type="radio"/> Lilly Boulder Field          | <input type="radio"/> Obed Wall         |
| <input type="radio"/> Lilly Bluff                  | <input type="radio"/> South Clear Creek |
| <input type="radio"/> Middle Clear Creek           | <input type="radio"/> Y12               |
| <input type="radio"/> North Clear Creek            |   |
| <input type="radio"/> Other (Please specify) _____ |   |

### Addendum 3: Questions Specific to Mesa Verde National Park (MEVE)

**Topic Area 3 - LEARN1**

8. a) Please mark (●) **all** of the topics that your personal group learned about on this visit to Mesa Verde NP after viewing exhibits, movies, talking to rangers, etc.

Mark this box if you did not learn about any of these topics on this visit then → **Go to part (c) of this question**

b) Please indicate how much your level of understanding of each topic improved during your visit. Please mark (●) **one** answer for each topic.

c) Next, mark (●) the topics your personal group would be interested in learning (or learning more) about on a future visit.

(A) Learned about the topic		(B) Level of understanding improved				(C) Interested in learning more on future visits		
Yes	No	Topic	Not at all	Very Little	About the Same	A great deal	Yes	No
<input type="radio"/>	<input type="radio"/>	Culture of the Ancestral Puebloans <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Contemporary American Indian connections to Mesa Verde <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Topics about the environment (plants, animals, etc.) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Preservation and study of archeological sites at Mesa Verde <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>



**Addendum 4: Sequoia and Kings Canyon National Park (SEKI)****Topic Area 1 - KNOW11**

18. a) Wildfires are part of the Sierra Nevada ecosystem. Park managers use prescribed fire or manage lightning-caused fires to achieve ecological benefits and to reduce hazardous fuels to prevent destructive fires. They suppress any fire that threatens life or property. Prior to your visit to Sequoia and Kings Canyon NPs, was anyone in your personal group aware of this fire policy?

Yes                       No                       Not sure

b) Are you aware that your personal group may experience smoke from prescribed fires, managed wildfires, or suppression fires during your visit to Sequoia and Kings Canyon NPs?

Yes                       No                       Not sure

## Addendum 5: Steamtown National Historic Site (STEA)

### Topic Area 3 - FVIS7

19. If you were to visit Steamtown NHS in the future, would your personal group be likely to participate in a children's program? Please mark (•) **one**.
- Yes, likely
  - No, not likely, we don't have/won't be traveling with children
  - No, we have children, but are not interested
  - Not sure

## Addendum 6: Canyon de Chelly National Monument (CACH)

### Topic Area 3 - ACT7

12. On this visit to Canyon de Chelly NM, did your personal group participate in a ranger-led talk/program?

- Yes      → Go to Question 13  
 No        → Go to Question 14

### Topic Area 6 - EVALSERV22

13. a) If YES, which program did you attend? \_\_\_\_\_

For the program that your personal participated in, how would you rate the quality of the talk/program? Please mark (•) **one** response for each of the following aspects of the program.

- |  |  |  |
|--|--|--|
| b) Program length  | c) Program schedule  | d) Topics discussed in the program   |
| <input type="radio"/> Too short<br><input type="radio"/> About right<br><input type="radio"/> Too long | <input type="radio"/> Able to attend at desired time<br><input type="radio"/> NOT able to attend at desired time | <input type="radio"/> Of interest<br><input type="radio"/> NOT of interest |

### Topic Area 3 - LEARN11

e) In the program, did you learn something about Canyon de Chelly NM that is relevant or meaningful to your life today?

- Yes  
 No  
 Not sure

### Topic Area 6 - EVALSERV20

f) Is there any aspect of the story that needs to be strengthened?

- No  
 Yes (Please be specific.) \_\_\_\_\_