

## Instrument A – Transportation Effects on Soundscape Experience - DENA

### “Understanding and Managing Soundscapes in National Parks: Denali National Park and Preserve Visitor Use Survey”

Today we are conducting a visitor survey that includes a listening portion which directs your attention to the sounds of the park. If you are interested in participating, you will be asked to **fill out a checklist to identify sounds you heard today**. This survey will be used to help the National Park Service (NPS) understand the effects of natural and human sounds in the park. This exercise is voluntary and anonymous. It will take approximately 15 minutes to complete.

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

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

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

Step 4: **Please put a ✓ check mark next to each sound that you heard during the exercise.** If a sound is not listed, please write the sound(s) in the blank spaces (next to “Other”) provided at the bottom of the **SOUNDS** column on page 3. **Again, only put a ✓ check mark next to each sound that you actually heard during the exercise.**

Step 5: Under the **ACCEPTABILITY OF SOUNDS AT THIS LOCATION** column, please circle one number which best describes how unacceptable or acceptable the sound was for this location in the park: The scale is on a continuum from: - 4 as very unacceptable, - 2 as slightly unacceptable, 0 as neutral, +2 as slightly acceptable, and + 4 as very acceptable.

Step 6: Under the **PERSONAL INTERPRETATION** column, please circle one number which best describes how pleasing or annoying the sound was to you: The scale is on a continuum from: -4 as very annoying, - 2 as slightly annoying, 0 as neutral, +2 as slightly pleasing, and + 4 as very pleasing.

Step 7: Under the **FEELINGS OR EMOTIONS ASSOCIATED WITH SOUNDS** column, please list any feelings or emotions that you associated with each of the sounds you checked✓. **Please only respond to the questions corresponding to sounds you actually heard.**

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

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

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

Step 8: Please answer a few questions about your visit to the park on page 4.

Step 9: Please answer a few questions about yourself and your group on pages 5 and 6.

***Thank you for your participation!***

[Topic Area 4. SOUND9]

SOUNDS	DID YOU HEAR THIS SOUND?	ACCEPTABILITY OF SOUND AT THIS LOCATION					PERSONAL INTERPRETATION OF THIS SOUND					FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND								
		Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing									
Wind	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
High wind	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Wind moving gear (e.g. tent, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Rivers or streams, etc.	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Rain	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Snow or sleet	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Thunder	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Avalanche/rock-fall	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Mammal, small	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Mammal, large	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Bird song/chatter	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Insect (s)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Group of people talking	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Ranger talk	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Group activities	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

SOUNDS	DID YOU HEAR THIS SOUND?	ACCEPTABILITY OF SOUND AT THIS LOCATION					PERSONAL INTERPRETATION OF THIS SOUND					FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND								
		Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing									
Walking sounds	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Climbing gear sounds	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Camera	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Cell phone/2-way Radio	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Other electronic device	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Unknown	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Jet	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Propeller	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Aircraft, Helicopter	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Vehicle	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Shuttle bus	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Train	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Bicycle	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Grounds Care (maintenance, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Other:	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

1. Visitors have different reasons for visiting Denali. How important to you was each of the following reasons for your visit? (Check one box for each item)

**[Topic 4. VARIATION PREF1]**

	Not important at all	Slightly important	Moderately important	Very important	Extremely important
Appreciate the scenic beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get some exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience the sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience a sense of connection with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy peace and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience a sense of challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate how your experience of each of the following items during your visit compared with your expectations. (Check one box for each item)

**[Topic Area 6 – Individual Perceptions of their Park Experiences]**

	How did it <u>compare to your expectations</u> ?					
	I had no expectation	A lot less than expected	Less than expected	About as expected	More than expected	A lot more than expected
Number of people you saw while hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time during the trip you heard aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to view wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to experience sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time during the trip you heard vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How satisfied or dissatisfied were you with the opportunity to experience the natural quiet and sounds of nature during your visit? (Circle one)

**[Topic Area 6 – Individual Perceptions of their Park Experiences]**

-4	-3	-2	-1	0	1	2	3	4
Extremely	Very	Moderately	Slightly	Neither dissatisfied nor satisfied	Slightly	Moderately	Very	Extremely
	<b>Dissatisfied</b>					<b>Satisfied</b>		

4. a) Have you ever visited Denali National Park and Preserve? (Check one)  
[Topic Area 1. VISITHIS1]

- Yes  No *Skip to Question 5*

b) Including today, approximately how many times have you visited Denali?  
[Topic Area 1. VARIATION VISITHIS3]

Approximate number of visits: \_\_\_\_\_

c) Approximately how long did you visit Denali?  
[Topic Area 3. VARIATION TRIPC11]

- Today only  2 – 3 Days  
 4 – 7 Days  8 – 11 Days  
 12 – 14 Days  More than 2 Weeks

5. a) On this visit, what kind of personal group were you with? Please mark **one**. Your personal group is anyone you were visiting the park with, such as spouse, family, friends, etc. This does not include larger groups, such as school, church, scouts, or tours.  
[Topic Area 1. VARIATION GR5]

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

b) On this visit, how many people were in your personal group, including yourself?  
[Topic Area 1. GR3]

Approximate number of people: \_\_\_\_\_

6. a) Were you and your personal group part of a larger group? (Check one)  
[Topic Area 1. VARIATION GR6 – with accompanying Q7]

- Yes  No *Skip to Question 7*

b) If YES, what type of larger group were you and your personal group part of? (Check one)  
[Topic Area 1. VARIATION GR6]

- Commercial guided tour group  School/ educational group  
 History club/ elder hostel  Family reunion group  
 Other organized group (such as business group, scout group, etc.)

c) How many people in total were in this larger group?  
[Topic Area 1 – Individual Characteristics]

Approximate number of people: \_\_\_\_\_

7. Which of the following was your **primary** activity during your visit to Denali?  
(Check one)  
[Topic Area 3. VARIATION ACT23]

- Day hiking  Mountaineering  
 Backpacking  Wildlife viewing  
 Camping  Other: \_\_\_\_\_

8. What was your **primary** destination during your visit to Denali?  
[Topic Area 3 – Individual Activities and Uses of Park Resources]

\_\_\_\_\_

9. Which of the following was your **primary** mode of transportation while in Denali?  
(Check one)  
[Topic Area 3 – Individual Activities and Uses of Park Resources]

- Hiked  Personal vehicle  
 Bicycle  Airplane  
 Park Shuttle Bus  Other: \_\_\_\_\_

10. What is your gender? (Check one)

[Topic Area 1. GEND2]

Male

Female

11. In what year were you born? Year born: \_\_\_\_\_

[Topic Area 1. AGE1]

12. Is your primary residence in the United States? (Check one)

[Topic Area 1. VARIATION RES2]

Yes (What is your zip code? \_\_\_\_\_ )

No (What country do you live in? \_\_\_\_\_ )

13. How would you describe your primary residence or community? (Check one)

[Topic Area 1 – Individual Characteristics]

Large city with 250,000 or more people

Town with 10,000 to 24,999 people

City with 100,000 to 249,999 people

Town with 5,000 to 9,999 people

City with 50,000 to 99,999 people

Small town with < 5,000 people

Small city with 25,000 to 49,999 people

A farm or rural area

14. What is the highest level of formal education you have completed? (Check one)

[Topic Area 1. ED2]

Less than high school

Two-year college degree

High school

Four-year college degree

Vocational/trade school certificate

Graduate degree

Some college

15. Are you Hispanic or Latino? (Check one)

[Topic Area 1. RACE/ETH1]

Hispanic or Latino

Not Hispanic or Latino

16. What is your race? (Check one or more)

[Topic Area 1. RACE/ETH3]

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

*Thank you for your participation.*

**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. Permanent data will be anonymous. 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. Public reporting for this form is estimated to average 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to: Barbara Samora, Natural Resource Manager, Mount Rainier National Park, 55210 238<sup>th</sup> Avenue East, Ashford, WA 98304, Barbara\_Samora@nps.gov

OMB Control Number: 1024-0224  
Current Expiration Date: 6/30/2011