

Understanding and Managing Soundscapes in National Parks: Bandelier National Monument Visitor Use Survey

TOPIC AREA 4: SOUND9 --- Pages 2 and 3

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 a survey administrator. 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, 5, 6, and 7.

Step 9: Please answer a few questions about yourself and your group on pages 8 and 9.

Thank you for your participation!

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			
Running Water	<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			
Thunder	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4			
Small Mammal (e. g. Squirrel or Chipmunk)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4			
Large Mammal (e.g. Deer, etc.)	<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			
Small Group Talking	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4			
Large Group Talking	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4			
Children	<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			
Cultural Sounds (e.g., Drumming, Singing, Poetry, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4			
Electronic Devices (e.g., Cell Phone,	<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									
Radio, Camera, etc.)																				
Mechanical Noise (e.g., Compressor, Generator, Fan, etc.)	<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	
Shuttle Bus	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Passenger Car	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Motorcycle	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Work Vehicle (e.g., Delivery Truck, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Vehicle Horn or Alarm	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Park Maintenance (Trail Work, Repair, etc.)	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	
Explosion																				
Other (please specify): _____	<input type="checkbox"/> Yes	-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4	

TOPIC AREA 3: LEARN, and VERP13

2. Bandelier is interested in your visitor experience and whether A) you experienced the following while in the park, B) how acceptable it was or would be, and C) what specific reactions or emotions (e.g., calming, informative, cheesy, stupid) you had, or would have, with experiencing the following. (Please circle YES or NO for column A, circle one number which best describes how unacceptable or acceptable the experience was or would be in column B, and write any associated feelings or emotions with experiencing the following, in the spaces provided in column C).

STATEMENTS	A		B									C
	DID YOU EXPERIENCE THIS TODAY?		DID YOU (OR WOULD YOU) FIND THIS UNACCEPTABLE OR ACCEPTABLE?									
	YES	NO	Very Unacceptable	Slightly Unacceptable	Neutral	Slightly Acceptable	Very Acceptable					
a. Sign(s) informing you about the park's concerns with human-caused noise.	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
b. Sign(s) informing you that you may hear traditional cultural sounds (e.g. drumming, singing, chanting).	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
c. Traditional cultural sounds (e.g. drumming, singing, chanting).	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
d. Park rangers stationed along the trail quieting visitors.	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
e. Visitors behaving more respectfully around the cavate areas.	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
f. Visitors being quiet (e.g., whispering, not talking at all) around cavate ruins.	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	
g. Other: _____ _____	YES	NO	-4	-3	-2	-1	0	+1	+2	+3	+4	

TOPIC AREA 3: ACT20

3. Did you notice a sign informing you that you may hear traditional cultural sounds such as drumming, singing and chanting during your visit?
- Yes No (If No, skip to 5)

TOPIC AREA 5: VERP and TOPIC AREA 6 : EVALSERV

4. How much did the signage near the cavates...	Not at all	Slightly	Somewhat	Moderately	Very Much
a. Enhance your visitor experience	1	2	3	4	5
b. Increase your understanding of traditional Pueblo cultures	1	2	3	4	5
c. Increase your understanding of Bandelier's significance	1	2	3	4	5
d. Increase your understanding of Bandelier's mission	1	2	3	4	5
e. Increase your appreciation of Bandelier	1	2	3	4	5
f. Other: _____	1	2	3	4	5

TOPIC AREA 3: ACT26

5. Did you hear traditional cultural sounds such as drumming, singing and chanting during your visit?
- Yes No (If No, skip to 8)

TOPIC AREA 3: ACT

6. Did you make a conscious effort to listen for traditional cultural sounds while at the park today? (Choose one and explain why)
- Yes Why? _____
- No Why not? _____

TOPIC AREA 5 : VERP and TOPIC AREA 6 : EVALSERV

7. How much did the traditional cultural sounds...	Not at all	Slightly	Somewhat	Moderately	Very Much
a. Enhance your visitor experience	1	2	3	4	5
b. Increase your understanding of traditional Pueblo cultures	1	2	3	4	5
c. Increase your understanding of Bandelier's significance	1	2	3	4	5
d. Increase your understanding of Bandelier's mission	1	2	3	4	5
e. Increase your appreciation of Bandelier	1	2	3	4	5
f. Other: _____	1	2	3	4	5

TOPIC AREA 4: SOUND

8. Did you make a conscious effort to limit the amount of noise you made in the park today? (Choose one and explain why)
- Yes Why? _____
- No Why not? _____

TOPIC AREA 3: TRANS1

9. Which of the following was your primary mode of transportation to Bandelier? (Check one)

- Personal vehicle
 Park shuttle bus
 Bicycle
 Other: _____

TOPIC AREA 3: TRANS and TOPIC AREA 4: PREFERENCES/MOTIVES/ATTITUDES

10. We would like to know how you feel about using the shuttle system in Bandelier. For each statement below, please rate how much you agree or disagree that the statement describes traveling using the Bandelier shuttle bus. (Please answer this part even if you have not yet used the shuttle bus system).

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
a. You have easy access to your personal belongings (such as recreation equipment)	1	2	3	4
b. You have an opportunity to learn about the park while traveling	1	2	3	4
c. Travel is affordable or low cost	1	2	3	4
d. You have opportunities to see wildlife	1	2	3	4
e. It is easy to find your way around the park	1	2	3	4
f. You have pleasant interactions with other visitors	1	2	3	4
g. It takes too long to get where you want to go	1	2	3	4
h. You feel safe	1	2	3	4
i. You have little impact on park's natural environment	1	2	3	4
j. You connect with the natural environment	1	2	3	4
k. You hear natural sounds	1	2	3	4
l. You have easy access to different areas of the park	1	2	3	4
m. You hear the sounds of traffic	1	2	3	4
n. It is easy to get to scenic overlooks/vistas	1	2	3	4
p. You experience a sense of freedom	1	2	3	4
q. You feel stressed while traveling through the park	1	2	3	4
r. You have trouble finding parking	1	2	3	4
s. You can go "where you want, when you want"	1	2	3	4
t. You experience conflict with visitors using other kinds of transportation	1	2	3	4
u. You avoid traffic congestion	1	2	3	4
v. You feel crowded by other visitors	1	2	3	4

TOPIC AREA 4: PREF1

11. Visitors have different reasons for visiting Bandelier. Please tell us the importance of each of the following reasons for your visit?

(Check one box for each item)

	Not important at all	Slightly important	Moderately important	Very important	Extremely important
Appreciating the scenic beauty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting some exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing the sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing cultural sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing a sense of connection with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoying peace and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing a sense of challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appreciating the archeological and cultural sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing Bandelier in an air-tour over flight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 5: CROWDATT12

12. From each of the items listed below, please indicate how your experience compared with your expectations during your visit to Bandelier.

(Check one box for each item)

How did it compare to your expectations?

	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 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 you heard vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time you heard other visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to experience cultural sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOPIC AREA 1: VISITHIS1

13. a) Is this your first visit to Bandelier? (Check one)

- Yes (If Yes, skip to #14)
- No

b) Including today, approximately how many times have you visited Bandelier?

Approximate number of visits: _____

TOPIC AREA 3 - TRIPC6

14. Approximately how long did you visit Bandelier?

- Today only
- 2 – 3 Days
- 4 – 7 Days
- More than 7 Days

TOPIC AREA 1: GR1

15. 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.

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

TOPIC AREA 1: GR3

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

Approximate number of people: _____

TOPIC AREA 1: GR1

16. a) Were you and your personal group part of a larger group? (Check one)

- Yes
- No (If No, skip to #17)

TOPIC AREA 1: GR2

b) If YES, what type of larger group were you and your personal group part of? (Check one)

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

c) How many people in total were in this larger group?

Approximate number of people: _____

TOPIC AREA 3: ACT2

17. Which of the following was your **primary** activity during your visit to Bandelier? (Check one)

- Day hiking
- Archeological/cultural interests
- Backpacking
- Wildlife viewing
- Camping
- Other: _____

TOPIC AREA 3: ITIN1

18. What was your **primary** destination during your visit to Bandelier?

TOPIC AREA 3: ACT12

19. Have you participated in an air-tourism over flight of Bandelier?

- Yes
- No

TOPIC AREA 3: TRIP BEHAVIORS (ACT12)

20. Have you participated in an air-tourism over flight over any other parks?

- Yes (If Yes, where?)
- No

TOPIC AREA 1: GEND1

21. What is your gender? (Check one)
- Male Female

TOPIC AREA 1: AGE2

22. In what year were you born? Year born: _____

TOPIC AREA 1: RES3

23. Is your **primary** residence in the United States? (Check one)
- Yes (What is your zip code? _____)
- No (What country do you live in? _____)

TOPIC AREA 1: RES

24. How would you describe your primary residence or community? (Check one)
- | | |
|--|--|
| <input type="checkbox"/> Large city with 250,000 or more people | <input type="checkbox"/> Town with 10,000 to 24,999 people |
| <input type="checkbox"/> City with 100,000 to 249,999 people | <input type="checkbox"/> Town with 5,000 to 9,999 people |
| <input type="checkbox"/> City with 50,000 to 99,999 people | <input type="checkbox"/> Small town with < 5,000 people |
| <input type="checkbox"/> Small city with 25,000 to 49,999 people | <input type="checkbox"/> A farm or rural area |

TOPIC AREA 1: ED2

25. What is the highest level of formal education you have completed? (Check one)
- | | |
|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Two-year college degree |
| <input type="checkbox"/> High school | <input type="checkbox"/> Four-year college degree |
| <input type="checkbox"/> Vocational/trade school certificate | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college | |

TOPIC AREA 1: RACE/ETH 2

26. Are you Hispanic or Latino? (Check one)
- Hispanic or Latino Not Hispanic or Latino

TOPIC AREA 1: RACE/ETH4

27. What is your race? (Check one or more)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Thank you for your participation.

PAPERWORK REDUCTION ACT STATEMENT:

The National Park Service is authorized by 16 U.S.C. 1a-7 to collect this information. We will use this information to evaluate the effects of natural and human sounds in Bandelier National Monument. Your response is voluntary and anonymous. Your name will never be associated with your responses. Please do not put your name or contact information on this questionnaire. 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 15 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Barbara A. Judy, Chief of Resources, Bandelier National Monument, 15 Entrance Road, Los Alamos NM 87544-9508; or Barbara_Judy@nps.gov (email).

