OMB Control Number 1024-0XXX

Expiration Date: XX/XX/XXXX

Screener Sampling Protocol and Script

for the On-site Visitor Survey

The goal for recruiting the participants for the focus groups is to assemble a mix of participant types. Each of the 4 focus groups will have 9 participants according to the following guidelines:

Gender: No more than 5 of any gender in a group

Age: No more than 5 in either category in a group

Children: No more than 7 without children in a group

Hikers/Non-Hikers: No more than 7 non-hikers in a group

The potential respondent universe is all visitors to the park during the 4 days that the focus groups will be held. Potential respondents will be approached at highly visited area of the park, possibly the visitor center. Recruiting for that day’s focus group will take place during the morning and afternoon; the focus group will be held in the evening on the park premises. The respondent will be told the time, location, and duration of the focus group, and asked if they would be willing to attend. If so, the recruiter will ask the questions in the screener to determine if there is a slot available for that particular respondent. The respondents will be approached in a random manner initially, but if some slots are difficult to fill, people who seem to fit the description of the desired participant type (i.e., accompanied by young children, carrying hiking poles, etc.) may be targeted later in the day.

DATE:\_\_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_\_\_\_\_LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INTERVIEWER INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Good morning/afternoon. I am with the National Park Service and we are in the process of developing a questionnaire that will be used to evaluate visitors’ perceptions of sounds in national parks. Do you mind if I ask you a few questions? The questions should take five minutes of your time.

1. Would you be willing to help us?

**IF NO**: I understand, for our records could you please give a short reason why you won’t participate?

**[RECORD REASON]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you, and have a great visit.

**IF YES:** Great! First, I’d like to ask you just a couple of questions.

1. **[check one; do not ask]** Gender

\_\_\_\_ Male \_\_\_\_ Female

1. Can you tell me which of the following categories best describes your age?

\_\_\_\_\_Under 18 🡪 **[Thank respondent and terminate]**

\_\_\_\_18 to 49

\_\_\_\_ 50 and older

1. On this visit did you and your personal group do any hiking?

\_\_\_\_Yes

\_\_\_\_No

1. Are you visiting with any children under the age of 16?

\_\_\_\_Yes

\_\_\_\_No

Thank you for helping us. As part of that effort we are conducting focus groups to provide feedback on the questionnaire. We would really like your input. The focus group is voluntary and if we have a slot available it should take approximately 90 minutes of your time later today.

**[Check slot availability based on the responses collected above]**

**If slots are NOT available**: It looks like we have already filled all our slots for people with your characteristics. Thank you for taking the time to speak with me today. Enjoy the rest of your visit.

**If slots ARE available:** Great, we still have slots available for you to participate. Are you available to participate in the 90 minute discussion group at [location] at [time]?

**IF YES**: Great. We look forward to your participation. May I have your name so that we can keep track of the participants?

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO**: Thank you and please enjoy the rest of your visit.

**The Paperwork Reduction Act statement will be available upon request.**

**PAPERWORK REDUCTION ACT STATEMENT**: *The National Park Service is authorized by 6 U.S.C. 1a-7 to collect this information. This information will be used by park managers to understand visitor perceptions of sound in [insert park name]. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The permanent data connected with this collection will be anonymous. Please do not put your name or that of any member of your household on the questionnaire. 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.*

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**BURDEN ESTIMATE**: *The public reporting for this collection is estimated to be 5 minutes per respondent. This includes the time to complete the questionnaire and to participate in the follow-up interview process. Direct comments regarding the burden estimate or any other aspect of this form to: Catherine Taylor, Volpe National Transportation Systems Center, 55 Broadway, Cambridge, MA 02142,* [*catherine.taylor@dot.gov*](mailto:catherine.taylor@dot.gov) *(email).*