**OMB #: 0596-NEW**

**Expiration Date: XX/XX/201X**

**Guanella Pass**

**Visitor Survey**

**2014**

****

## ID: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Time:\_\_\_\_\_\_\_\_\_\_\_AM/PM Binder #: \_\_\_\_\_\_\_\_\_\_\_

## Location: Bierstadt / Square Top

## Weather: Sunny / Partly / Overcast / Raining

## Special Event: No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**A. Trip Description**

The questions in this section ask about your current trip to Guanella Pass. Please ask the surveyor to show

you a map of the area, if you need it to help answer the questions.

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**1. Including yourself, how many people are there in your personal group on this trip to Guanella Pass? (Enter number of people.)**

Number of people:\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**2. Are there any children under the age of 16 in your personal group on this trip to Guanella Pass? (Check one box.)**

 Yes (Number of children):\_\_\_\_\_\_\_\_\_\_

 No

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**3. Which of the following activities did you do during this trip to Guanella Pass? (Check one box for each item.)**

|  |  |  |
| --- | --- | --- |
|  | **Did**  **on this Trip** | **Did Not Do on this Trip** |
| **A.** Day hiking to Mt. Bierstadt summit |  |  |
| **B.** Day hiking to Square Top Lakes |  |  |
| **C.** Day hiking on Rosalie Trail |  |  |
| **D.** Day hiking to Mt. Evans via Mt. Bierstadt |  |  |
| **E.** Walking/Short hike (less than 1 hour) |  |  |
| **F.** Overnight backpacking (# of nights):\_\_\_\_\_\_\_\_ |  |  |
| **G.** Picnicking |  |  |
| **H.** Scenic driving |  |  |
| **I.** Fishing |  |  |
| **J.** Horseback riding |  |  |
| **K.** Road biking |  |  |
| **L.** Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**4. What of the activities listed in Question 3 is your primary activity on this trip to Guanella Pass? (Enter letter of primary activity or check the box.)**

Letter of primary activity:\_\_\_\_\_

**OR**

 I do not have a primary activity on this trip to Guanella Pass.

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**5. Which of the following other locations on Guanella Pass Road have you/will you visit today? (Check one box for each location.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Have Visited Today** | **Plan to Visit Today** | **Don’t Plan**  **to Visit Today** |
| Hiking Trails at Silver Dollar Lake |  |  |  |
| Hiking Trails at Silverdale |  |  |  |
| Hiking Trails at Abyss Lake |  |  |  |
| Picnic Area |  |  |  |
| Clear Lake Campground (# of nights):\_\_\_\_\_\_\_\_ |  |  |  |
| Roadside Campsite (# of nights): \_\_\_\_\_\_\_\_ |  |  |  |
| Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**IF YOU HIKED PART OR ALL OF THE WAY TO THE SUMMIT OF MT. BIERSTADT TODAY CONTINUE TO THE NEXT SECTION; OTHERWISE SKIP TO SECTION C**

**B. Hike to Mt. Bierstadt Summit**

The questions in this section ask about your hike to the Mt. Bierstadt summit today. If you did not hike

part or all of the way to the Mt. Bierstadt summit today, skip to Section C of the questionnaire.

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**6. Did you hike part or all of the way to the summit of Mt. Bierstadt today? (Check one box.)**

 Yes, I hiked part of the way to the summit

 Yes, I hiked all of the way to the summit

 No (SKIP TO QUESTION 12 in SECTION C)

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**7. Did you think it was crowded at any point during your hike to Mt. Bierstadt today? (Check**

**all that apply.)**

 Yes, it was crowded some or all of the time I was on the trail

 Yes, it was crowded some or all of the time I was on the summit

 No, it wasn’t crowded at any point during my hike

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**8. Did the presence of other people on the trail make you feel rushed or slow you down at any point during your hike to Mt. Bierstadt today? (Check one box.)**

 Yes

 No

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**9. Did you feel like the number of other people around you increased your risk or other people’s risk of being injured at any point during your hike to Mt. Bierstadt today? (Check all that apply.)**

 Yes, I felt this way some or all of the time I was on the trail

 Yes, I felt this way some or all of the time I was on the summit

 No, I didn’t feel this way at any point during my hike

**For the next question, please ask the surveyor to show you the photos he/she has of people on the**

**summit of Mt. Bierstadt.**

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**10. Which photo shows the maximum number of people you could see at one time on Mt. Bierstadt without thinking it was crowded? (Enter photo number or check the box.)**

Photo number:\_\_\_\_\_\_\_\_\_

**OR**

 I don’t think it looks crowded in any of the photos.

**Topic Area 4-Attitudes and Opinions about Services, Facilities, and Management**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**11. Should the number of people allowed to hike to the summit of Mt. Bierstadt each day be limited if it is needed to prevent crowding, even if it means you might have to change your plans about when to hike? (Check one box.)**

 Yes

 No

**C. Travel and Parking**

The next set of questions asks about your travel to and parking at Guanella Pass on this trip.

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0145)**

**12. Which route did you use to travel to Guanella Pass on this trip? (Refer to the surveyor’s route map and check one box.)**

 From I-70 in Georgetown (#1 on route map)

 From Highway 285 in Grant (#2 on route map)

 Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**13. In how many vehicles did you and your personal group travel to Guanella Pass on this trip? (Enter number of vehicles.)**

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

**OR**

 I/my personal group bicycled to Guanella Pass on this trip (SKIP TO QUESTION 18)

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**14. At approximately what time did you arrive at Guanella Pass today? (Enter time or**

**check box.)**

Approximate arrival time today:\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM (CIRCLE ONE)

**OR**

 I arrived on a different day (Please specify date of arrival):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1-Visitor and Trip Characteristics**

**New question, site-specific; pre-tested in this project with volunteer participants**

**15. Where did you park on this trip to Guanella Pass? (Refer to the surveyor’s parking map and check one box.)**

 Lower parking lot (Mt. Bierstadt Trailhead)

 Upper parking lot (Square Top Lakes Trailhead)

 Along the roadside on Guanella Pass Road

 Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 2-Perceptions and Evaluations of Transportation-related Conditions**

**New question; pre-tested in this project with volunteer participants**

**16. Do you agree or disagree with each of the following statements about where you parked at Guanella Pass? (Check one box for each item.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Where I parked is…** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| Safe |  |  |  |  |  |
| Convenient |  |  |  |  |  |
| Easy to find |  |  |  |  |  |
| Close to my destination(s) |  |  |  |  |  |
| Well marked (e.g., paint striping) |  |  |  |  |  |
| My preferred parking location |  |  |  |  |  |
| In a congested parking area |  |  |  |  |  |

**Topic Area 5-Transportation-related Preferences**

**Pre-tested and administered in previous study (OMB Control Number 1024-0145)**

**17. Imagine that when you were in Georgetown or Grant (depending on your travel route) a road**

**sign notified you that there was no more parking at Guanella Pass, but you could park and ride a**

**shuttle bus from town. What would you do? (Check one box.)**

 Go directly to Guanella Pass and look for parking anyway

 Park in town and take the shuttle bus to Guanella Pass

 Do something else until later in the day when you could find parking at Guanella Pass, then go

 Go to a different recreation area instead (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 2-Perceptions and Evaluations of Transportation-related Conditions**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**18. How much parking congestion do you think there is at Guanella Pass today?** **(Circle one number.)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Parking Congestion at all** | | **Slight Parking Congestion** |  | **Moderate  Parking  Congestion** | | |  |  | **Extreme Parking Congestion** | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**Topic Area 4-Attitudes and Opinions about Services, Facilities, and Management**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**19. Do you agree or disagree with each of the following statements about potential actions when parking lots are full at Guanella Pass? (Check one box for each item.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **When parking lots at Guanella Pass are full people should be…** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| …allowed to drive here and park wherever they can, including on the roadside. |  |  |  |  |  |
| …allowed to drive here to look for parking anyway, but not allowed to park on the roadside. |  |  |  |  |  |
| …directed to park in town and ride a shuttle bus here. |  |  |  |  |  |
| …directed to other recreation areas instead of visiting Guanella Pass that day. |  |  |  |  |  |

**D. Planning Your Trip to Guanella Pass**

The next set of questions asks about planning you may have done to prepare for this trip to Guanella Pass.

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0145)**

**20. How long ago did you decide to take this trip to Guanella Pass?** **(Check one box.)**

 Sometime today

 Yesterday

 In the last week

 More than a week ago, but less than a month ago

 A month or more before today

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**21. Which of the following sources of information did you use to plan this trip to Guanella Pass? (Check all that apply.)**

|  |  |
| --- | --- |
|  | Knowledge from previous visit (# of previous visits in last 3 years):\_\_\_\_\_\_\_\_\_ |
|  | Family/friends/word of mouth |
|  | Website (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Smartphone app |
|  | Social media (e.g., Facebook, Twitter) |
|  | Outdoor sports shop (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Traveler information radio station |
|  | Travel guide/Tour book |
|  | Convention/Visitor Bureau |
|  | Television |
|  | Newspaper/Magazine article |
|  | Hotel/Motel/Campground staff |
|  | Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0145)**

**22. When you planned this trip to Guanella Pass, did you think about the possibility that it might be crowded here?** **(Check one box.)**

 Yes

 No (SKIP TO QUESTION 24)

**Topic Area 3-Crowding and Visitor Experience Quality**

**Pre-tested and administered in previous study (OMB Control Number 1024-0145)**

**23. If you thought about the possibility of crowding when you planned this trip to Guanella Pass, how did it affect your trip plans?** **(Check all that apply.)**

 It did not affect my plans

 I visited at a time of day I thought would be less crowded

 I visited on a day of the week I thought would be less crowded

 I avoided places here I thought would be crowded today

 Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 5-Transportation-related Preferences**

**Pre-tested and administered in previous OMB-approved study (OMB Control Number 1024-0224)**

**24. How likely would you have been to use each of the following sources of information to plan your trip to Guanella Pass, if you could have gotten information about parking and crowding conditions?** **(Check one box for each item.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Likely** | **Not**  **Likely** | **Don’t Know/Not Sure** |
| Website |  |  |  |
| Smartphone app |  |  |  |
| Social media (e.g., Facebook, Twitter) |  |  |  |
| Text updates on cellular phone/smartphone |  |  |  |
| AM radio station |  |  |  |
| Telephone information line (message updated daily) |  |  |  |
| Telephone information line (live person) |  |  |  |
| Tourist information center |  |  |  |
| Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**E. Background Information**

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**25. What is your gender? (****Check one box.)**

 Male

 Female

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**26. In what year were you born?**

Year born:\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**27. Do you live in the United States? (Check one box.)**

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

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

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**28. What is the highest level of formal education you have completed?**

**(Check one box.)**

 Some high school

 High school graduate or GED

 Some college, business or trade school

 College, business or trade school graduate

 Some graduate school

 Master’s, doctoral or professional degree

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**29. Are you Hispanic or Latino? (Check one box.)**

 Yes

 No

**Topic Area 1-Visitor and Trip Characteristics**

**Pre-tested and administered in previous study (OMB Control Number 1024-0224)**

**30. What is your race? (Check all that apply.)**

 American Indian or Alaska Native

 Asian

 Black or African American

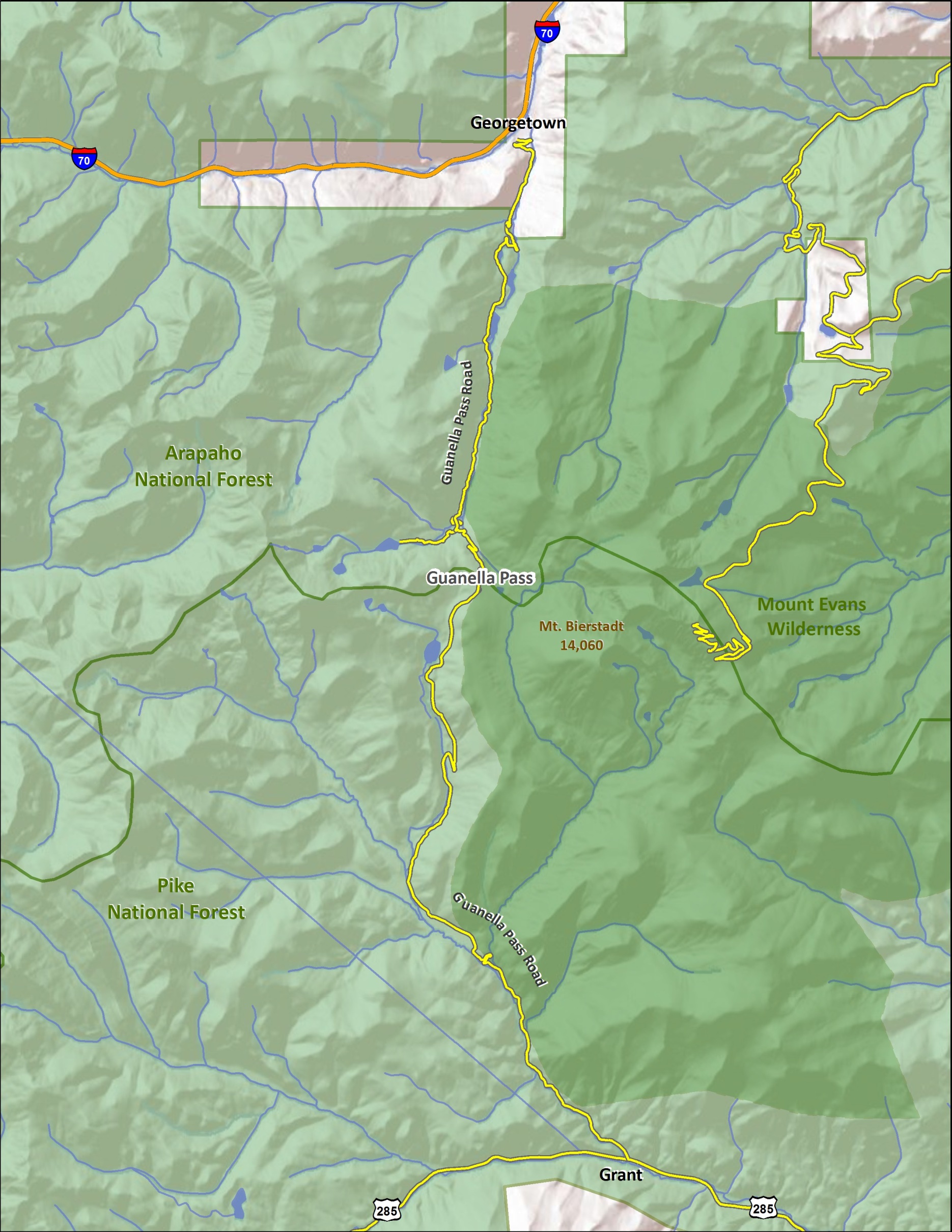
 Native Hawaiian

 Pacific Islander other than Native Hawaiian

 White

**Thank you for your help with this survey!**

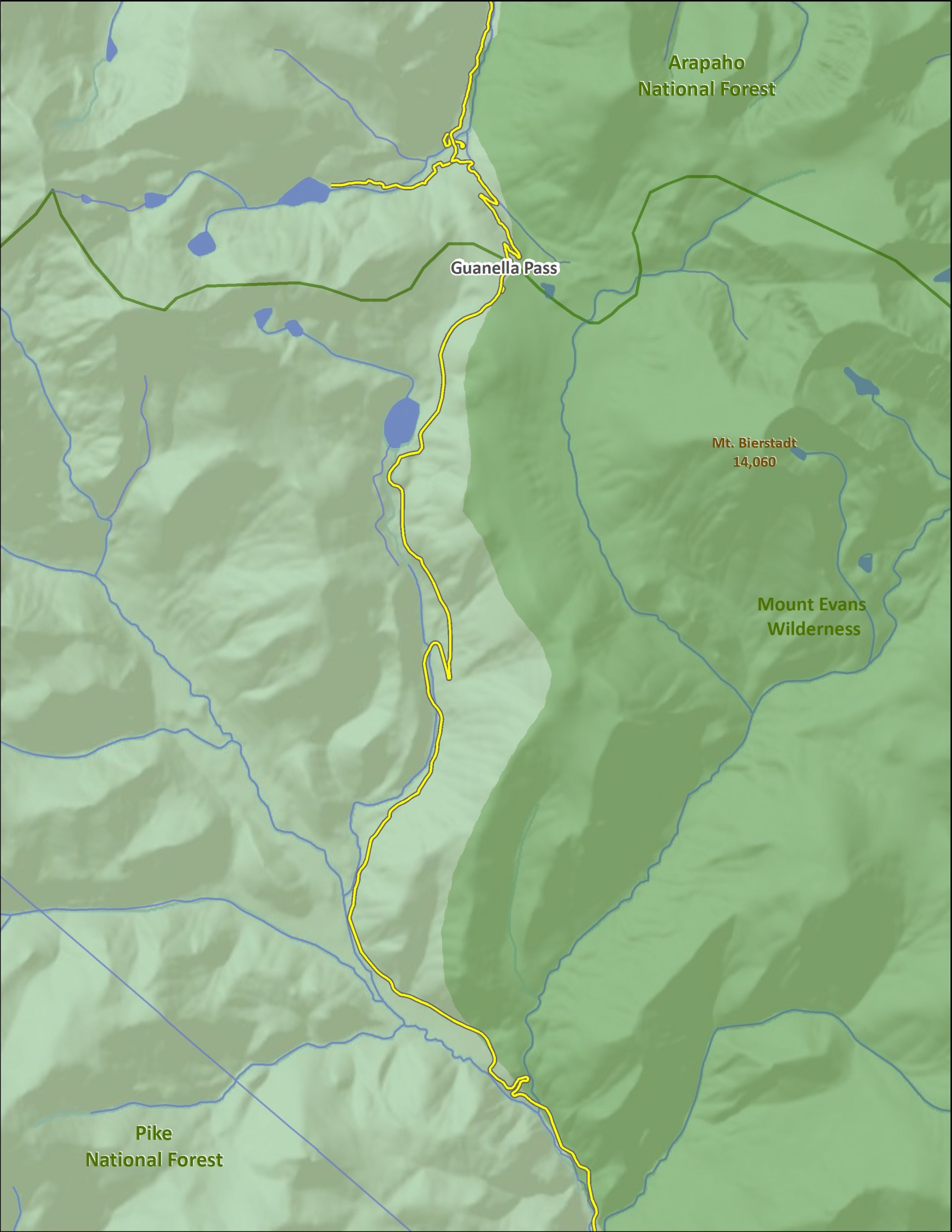
**Please return it to the surveyor.**



**Route Map**

**2**

**1**

C:\Users\brett\Pictures\RSG\Icons\Campground_Brown.jpgC:\Users\brett\Pictures\RSG\Icons\Campground_Brown.jpg

**Abyss Lake Trails**

**Area Map**

**Silverdale**

**Silver Dollar Lake**



**To Georgetown &**

**Parking Map**

**To Grant &**