

National Park Service

[NAME OF PARK] VISITOR SURVEY

Your participation in the survey is voluntary. There are no penalties for not answering some or all questions, but since each participant will represent many others who will not be surveyed, your cooperation is extremely important. The answers you provide will remain anonymous. Our results will be summarized so that the answers you provide cannot be associated with you or anyone in your group or household.

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Introduction

Welcome to the National Park Service visitor's experience questionnaire. Your answers will inform National Park managers about visitors' experiences at many different types of natural, cultural and historical sites in the United States. This questionnaire asks about your experiences during this visit to (NAME OF SITE).

Please wait to begin until the interviewer provides instructions on the first page.

1. Is this your first visit to (NAME of SITE) or had you visited here before?

First visit.....

Visited before **Answer a '1**

a. Approximately how many times have you visited (NAME of SITE) before?

Times before _____ (approximate)

Don't know /not sure.....

2. During this visit to (NAME OF SITE) did you go to or not go to each of the following locations?

REVISION NOTE: This question must be individually formatted for each site. Identifying locations within the site may require maps, photos or other aids in addition to names.

	Go to <input type="checkbox"/>	Not go to or uncertain <input type="checkbox"/>
a. _____.....	<input type="checkbox"/>	<input type="checkbox"/>
b. _____.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Other location [Please describe.].....	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you take part or not take part in each of the following activities during this visit to (NAME of SITE)?

	Take part <input type="checkbox"/>	Not take part <input type="checkbox"/>
a. Viewing the scenery.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewing a sunrise or sunset.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Picnicking or having a meal.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Watching birds.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Viewing wildlife (other than birds).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Hiking or walking.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Camping.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Entering a visitor center, lodge, store or other building.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Attending a ranger-led talk, walk, or campfire program.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Attending some other demonstration, talk or other organized activity or performance [Please describe.].....	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
k. Other activity [What activity?].....	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

4. How important was it that this visit to (NAME OF SITE) provide you with the opportunity to... (Mark "Not relevant" if an experience was not relevant for this visit.)

	<i>Not relevant</i> <input type="checkbox"/>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. View the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enjoy the natural quiet and sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciate the history and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience a sense of adventure or challenge...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During this visit to (NAME OF SITE) how much did you...
(Mark "Not relevant" if an experience was not relevant for this visit.)

	<i>Not relevant</i> <input type="checkbox"/>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. Appreciate the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enjoy the natural quiet and sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciate the history and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experience a feeling of calmness, peace or tranquility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Experience a sense of adventure or challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Answer Question A, B, and C about each of the sounds you heard during this visit to (NAME of SITE). (Mark "Not hear" if sound not present.)

SOUNDS	Not hear	A. How acceptable or unacceptable was this sound during this visit to (NAME OF SITE)?					B. How much did this sound please or annoy you during this visit to (NAME OF SITE)?					C. How much did this sound positively add to or negatively detract from your experience during this visit to (NAME OF SITE)?							
		--Unacceptable--		--Acceptable--			--Annoy--		--Please--			Negatively detract		--Positively add --					
		Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely	Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
a. Insect Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bird or animal sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Waterfalls, running water, or waves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wind, rain, or thunder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Group of people talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone's radio, TV, iPod, or other audio device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cars or trucks in a parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cars or trucks on a road or highway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Airplanes, jets, helicopters, or other aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Motorboats or motorized watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did you hear airplanes, jets, helicopters, or any other aircraft during this visit to (NAME OF SITE)?

Yes - heard.

No –did not hear..... *Skip to 11 on page 8.*

8. During this visit to (NAME OF SITE) how much did noise from airplanes, jets, helicopters or other aircraft bother, disturb or annoy you?

Not at all.....

Slightly.....

Moderately.....

Very.....

Extremely.....

9. How much did the sound from aircraft interfere with each of the following aspects of this visit to [NAME OF PARK OR SITE IN PARK]?

	<i>Not relevant</i>	----- Aircraft sound interfered -----				
	<input type="checkbox"/>	Not at all <input type="checkbox"/>	Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
a. Enjoyment of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appreciation of the natural quiet and sounds of nature at the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Appreciation of the historical and cultural significance of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To what extent to would you support or oppose each of the following potential actions at [NAME OF PARK]?

	Strongly Support ☐	Support ☐	Neither Support nor Oppose ☐	Oppose ☐	Strongly Oppose ☐	Don't Know/Not Sure ☐
a. Reduce the number of sightseeing tour aircraft allowed to fly over the park	☐	☐	☐	☐	☐	☐
b. Maintain the number of sightseeing tour aircraft allowed to fly over the park at the current level	☐	☐	☐	☐	☐	☐
c. Increase the number of sightseeing tour aircraft allowed to fly over the park	☐	☐	☐	☐	☐	☐
d. Allow sightseeing tour aircraft to be flown over the park only during specially designated dates and times	☐	☐	☐	☐	☐	☐
e. Allow sightseeing tour aircraft to use designated flight paths over limited areas of the park	☐	☐	☐	☐	☐	☐
f. Prohibit sightseeing tour aircraft from flying over the park	☐	☐	☐	☐	☐	☐

Background Information

11. How many adults and children were in your personal group (spouse, family, friends) on this visit to (NAME OF SITE)?

Adults (age 16 or over) _____Number

Children (age 15 or under) _____Number

12. Were you or your personal group part of some larger commercial, educational, or other organized group of visitors?

Yes.....

No.....

13. What is your gender?

Male.....

Female.....

14. In what year were you born?

Year			
1	9		

15. Where do you live?

United States..... **What is your Zip code?**

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Another country.... **What country do you live in?**

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

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.....

17. Are you Hispanic or Latino?

Yes.....
No.....

18. 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.....

Please give your questionnaire to the interviewer.

Thank you for completing the survey!