

Gateway National Recreation Area Visitor Study





United States Department of the Interior

NATIONAL PARK SERVICE

Gateway National Recreation Area

August, 2015

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Gateway National Recreation Area. This information will help us improve our management of this park and better serve you, our visitor.

This questionnaire will be given to only a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, the adult in your group who will have the next birthday should complete this questionnaire. Seal it in the postage-paid envelope provided and drop it in any U.S. Postal mailbox.

If you have any questions, please contact Social Science Program Chief, National Park Service, 1201 Oakridge Drive, Fort Collins, CO, 80525-5596; nps_nrss_social_science@nps.gov (email).

We appreciate your help. Sincerely,

Jennifer Nersesian Superintendent

DIRECTIONS

At the end of your visit:

- 1. Please have the adult in your group (at least 18 years old) who has the next birthday complete this questionnaire. That will help give us a statistically reliable sample.
- 2. For questions that use circles (O), please mark your answer by filling in the circle with **black or blue ink**. Please do not use pencil.

Like this: Not like this: V X O

- 3. Seal it in the postage-paid envelope provided.
- 4. Drop it in a U.S. Postal mailbox.

Paperwork Reduction Act Statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate visitor services and facilities managed by Yosemite National Park. Your responses are voluntary and anonymous. Your name and address have been requested for follow-up purposes only. At the completion of this collection all names and personal information will be destroyed and in no way be connected with the results of this survey. 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.

Burden Estimate: We estimate that it will take an average of 20 minutes to complete the survey associated with this collection of information. You may send comments concerning the burden estimates or any aspect of this information collection to the Social Science Program Chief, National Park Service, 1201 Oakridge Drive, Fort Collins, CO, 80525-5596; nps nrss social science@nps.gov (email).

A. Trip Description

NOTE: In this questionnaire, **personal group** is defined as you and anyone with whom you visited Gateway National Recreation Area on this trip, such as spouse, family, friends, etc. This does not include the larger group that you might have traveled with, such as school, church, scouts, or tour group.

TOPIC AREA 1 – GR3

1.	Including yourself, how many people were in your personal group on this trip to Gateway National Recreation Area (Gateway)?									
	Number of adults (18 years or over)									
		Number of children (under 18 years)								
TOPI	CA	REA 1 - GR1								
2.	On this trip to Gateway, what type of group were you with? Please mark () one.									
	0	Alone								
	0	Friends								
	О	Family								
	О	Family and friends								
	0	Other (Please specify):								

TOPIC AREA 3 - TRANS1

O Other (Please specify)

3.	Please indicate all of the forms of transportation you personally used to travel from your home to Gateway, on this trip. Please mark (●) all that apply.
	O Car, truck, or SUV (Number of people in vehicle, including you)
	O City bus
	O Subway or train
	O Long-distance passenger bus
	O Recreational vehicle or motorhome
	O Airplane
	O Tour bus or tour van
	O Public ferry or other water transportation
	O Bicycle
	O Walk/hike

TOPIC AREA 1 – VISITHIST3

4. Including today, how many times have you visited the following places in Gateway within the past 12 months? Please enter a number **for each row**.

Place	Number of visits in the past 12 months (including today)
Fort Wadsworth on Staten Island	
Miller Field on Staten Island	
Great Kills Park on Staten Island	
Jamaica Bay Wildlife Refuge in Jamaica Bay	
Floyd Bennett Field in Jamaica Bay	
Jacob Riis Park in Jamaica Bay	
Fort Tilden in Jamaica Bay	
Breezy Point in Jamaica Bay	
Beaches at Sandy Hook	
Fort Hancock at Sandy Hook	
Other (Please specify)	
B. Trip P	ianning

TOPIC AREA 1 – KNOW2

- 5. Prior to this trip, were you and your personal group aware that Gateway is managed by the National Park Service (NPS)?
 - O Yes
 - O No
 - O Not sure

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	PIL	. 4	KE	A /	– IP	IAN	

6.		or to this trip, how did you and your personal group obtain ormation about Gateway? Please mark () all that apply.
	0	Did not obtain information prior to this visit
	0	Friends/relatives/word of mouth
	0	Inquiry to park via phone, mail, or email
	0	Gateway website (nps.gov/gate)
	0	Other website (Please specify)
	0	App for smartphone/tablet (Please specify)
	0	Local businesses (hotels, motels, restaurants, etc.)
	0	Maps/brochures
	0	Newspaper/magazine articles
	0	Other units of the National Park System
	0	Previous visits
	0	School class/program
	0	Social media (such as Facebook, Twitter, etc.)
	0	State welcome center/visitors bureau/chamber of commerce
	0	Television/radio programs/DVDs
	0	Travel guides/tour books (such as AAA, etc.)
	0	Other (Please specify)
TOPI	CA	REA 2 - TPLAN2 Variation
7.		d you have the information about Gateway you needed on this trip? Please ark (●) one .
	0	Yes
	0	No (Please specify information you needed but didn't have on this trip)

C. Park Activities, Programs, and Services

TOPIC AREA 3 - ACT1 & ACT7 VARIATION

- a) On this trip, which of the following activities, services, and facilities did you personally participate in or use within Gateway? Please mark (●) all that apply.
 - b) If you were to visit the park in the future, which of the following activities, services, and facilities would you personally participate in or use within Gateway? Please mark (•) all that apply.

a) This visit	b) Future visit	Activity/Service/Facility
Ο	0	Viewing wildlife, natural features, scenery, wildflowers, etc.
0	0	Creative arts (photography, drawing, painting, writing, etc.)
Ο	0	Visiting a cultural or historic site (missile site, lighthouse, fort, etc.)
Ο	0	Visiting a park visitor center or museum
Ο	0	Viewing indoor or outdoor exhibits
Ο	0	Attending a ranger- or volunteer-led activity such as a tour or talk
0	0	Walking/hiking
0	Ο	Running/jogging
0	Ο	Sports (baseball, soccer, golf, etc.)
0	Ο	Bicycling
0	Ο	Fishing
0	Ο	Swimming/surfing/windsurfing
0	0	Water travel (boating, kayaking, canoeing, sailing, jet skiing, etc.)
Ο	0	Family recreation (family gathering/reunion, visiting playground, etc.)
Ο	0	Participating with a child in your group in the Junior Ranger Program
0	Ο	Picnicking
0	0	Camping in developed sites
0	Ο	Attending a special event (concert, festival, etc.)
Ο	0	Other (Please specify)
0	0	Other (Please specify)
Ο	0	Other (Please specify)

Topic A	rea 3 -	LEARN11	Variation
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9.	On this visit to Gateway, did you learn anything from park staff, programs, and/or exhibits about American history, nature, and/or culture? Please mark (\bullet) one.
	O Yes (Please specify subjects you learned about)
ТОР	O No IC AREA 3- FVIS4
10.	If you were to visit Gateway in the future, are there specific subjects you would like to learn about? Please mark (●) one. O Yes (Please specify subjects you would like to learn about)
	O No

Topic Area 1 - GR4

11.a)	Did anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services during your visito Gateway? Please mark (one.
	O Yes
	O No → Go to Question 12
b)	f YES, what activities, services, or facilities did the person(s) have difficulty participating in or accessing? Please be specific.
c)	Because of the physical condition, which specific difficulties did the person(shave? Please mark () all that apply.
	O Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff even with hearing aid)
	O Visual (difficulty in seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)
	O Mobility (difficulty in accessing facilities, services, or programs even with walking aid and/or wheelchairs)
	O Other (Please specify)

D. Park Management

TOPIC AREA 6 – EVALSERV13 Variation

12. This question requires two responses per listed item.

Please mark (•) one for the IMPORTANCE of each of the services or facilities listed below.

Please mark (●) **one for the QUALITY** of the services or facilities that you participated in or used on this trip to Gateway. If you did not participate in or use a service or facility on this trip, please mark (●) **did not participate/use.**

	IMPORTANCE			QUALITY							
	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important	Very Good	Good	Average	Poor	Very Poor	Did not participate in/use on this
Directional signs in park	0	0	0	0	0	0	0	0	0	0	0
Paved or boardwalk bicycle and walking paths	0	0	0	Ο	0	0	0	0	0	0	О
Natural surface walking trails	0	0	0	0	0	О	0	0	0	0	О
Campgrounds	0	0	0	Ο	0	0	0	0	0	0	0
Picnic areas	0	0	0	0	0	0	0	0	0	0	0
Trash collection	0	0	0	0	0	0	0	0	0	0	0
Recycling	0	0	0	0	0	0	0	0	0	0	0
Public transportation to the park	0	0	0	0	0	0	0	0	0	0	0
Public transportation within the park	0	0	0	0	0	0	0	0	0	0	0
Swimming beaches	0	0	0	Ο	0	0	0	0	0	0	0
Fishing	0	0	0	0	0	0	0	0	0	0	0
Sports and exercise facilities	0	0	0	0	0	0	0	0	0	0	0
In park restaurants/food trucks/bars	0	0	0	0	0	0	0	0	0	0	Ο

TOPIC AREA 6 - EVALSERV6 VARIATION

13.a)	Inside Gateway,	were the follow	ving types of	signs adequate	e? Please mark ()
	one for each re	OW.	.		

Directional signs for park facilities (e.g. visitors center, restroom)	0	Yes	0	No
Directional signs for park sites (e.g. beaches, historic sites)	0	Yes	0	No
Interpretive and educational signs	0	Yes	0	No
Signs with park rules and policies	Ω	Yes	0	Nο

TOPIC AREA 6 – EVALSERV5

b)	If you answered NO to any of the above, please explain the problem.

TOPIC AREA 6 – OPMGMT7 Variation

14. To what extent do you agree or disagree with each of the following statements? Please mark () one for each row.

	Strongly Aaree	Agree	Neither Agree	Disagree	Strongly Disagree	Don't Know /
Gateway is a safe place to visit	0	0	0	0	0	0
Gateway is too crowded	0	0	0	0	0	0
Natural resources in Gateway are in pristine condition	0	0	0	0	0	0
Graffiti, vandalism, and crime are a problem in Gateway	0	0	0	0	0	0
Historical and cultural features in Gateway are well maintained/ preserved	0	0	0	0	0	0
Litter is a problem at Gateway	0	0	0	0	0	0
It is easy to find parking at Gateway	0	0	0	0	0	0

TOPIC AREA 6 - OPMGMT4 VARIATION

15. It is the National Park Service's responsibility to protect Gateway's natural and cultural resources and the visitor experiences that depend on these and to provide recreational opportunities. How important are each of the following resources, experiences, and recreational opportunities for you at Gateway? Please mark (•) only one answer for each resource/experience/recreation opportunity.

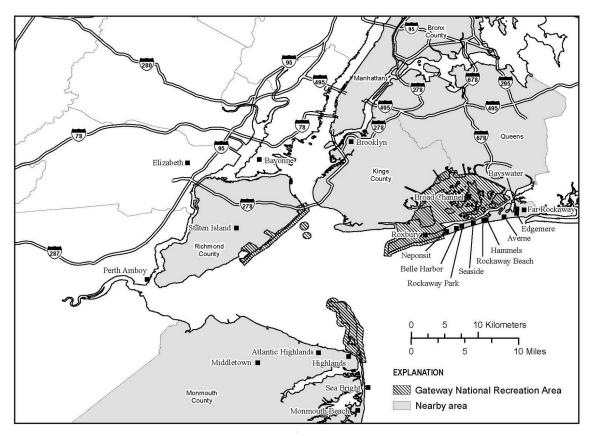
Resource/Experience/ Recreation Opportunity	Extremely Important	Very Important	Moderatel y Imnortant	Somewha t	Not at All Important
Outdoor recreation facilities (trails, boat ramps, fishing areas, etc.)	0	0	Ο	0	Ο
Family and group recreation facilities (picnic areas, playgrounds, etc.)	0	0	0	0	0
Group or team sports and exercise	0	Ο	0	0	Ο
Individual sports and exercise	0	0	0	0	0
Fishing areas	0	0	0	0	0
Beaches	0	O	0	Ο	Ο
Dark night skies/stars	0	0	0	0	0
Historic features/buildings	0	0	0	0	0
Interpretive/educational programs	0	0	0	0	0
Native wildlife and plants	0	0	0	0	0
To escape urban settings	0	0	0	0	0
Reflection or contemplation	0	0	0	0	0

TOPIC AREA 6 - EVALSERV1

- 16. Overall, how would you rate the quality of the facilities, services, and recreational opportunities in Gateway? Please mark (●) one.
 - O Very good
 - O Good
 - O Average
 - O Poor
 - O Very poor

E. Expenditures on This Trip

Please refer to the enclosed map when answering the questions in this section.



TOPIC AREA 1 - RES1 Variation

- 17. Do you live within the highlighted area shown on the enclosed map? Please mark () one.
 - O Yes
 - O No

TOPIC AREA 3 – TRIPC3

- 18. a) On this trip to Gateway and the nearby area, did you stay overnight away from your permanent residence either inside Gateway or within the nearby area (within the highlighted area of the enclosed map)? Please mark (●) one.
 - O Yes
 - O No → Go to Question 19
 - b) If **YES**, please list the number of nights you stayed in Gateway and/or in the nearby area (within the highlighted area of the enclosed map) on this trip.

Accommodation	Number of Nights
Camping in Gateway	
Camping outside Gateway	
Lodging outside Gateway	
Cruise ship	
Other accommodations (e.g., friends/relatives)	

TOPIC AREA 3 – TRIPC1 Variation

- 19. Was this trip to Gateway? Please mark (●) one.
 - O Your primary or sole purpose of your trip away from home?
- O One of several equally important destinations on your trip away from home?
 - → Was one or more of the other equally important destinations located within the nearby area (within the highlighted area of the enclosed map)? Please mark (●) one.
 - O Yes
 - O No
- O Just an incidental or spur of the moment stop on your trip away from home?
 - → Was your primary destination located within the nearby area (within the highlighted area of the enclosed map)? Please mark (●) one.
 - O Yes
 - O No

Topic Area 3 - TRIPC19 Variation

- 20. Did you visit any other National Park Service sites on your trip away from home? Please mark (●) one.
 - O Yes (Please specify)

<u>Gate</u>	eway National Recreation Area Visitor Study	1	14
TOPI	O No C AREA 7 - ECON		
21.a)	Did you or anyone in your personal group included at least some meals, some lodg while on this trip?		-
	O Yes		
	O No → Go to Question 22		
b)	What was the total length of your packag	ge tour(s)? #	days
c)	What was the total cost per person for th	e package tour(s)?	
	\$per person		
d)	How many people in your personal group	were on the package	tour(s)?
	#people		
e)	Which of the following were included in t visit to Gateway and the nearby area (wi enclosed map)? Please mark (●) all that	thin the highlighted ar	
		Items included in your package tour(s) as part of your visit to Gateway and nearby area	
	Local Air transportation	0	
	Local Ground transportation	0	
	Local Water transportation	0	
	Local Lodging	0	
	Meals	0	

Guide services

bikes, kayaks)

Other (please

specify):_

Fees (e.g., fishing licenses)

Gear (e.g., camping equipment,

Admission to events or attractions

О

О

0

0

0

TOPIC AREA 7 - ECON4

22. Please estimate how much you and your personal group with whom you shared expenses (e.g., other family members, traveling companions) spent both inside Gateway and within the nearby area (within the highlighted area of the enclosed map) during your time in Gateway and the nearby area. If you reported expenditures for package tours, please only include individual expenses that were NOT part of your package tour(s).

If you no longer have your receipts, estimate as closely as you can how much you and your group spent. Please enter 0 (zero) if you did not spend any money in a particular category.

Note: Residents living within the highlighted area of the map should only include expenditures that were directly related to this trip to Gateway.

Expenses	Amount spent in Gateway and nearby area
Park entrance fee/parking pass	\$
Gas and oil (e.g., auto, RV, boat, etc.)	\$
Rental cars	\$
Taxis, Uber, shuttles, and public transportation	\$
Restaurants, food trucks, and bars	\$
Groceries and convenience foods	\$
Hotels, motels, resorts	\$
Specialty lodging (e.g., B&Bs, hostels, cabins, vacation rentals)	\$
Camping fees (tent, RV)	\$
Recreation and entertainment expenses (e.g., beach clubs, Aviator event center, miniature golf, etc.)	\$
Souvenirs, clothing, supplies, other retail	\$
Equipment rental	\$
Guides and tour fees	\$
Other (please list)	\$

OR

TOPIC AREA 7 – ECON6 Variation

Member #7

23.	shared expenses, please record any additional money spent outside of the map area during your trip away from home (for example, travel or food expenditures).						
	\$						
	OR						
	O Don't kno	w/Not sure					
TOPI	C AREA 7 – E	CON5					
24.a)			many people i o away from h		roup were covered by		
	Nur	nber of adu	lts (18 years c	or over)			
	Nur	nber of child	dren (under 18	3 years)			
b)		urself, how r nber of peo		n your group split	these trip expenses?		
			F. Backgr	ound			
			_				
	C AREA 1 – A						
25.	•	ed for this s	survey, please	isit to Gateway on provide the follow			
_		Current age	U.S. ZIP code or name of country other	Number of visits to Gateway past 12 months, including this trip	Number of visits to other NPS sites in the last 12 months		
	Yourself						
	Member #2						
	Member #3						
	Member #4						
	Member #5						
	Member #6						

TOPIC AREA 1 - GEND1, RACE/ETH1

26. For your personal group during your visit to Gateway on the day you were contacted for this survey, please provide the following information. Please mark (●) one for each group member, including yourself, for gender and Hispanic or Latino. (If you don't know the answer, mark (●) "Don't know.")

Additional members of your personal group

	Yours	#2	#3	#4	#5	#6	#7
Male	0	0	0	0	0	0	0
Female	0	0	0	0	0	Ο	0
Hispanic or Latino	0	0	0	0	0	0	0
Not Hispanic or Latino	0	0	0	0	0	Ο	0
Don't know		0	0	0	0	0	0

TOPIC AREA 1 - RACE/ETH3

27. For your personal group during your visit to Gateway on the day you were contacted for this survey, please provide the following information. Please mark (♠) one or more for each group member, including yourself. (If you don't know the answer, mark (♠) "Don't know.")

	Yoursel f	#2	#3	#4	#5	#6	#7
American Indian or Alaska Native	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0
Native Hawaiian or other Pacific Islander	. 0	0	Ο	Ο	Ο	Ο	0
White	Ο	0	Ο	0	Ο	Ο	Ο
Don't know	-	O DK					

Topic Area 1 - ED2 Variation

28. For your personal group during your visit to Gateway on the day you were contacted for this survey, what is the highest level of formal education completed by each member of your group? Please mark (♠) one or more for each group member, including yourself. (If you don't know the answer, mark (♠) "Don't know.")

	Yours elf	#2	#3	#4	#5	#6	#7
Less than high school	0	0	0	0	0	0	Ο
Some high school	0	0	Ο	О	Ο	О	Ο
High school graduate or GED	0	Ο	Ο	Ο	0	Ο	0
Some college, business, or trade school	0	0	0	Ο	0	Ο	0
College, business, or trade school graduate	9 0	Ο	Ο	Ο	Ο	Ο	Ο
Some graduate school	0	0	0	Ο	0	Ο	0
Master's, doctoral, or professional degree	0	0	Ο	Ο	Ο	Ο	0
Don't' know	-	O DK					

Topic Area 7 - ECON1

29.	Which category best represents your annual household income? Please mark
	(●) one.

O Less t	han \$2	24.999
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- O \$25,000-\$34,999
- O \$35,000-\$49,999
- O \$50,000-\$74,999
- O \$75,000-\$99,999
- O \$100,000-\$149,999
- O \$150,000-\$199,999
- O \$200,000 or more
- O Do not wish to answer

Topic Area 7 - ECON1

Including yourself, how many people are in your hous	ehold?
--	--------

Number	of	peor	ole
 1 tallibel	٠.		,

Topic Area 1 - LANG1

31. When visiting an area such as Gateway, what language do you personally prefer to use? Please mark (●) one for speaking and one for reading.

	Speakin g	Reading
English	0	0
Spanish	0	0
Other (Specify)	0	0

TOPI	NDEA	6		CMI	-2
IUPI	ARCA	D -	いとい	ווייודו	ാ

32.	Is there anything else you would like to tell us about Gateway facilities, services, or recreational opportunities?

Thank you for your help! Please seal the questionnaire in the postage-paid envelope and drop it in any U.S. Postal mailbox.