

## NATIONAL PARK SERVICE

### [NAME OF PARK] Visitor Survey

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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** '

**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.*

	<b>Go to</b> <input type="checkbox"/>	<b>Not go to or uncertain</b> <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)?**

	<b>Take part</b> <input type="checkbox"/>	<b>Not take part</b> <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"/>	<b>Not at all</b> <input type="checkbox"/>	<b>Slightly</b> <input type="checkbox"/>	<b>Moderately</b> <input type="checkbox"/>	<b>Very</b> <input type="checkbox"/>	<b>Extremely</b> <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"/>	<b>Not at all</b> <input type="checkbox"/>	<b>Slightly</b> <input type="checkbox"/>	<b>Moderately</b> <input type="checkbox"/>	<b>Very</b> <input type="checkbox"/>	<b>Extremely</b> <input type="checkbox"/>
<b>a.</b> Appreciate the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</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"/>
<b>c.</b> 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"/>
<b>d.</b> 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"/>
<b>e.</b> 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"/>

**Stop: PLEASE ASK THE INTERVIEWER FOR INSTRUCTIONS BEFORE PROCEEDING.**

We would like you to listen to five short recordings of natural, human, and aircraft sounds at (NAME of SITE). As you listen to each recording, consider the aircraft sounds in the recording and think about the experiences you had during this visit to (NAME of SITE). Please imagine how you would have felt if you had heard the aircraft sounds in the recording during this visit to [NAME OF SITE]. After each recording please answer two questions about the aircraft sounds in that recording.

**Recording #1**

*Instructions:* Please press the 'play' button, listen to 'Recording #1', then press the 'pause' button and answer questions a and b.

**6a. How acceptable or unacceptable would the aircraft sounds in Recording #1 have been if you had heard them during your visit to [NAME OF SITE]?**

----- Unacceptable -----					----- Acceptable -----				
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely	
<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"/>	

**6b. How pleased or annoyed would you have been by the aircraft sounds in Recording #1 if you had heard them during your visit to [NAME OF SITE]?**

----- Annoyed -----					----- Pleased -----				
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely	
<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"/>	

### **Recording #2**

*Instructions:* Please press the 'play' button, listen to 'Recording #2', then press the 'pause' button and answer questions a and b.

**7a. How acceptable or unacceptable would the aircraft sounds in Recording #1 have been if you had heard them during your visit to [NAME OF SITE]?**

----- Unacceptable -----					----- Acceptable -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

**7b. How pleased or annoyed would you have been by the aircraft sounds in Recording #2 if you had heard them during your visit to [NAME OF SITE]?**

----- Annoyed -----					----- Pleased -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

### **Recording #3**

*Instructions:* Please press the 'play' button, listen to 'Recording #3', then press the 'pause' button and answer questions a and b.

**8a. How acceptable or unacceptable would the aircraft sounds in Recording #1 have been if you had heard them during your visit to [NAME OF SITE]?**

----- Unacceptable -----					----- Acceptable -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

**8b. How pleased or annoyed would you have been by the aircraft sounds in Recording #3 if you had heard them during your visit to [NAME OF SITE]?**

----- Annoyed -----					----- Pleased -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

### **Recording #4**

*Instructions:* Please press the 'play' button, listen to 'Recording #4', then press the 'pause' button and answer questions a and b.

**9a. How acceptable or unacceptable would the aircraft sounds in Recording #1 have been if you had heard them during your visit to [NAME OF SITE]?**

----- Unacceptable -----					----- Acceptable -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

**9b. How pleased or annoyed would you have been by the aircraft sounds in Recording #4 if you had heard them during your visit to [NAME OF SITE]?**

----- Annoyed -----					----- Pleased -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

### **Recording #5**

*Instructions:* Please press the 'play' button, listen to 'Recording #5', then press the 'pause' button and answer questions a and b.



**10a. How acceptable or unacceptable would the aircraft sounds in Recording #1 have been if you had heard them during your visit to [NAME OF SITE]?**

----- Unacceptable -----					----- Acceptable -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

**10b. How pleased or annoyed would you have been by the aircraft sounds in Recording #5 if you had heard them during your visit to [NAME OF SITE]?**

----- Annoyed -----					----- Pleased -----			
Extremely	Very	Moderately	Slightly	Neutral	Slightly	Moderately	Very	Extremely
<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"/>

### **Recording #6**

*Instructions:* Please press the ‘play ’ button, listen to ‘Recording #6’, then press the ‘pause ’ button and answer Questions 11 to13.

**11. How acceptable or unacceptable would the aircraft sound in this recording be if it occurred the following number of times in an hour during your visit to [NAME of SITE]?**

Number of aircraft an hour	-- Unacceptable flyover rate ----				Neutral <input type="checkbox"/>	----- Acceptable flyover rate-----			
	Extremely <input type="checkbox"/>	Very <input type="checkbox"/>	Moderately <input type="checkbox"/>	Slightly <input type="checkbox"/>		Slightly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Very <input type="checkbox"/>	Extremely <input type="checkbox"/>
12 an hour (every 5 minutes)	<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"/>
6 an hour (every 10minutes)	<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"/>
2 an hour (every 30 minutes)	<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"/>
1 an hour (every 60 minutes)	<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"/>

**12. How frequently would you prefer to hear sightseeing tour aircraft as you heard in the recording while at [NAME OF SITE]? (Record a number or check the box.)**

No more than \_\_\_\_\_ OR  I would prefer to  
 scenic air tours in an hour never hear scenic air tours

**13. How frequently could you hear sightseeing tour aircraft as you heard in the recording before you would no longer visit [NAME OF SITE]? (Record a number or check the box.)**

No more than \_\_\_\_\_ OR  I would visit [NAME OF  
 scenic air tours in an hour SITE] regardless of how frequently  
 scenic air tours are heard

**YOU HAVE COMPLETED THE LISTENING PORTION OF YOUR SURVEY.**



**14. 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 17 on next page.*

**15. 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.....

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

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

**17. Have you ever taken a scenic air tour over [NAME OF PARK] or any other park?**

I have taken a scenic air tour over [NAME OF PARK].....  
I have taken a scenic air tour over another national park.

<b>Yes, Have</b>	<b>No, Have not</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**18. Would you take a sightseeing air tour over [NAME OF PARK], even if visitors at [NAME OF SITE] could hear the aircraft during their visit?**

Yes.....  
No.....  
Don't know/not sure.....

**Background Information**

**19. 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

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

Yes.....

No.....

**21. What is your gender?**

Male.....

Female.....

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

Year			
1	9		

**23. Where do you live?**

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

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

**24. What is the highest level of formal education you have completed? (Check one.)**

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.....

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

Yes.....

No.....

**26. 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!*

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The permanent data will be anonymous. 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. BURDEN ESTIMATE statement: Public reporting burden for this form is estimated to average 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to: