

Expiration Date:12/31/2017

Buffalo National River
Visitor Survey
(River)
2016/2017



ID _____ Date _____ Location _____
Tracker _____ Field staff _____

Notes _____

PAPERWORK REDUCTION ACT STATEMENT: The National Park Service is authorized by 54 USC 100702 to collect this information. This information will be used by park managers to understand visitors' preferences for outdoor recreation experiences at Buffalo National River. **SECTION 1. YOUR PAST AND CURRENT EXPERIENCE AT BUFFALO NATIONAL RIVER** will never be associated with your answers, and all contact information will be destroyed when the data collection is concluded. No action may be taken against you for refusing to supply the information requested. 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 and expiration date.

BURDEN ESTIMATE STATEMENT: Public reporting burden for this form is estimated to average 10 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Laura Miller, Buffalo National River; 402 N. Walnut, Suite 136, Harrison, AR 72601; Laura_a_miller@nps.gov (email).

- b. Including today, how many **days in the last year** (12 months) have you used Buffalo National River for outdoor recreation activities? _____

c. Including today, how many **years (total)** have you used Buffalo National River for outdoor recreation activities? _____

2. During your visit today:

a. **Where** did you put in, or enter the river? _____

b. **What time** did you put in, or enter the river? _____

c. **What type** of water craft did you use today?

Canoe Kayak Raft Tube Other - _____

d. **Did you rent** your water craft (canoe, kayak, tube, etc.) during this visit to the park? ___Yes ___No

e. Including you, how many people are in your group today? _____

f. Have you hiked the Hemmed-in-Hollow trail in the last 24 hours? ___Yes ___No

3. Below is a list of activities available at Buffalo National River. Please indicate:

(A) The activities that were your main reason for visiting Buffalo National River

(B) The activities you participated in during this visit to Buffalo National River

(C) The activities you participated in during the past twelve months at Buffalo National River

(D) The location of the activities you participated in at Buffalo National River

	(A) Main reason for visiting (<i>Check only one</i>)	(B) Participated in on this visit (<i>Check all that apply</i>)	(C) Participated in during the PAST 12 MONTHS (<i>Check all that apply</i>) Please list location of activity in column D	(D) Location of activity
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nature/wildlife observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visit Historic Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2: YOUR OPINIONS ABOUT BUFFALO NATIONAL RIVER

4. Using the scale below, please rate the level of crowding you experienced at Buffalo National River today. Please circle the number that best matches your response:

Not at all crowded	Slightly crowded	Moderately crowded	Very crowded	Extremely crowded
1	2	3	4	5

At this point the respondent will be shown a poster with five photographs depicting various levels of crowding and trail use. Two different posters will be used for questions 5 and 6

5. **Poster #1:** Please rate each photograph on the poster by indicating how acceptable you think it is based on the conditions displayed. A rating of -4 means the conditions displayed are “very unacceptable”, and a rating of +4 means the conditions displayed are “very acceptable”. (Circle one number for each photograph.)

	Very Unacceptable	Unacceptable	Moderately Unacceptable	Slightly Unacceptable	Neither acceptable	Slightly Acceptable	Moderately Acceptable	Acceptable	Very Acceptable
Photo 1	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 2	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 3	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 4	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 5	-4	-3	-2	-1	0	+1	+2	+3	+4

- a. Which photograph looks most like the conditions you experienced today during this visit?

Photo number: _____

- b. Which photo (if any) displays the conditions where you believe park managers should take action to improve the area?

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that park managers should take action to improve the area in Poster 1

- c. Which photograph (if any) displays the conditions that are so unacceptable that you would no longer use the area?

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that I would no longer use the area in Poster 1

- d. Which photograph (if any) in **this poster** shows the highest level of use that you believe park managers should allow? In other words, at what point should visitor use be limited? (If use should not be limited at any point represented by the photographs, or not restricted at all, you may indicate that)

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that visitor use should be limited

OR Visitor use should never be limited

6. **Poster #2** - Please rate each photograph on by indicating how acceptable you think it is based on the conditions displayed. A rating of -4 means the conditions displayed are “very unacceptable”, and a rating of +4 means the conditions displayed are “very acceptable”. (Circle one number for each photograph.)

	Very Unacceptable	Unacceptable	Moderately Unacceptable	Slightly Unacceptable	Neither acceptable	Slightly Acceptable	Moderately Acceptable	Acceptable	Very Acceptable
Photo 1	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 2	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 3	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 4	-4	-3	-2	-1	0	+1	+2	+3	+4
Photo 5	-4	-3	-2	-1	0	+1	+2	+3	+4

a. Which photograph looks most like the conditions you experienced today during this visit?

Photo number: _____

b. Which photo (if any) displays the conditions where you believe park managers should take action to improve the area?

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that park managers should take action to improve the area in Poster 2

c. Which photograph (if any) displays the conditions that are so unacceptable that you would no longer use the area?

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that I would no longer use the area in Poster 2

d. Which photograph (if any) in Poster 2 shows the highest level of use that you believe park managers should allow? In other words, at what point should visitor use be limited? (If use should not be limited at any point represented by the photographs, or not restricted at all, you may indicate that)

Photo number: _____ OR None of the conditions in the photographs are so unacceptable that visitor use should be limited
OR Visitor use should never be limited

7. We would like to know how your opinions about encountering other people **during a one-hour period** on the river at Buffalo National River. Using the scale below, please rate the acceptability of the number of other people encountered during a one-hour period on the river. A rating of -4 means the number of other people encountered in one hour is "very unacceptable", and a rating of +4 means the number of other people encountered in one hour is "very acceptable". (Circle one number for each photograph.)

	Very Unacceptable	Unacceptable	Moderately Unacceptable	Slightly Unacceptable	Neither acceptable	Slightly Acceptable	Moderately Acceptable	Acceptable	Very Acceptable
0 people in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4
20 people in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4
40 people in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4
60 people in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4
80 people in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4
100 people or more in 1 hour on the river	-4	-3	-2	-1	0	+1	+2	+3	+4

a. Which conditions listed above is most like what you experienced today?

- 0 people in 1 hour on a trail 30 people in 1 hour on a trail
 10 people in 1 hour on a trail 40 people in 1 hour on a trail
 20 people in 1 hour on a trail 50 people or more in 1 hour on a trail

b. Which condition listed above do you believe would require park managers to take action to improve the trail experience at Buffalo National River

- 0 people in 1 hour on a trail 30 people in 1 hour on a trail
 10 people in 1 hour on a trail 40 people in 1 hour on a trail
 20 people in 1 hour on a trail 50 people or more in 1 hour on a trail

c. Which condition listed above is so unacceptable that you would no longer use the trails Buffalo National River?

- 0 people in 1 hour on a trail 30 people in 1 hour on a trail
 10 people in 1 hour on a trail 40 people in 1 hour on a trail
 20 people in 1 hour on a trail 50 people or more in 1 hour on a trail

SECTION 3: ABOUT YOU

8. What is your zip code? _____

9. What year were you born? _____

10. What is your gender? (*select one*) Male Female Other

11. What is the highest level of school you have completed? (*select one*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Two-year college graduate | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Four-year college graduate | |

12. What is your race? (*select all that apply*)

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian or Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino/Latina | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | |

13. Which category best describes your total household income in U.S. dollars during 2015 before taxes? (*select one*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$24,999 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$149,999 | <input type="checkbox"/> Do not wish to answer |

Thank you for your help with this survey!
Please return it to the person who gave it to you.