Ozark National Scenic Riverways

Visitor Survey

2016



ID \_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_

PAPERWORK REDUCTION ACT STATEMENT: The National Park Service is authorized by 54 USC 100701 to collect this information. This information will be used by park managers to understand the levels, types, patterns and impact of recreational activities along trails in Ozarks National Scenic Riverways. Response to this request is voluntary and anonymous. Your name 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.

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: Russell Runge, Deputy Superintendent, Ozark National Scenic Riverways, Van Buren, MO 63965 or [russell\_runge@nps.gov](mailto:russell_runge@nps.gov) (e-mail).

***Past Visitation History***

1. Have you ever visited Ozark NSR before today?

□ YES □ NO

1a. If yes how many times in the past 12 months? \_\_\_\_\_\_\_\_\_

1b. How many years have you been visiting Ozark NSR? Years

(*please write in number of years; if this was your first visit please enter 1*)

2. Other than Ozark NSR, have you visited any other National Park sites in the past 12 months?

□ YES □ NO □ NOT SURE

3. Did you know that Ozark NSR is a part of the National Park Service system of parks and protected areas?

□ YES □ NO

4. Did you know that Ozark NSR was the first federally protected river system in the United States?

□ YES □ NO

***Recreational Activities***

1. Below is a list of activities available at Ozark NSR. Please indicate which of these activities was your **main reason** for visiting: (please select one from the list below)

□ Horseback Riding □ Hiking □ Camping □ Nature/Wildlife Observation

□ Visit Historic Sites □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Below is a list of activities available at Ozark NSR. Please indicate **ALL** the activities you participated in during your visit:

□ Horseback Riding □ Hiking □ Camping □ Nature/Wildlife Observation

□ Visit Historic Sites □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. For the main reason for your visit to OSNR, please indicate your experience level:

□ Expert □ Intermediate □ Beginner

4. On this visit, did you (or your group) use a paid guide?

□ YES □ NO

5. Did the actions of any other group or individual limit your enjoyment on the park’s trails today?

□ YES □ NO

5a. If YES, which action(s) affected your enjoyment the most? *(please select all that apply)*

□ Large groups □ Lack of trail etiquette □ Littering □ Noisy behavior □ Other \_\_\_\_\_\_

5b. Which activity(ies) was the other group or individual participating in? *(please select all that apply)*

□ Hiking □ Camping □ Horseback Riding □ River use (canoes/kayaks/tubers) □ Other \_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. Please rate how appropriate you feel the following types of trail activities are at Ozark NSR. | | | | | | | | |
|  | Extremely Inappropriate | Moderately Inappropriate | Slightly Inappropriate | Neither Inappropriate nor Appropriate | Slightly Appropriate | Moderately Appropriate | Extremely Appropriate |
| Horseback Riding | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Hiking | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Mountain Biking | -3 | -2 | -1 | 0 | 1 | 2 | 3 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. Please indicate how acceptable you found the following conditions at Ozark NSR:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Extremely Unacceptable | Moderately Unacceptable | Slightly Unacceptable | Neither Unacceptable nor Acceptable | Slightly Acceptable | Moderately Acceptable | Extremely Acceptable | | Trail condition | -3 | -2 | -1 | 0 | 1 | 2 | 3 | | Marking of trails (ex. signs) | -3 | -2 | -1 | 0 | 1 | 2 | 3 | | Number of trails | -3 | -2 | -1 | 0 | 1 | 2 | 3 | | Water quality of rivers and streams | -3 | -2 | -1 | 0 | 1 | 2 | 3 |   8. Please rate how important each of the following reasons for visiting Ozark NSR are to you: | | | | | | | | |
|  | Not At All Important | Moderately Important | Slightly Important | Neutral | Slightly Important | Moderately Important | Extremely Important |
| Appreciate scenic beauty | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Experience solitude | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Spend time with family/friends | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Experience sounds of nature | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Experience a connection with nature | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Experience a sense of challenge | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| Appreciate archaeological and cultural sites | -3 | -2 | -1 | 0 | 1 | 2 | 3 |

***Perceptions of Management Scenarios***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Please indicate your level of agreement with the following management scenarios at Ozark NSR: | | | | | | | |
| **To better manage trail conditions …** | Strongly Disagree | Moderately Disagree | Slightly Disagree | Neither Agree nor Disagree | Slightly Agree | Moderately Agree | Strongly Agree | |
| require trail users to obtain a free permit | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| require trail users to be charge a fee for a permit | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| implement an annual permit system for trail use | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| implement a daily permit system for trail use | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| limit maximum group size on the trails | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| limit maximum number of groups on the trails | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| designate trails based on type of activity | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| limit trail related river crossings | -3 | -2 | -1 | 0 | 1 | 2 | 3 |
| require education on low impact trail practices | -3 | -2 | -1 | 0 | 1 | 2 | 3 |

***Perceptions of Crowding***

1. Using the scale below, please rate the level of crowding you experienced at Ozark NSR today. Please circle the number that best matches your response:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Not Crowded | Barely  Crowded | Slightly Crowded | Moderately Crowded | Crowded | Very Crowded | Extremely Crowded |
| -3 | -2 | -1 | 0 | 1 | 2 | 3 |

2. At which times of day did you feel crowded? Please select all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| □ MORNING (8am-Noon) | □ Afternoon (Noon-5pm) | □ Evenings (5pm to 9pm) | □ I can’t remember |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. How did the number of trail users you encountered affect your overall experience today? (*Select one response*) | | | | | | | | |
|  | Extremely  Negative  Impact | Moderately Negative Impact | Slightly Negative Impact | No  Impact | Slightly Positive Impact | Moderately Positive Impact | Extremely Positive Impact | |
| Horseback Riding | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
| Hiking | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |

4. During your experience on the trail today, how acceptable is it for you to see the following number of other people participating in the same activity during your time at Ozark NSR?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # of other people | Extremely Unacceptable | Unacceptable | Not Sure | Acceptable | Extremely Acceptable |
| Zero | 1 | 2 | 3 | 4 | 5 |
| 1-5 | 1 | 2 | 3 | 4 | 5 |
| 6-10 | 1 | 2 | 3 | 4 | 5 |
| 11+ | 1 | 2 | 3 | 4 | 5 |

***Demographics***

1. In what year were you born? \_\_\_\_\_\_

2. Please check the highest amount of education you have completed:

□ Elementary school □ High school □ Some college or professional schooling

□ Bachelor’s degree □ Some graduate work □ Graduate degree

3. What is your gender?

□ Male □ Female

4. Please select the choice below that best describes your travelling party. (Please select only one)

□ Individual □ Family only □ Friends only □ Family plus friends □ Tour or other group

4a. How many people are in your group? \_\_\_\_\_\_\_\_\_\_\_\_

5. Which of these categories best indicates your race? Answer only for yourself. Please select one or more.

□ American Indian or Alaska Native □ Asian □ Black or African American

□ Native Hawaiian or other Pacific Islander □ White □ Do not wish to answer

6. What is the ZIP Code of your primary residence? \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

7. Which category best represents your annual household income? Please select only one.

|  |  |  |
| --- | --- | --- |
| □ Less than $25,000 | □ $50,000 to $74,999 | □ $150,000 to $199,999 |
| □ $25,000 to $34,999 | □ $75,000 to $99,999 | □ $200,000 or more |
| □ $35,000 to $49,999 | □ $100,000 to $149,999 | □ Do not wish to respond |

**COMMENTS?**

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