

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 (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
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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:

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
To better manage trail conditions ...							
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.

<input type="checkbox"/> Less than \$25,000	<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 respond

COMMENTS?

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