

[Monument Name] National Monument
Visitor Survey 2017

OMB Approval Number: XXXX-XXXX
Expiration Date: XX-XX-XXXX



PAPERWORK REDUCTION ACT STATEMENT: The National Park Service is authorized by the NPS Research Mandate (54 USC 100702) to collect this information. This information will be used by park managers to understand visitors' uses of Flagstaff area National Monuments. Responses to this request are 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 and expiration date.

BURDEN ESTIMATE: We estimate that it will take about 15 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Megha Budruk, Arizona State University; Megha.Budruk@asu.edu

Dear monument guest: Thank you for visiting this unit of the National Park System and for agreeing to participate in this survey. We are conducting this survey to learn more about how our visitors use this monument in order to better serve you. This survey will remain completely anonymous and all information collected will be used only for statistical purposes. Your response to this survey is completely voluntary and the return of the survey is considered your consent to participate. Please read each question carefully and save any additional comments for the final page.

Part 1: First, we would like to ask you some questions about your current and future visits to the [Monument Name] National Monument

TOPIC AREA 4: TRIP CHARACTERISTICS - VISHIS1

1. Are you a first time visitor to [Monument Name] National Monument?

- YES NO

a. If NO, over the past twelve months, how many visits have you made to [Monument Name]?
 _____ Number of Visits

TOPIC AREA 4: TRIP CHARACTERISTICS - DEST7

2. How many hours did you spend at [Monument Name] today? _____

TOPIC AREA 4: TRIP CHARACTERISTICS - DEST11

3. If you [and your personal group] stayed for a shorter or longer time than planned, what were your reasons for changing your plans? *(please select all that apply)*

- I stayed the intended amount of time
 Fewer things to do/see than expected
 More things to do/see than expected
 Other (Please specify) _____

TOPIC AREA 7: EVALUATION OF SERVICES AND PROGRAMS - EVALSERV28

4. This question addresses **monument facilities** and has two parts. **First**, rate how important the facility is in contributing to your experiences. **Then**, rate the monument’s performance in providing that facility. *(please circle one response for each statement)*

IMPORTANCE TO YOU						MONUMENT PERFORMANCE					
Facilities, Programs, Services	Not at all important	Slightly Important	Important	Very Important	Extremely Important	Poor	Fair	Good	Very Good	Excellent	
Cleanliness of visitor	1	2	3	4	5	1	2	3	4	5	N/A

center											
Cleanliness of restrooms	1	2	3	4	5	1	2	3	4	5	N/A
Exhibits at visitor center	1	2	3	4	5	1	2	3	4	5	N/A
Parking availability	1	2	3	4	5	1	2	3	4	5	N/A
Shaded picnic areas	1	2	3	4	5	1	2	3	4	5	N/A
Easily accessible picnic areas	1	2	3	4	5	1	2	3	4	5	N/A
Availability of hiking trails	1	2	3	4	5	1	2	3	4	5	N/A
Education signs along the trails	1	2	3	4	5	1	2	3	4	5	N/A
Guided tours	1	2	3	4	5	1	2	3	4	5	N/A
Junior Ranger programs	1	2	3	4	5	1	2	3	4	5	N/A
Accessibility of tours and junior ranger programs	1	2	3	4	5	1	2	3	4	5	N/A
Other: _____	1	2	3	4	5	1	2	3	4	5	N/A

TOPIC AREA 5: RECREATION HISTORY - RecBACK5

5. Which of these activities did you participate in on this trip?

- Picnicking
- Day hiking
- Cultural or historical site visit
- Nature study or bird watching
- Photography
- Driving around or sightseeing
- Guided tour
- Spiritual/restorative visit
- Day hiking
- Other: _____

TOPIC AREA 5: RECREATION HISTORY - RecACT15

6. Which of the above activities was the **primary** reason for this visit? _____

TOPIC AREA 4: TRIP CHARACTERISTICS - DEST19

7. In addition to [Monument Name] National Monument, which of the following sites did you (or do you plan to) visit on this trip? *(please select all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Sunset Crater Volcano National Monument | <input type="checkbox"/> Navajo National Monument |
| <input type="checkbox"/> Walnut Canyon National Monument | <input type="checkbox"/> Grand Canyon National Park |
| <input type="checkbox"/> Wupatki National Monument | <input type="checkbox"/> Glen Canyon National Recreation Area |
| <input type="checkbox"/> Canyon de Chelly National Monument | <input type="checkbox"/> Montezuma Castle National Monument |
| <input type="checkbox"/> Coconino National Forest | <input type="checkbox"/> Tuzigoot National Monument |
| <input type="checkbox"/> Kaibab National Forest | <input type="checkbox"/> El Morro National Monument |
| <input type="checkbox"/> Meteor Crater | <input type="checkbox"/> Aztec Ruins National Monument |
| <input type="checkbox"/> Monument Valley Tribal Park | <input type="checkbox"/> Chaco Culture National Historic Park |
| <input type="checkbox"/> Petrified Forest National Park | <input type="checkbox"/> Bandelier National Monument |
| <input type="checkbox"/> Hubbell Trading Post National Historic Site | <input type="checkbox"/> Petroglyph National Monument |

TOPIC AREA 4: TRIP CHARACTERISTICS - VISHIS10

8. On this visit to [Monument Name], which of the following locations did you visit? *(please select all that apply)*

Walnut Canyon

- Visitor Center
- Island Trail
- Rim Trail
- Ranger Cabin
- Other

Sunset Crater

- Visitor Center
- Lava Flow Trail
- Other
- A'a Trail
- Lenox Crater Trail
- Bonito Vista Trail
- Cinder Hills Overlook

Wupatki

- Visitor Center
- Wupatki Pueblo
- Citadel Pueblo
- Wukoki Pueblo
- Lomaki/Box Canyon Pueblos
- Other

TOPIC AREA 6: VISITOR EXPERIENCES - CROWD23 (variation)

9. Overall, how crowded did you feel during your visit to [Monument Name] *(please select one number)*

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

TOPIC AREA 5: RECREATION HISTORY - RecEXP12

10. Below is a list of possible experiences you may want (prefer) to have while visiting [Monument Name] National Monument. For each item please **indicate how important the experience is** to you on your visit to the monument. *(please circle one response for each statement)*

I visit monuments to:	Not at all Important	Slightly Important	Important	Very Important	Extremely Important
To do something with my family	1	2	3	4	5
To bring my family closer together	1	2	3	4	5
To be with members of my group	1	2	3	4	5
To be with friends	1	2	3	4	5
To develop my knowledge of things here	1	2	3	4	5
To learn more about the area's culture and history	1	2	3	4	5
To learn more about conservation and stewardship practices	1	2	3	4	5
To experience new and different things	1	2	3	4	5
To discover something new	1	2	3	4	5
To study nature	1	2	3	4	5

To learn more about nature	1	2	3	4	5
To view the scenery	1	2	3	4	5
To view the scenic beauty	1	2	3	4	5
To develop personal, spiritual values	1	2	3	4	5
To grow and develop spiritually	1	2	3	4	5
To have a change from my daily routine	1	2	3	4	5
To have a change from everyday life	1	2	3	4	5

TOPIC AREA 6: VISITOR EXPERIENCES - PA4

11. Please indicate the extent to which you agree or disagree with the following statements about [Monument Name] National Monument. *(please circle one response for each statement)*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
[Monument Name] means a lot to me	1	2	3	4	5
I am very attached to [Monument Name]	1	2	3	4	5
I identify strongly with [Monument Name]	1	2	3	4	5
I feel no commitment to [Monument Name]	1	2	3	4	5
I enjoy visiting [Monument Name] more than any other area	1	2	3	4	5
I get more satisfaction out of visiting [Monument Name] than from visiting any other national monument	1	2	3	4	5
Visiting here is more important than visiting in any other place	1	2	3	4	5
I wouldn't substitute any place for the type of experience I have here	1	2	3	4	5
I have a lot of fond memories about [Monument Name]	1	2	3	4	5
My family and friends would be disappointed if I were to start visiting other places than [Monument Name]	1	2	3	4	5
A feeling of community runs between me and other visitors here at [Monument Name]	1	2	3	4	5
If I were to stop coming here to [Monument Name] I would lose contact with a number of friends	1	2	3	4	5
The friendships and associations I have with other people here at [Monument Name] means a lot to me	1	2	3	4	5

TOPIC AREA 6: VISITOR EXPERIENCES - Place Attachment (variation)

12. Please indicate the extent to which you agree or disagree with the following statements as a result of your recent trip. *(please circle one response for each statement)*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I learned about human history at [Monument Name]	1	2	3	4	5

I was impressed with how ancient people thrived in [Monument Name]	1	2	3	4	5
It made me feel proud to see the preservation of archaeological resources	1	2	3	4	5
It made me feel proud to see the preservation of natural resources	1	2	3	4	5
It made me long for a different way of life	1	2	3	4	5
I learned how ancient cultures are related to modern tribes in the area	1	2	3	4	5
I learned about the biological diversity of [Monument Name]	1	2	3	4	5
I learned about the scientific value of the area	1	2	3	4	5
I learned about the National Park Service	1	2	3	4	5
[Monument Name] provides an authentic experience of ancient culture	1	2	3	4	5

TOPIC AREA 6: VISITOR EXPERIENCES - Place Attachment (*variation*)

NOTE TO REVIEWER. This question will not be used at Sunset Crater Volcano NM due to its lack of archaeological buildings.

13. Please indicate the extent to which you agree or disagree with the following statements as a result of your recent trip. (*please circle one response for each statement*)

Statement	Completely Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Completely Agree
The overall architecture and impression of the archaeological site inspired me	1	2	3	4	5	6	7
I liked the architectural design of the archaeological site	1	2	3	4	5	6	7
I liked the way the site blends with the landscape	1	2	3	4	5	6	7
I liked the information about the site and found it interesting	1	2	3	4	5	6	7
This visit provided a thorough insight into [specific historical period]	1	2	3	4	5	6	7
During the visit I felt related to the history, legends, and historical personalities	1	2	3	4	5	6	7
I enjoyed the unique	1	2	3	4	5	6	7

spiritual experience							
I liked the calm and peaceful atmosphere during the visit	1	2	3	4	5	6	7
I felt connected with human history and civilization	1	2	3	4	5	6	7

TOPIC AREA 6: VISITOR EXPERIENCES

14. What was most memorable or significant about your trip to [Monument Name] National Monument? *(please describe)*

TOPIC AREA 9: NATURAL/CULTURAL RESOURCE MANAGEMENT

15. What, if anything, would you suggest the National Park Service do differently in managing the national monument?

TOPIC AREA 4: TRIP CHARACTERISTICS - FVIS1

16. Please indicate the extent to which you agree or disagree with the following statements *(please circle one response for each statement)*

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I will say positive things about [Monument Name]	1	2	3	4	5
I will recommend [Monument Name] to other people around me	1	2	3	4	5
I will encourage friends and relatives to visit [Monument Name]	1	2	3	4	5
I will come back to [Monument Name] in the future	1	2	3	4	5

TOPIC AREA 5: RECREATION HISTORY - RecACT

17. On this visit, did you and your personal group attend any ranger-led activities/ programs, or informational/interpretive programs at [Monument Name] National Monument? Yes No

a. If YES, what program(s) did you and your personal group attend?

b. If NO, why not?

Part 2: Finally, we would like to know a little about you.

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - GEND 1

18. What is your gender? *(please select one)*
 Male Female

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - AGE 1

19. What is your age? _____

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - RES10

20. What is the ZIP Code of your primary residence?

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - EDUC1

21. What is the highest level of formal education you have completed? *(please select one)*
- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Two-year college degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Four-year college degree [or Bachelor's degree] |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Master's Degree [or Graduate degree] |
| <input type="checkbox"/> Vocational/trade school certificate | <input type="checkbox"/> Ph.D., M.D., J.D., or equivalent |
| <input type="checkbox"/> Some college | |

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - EMP1

22. Employment Status: Are you currently...?
- | | |
|---|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> A student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Military |
| <input type="checkbox"/> Out of work and looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Out of work but not currently looking for work | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> A homemaker | |

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - RACE/ETH1

23. For you only, are you Hispanic or Latino?
 Yes No

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - RACE/ETH1

24. Which of these categories best indicates your race? Answer only for yourself. *(please select one or more)*
- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - ECON12

25. Which of the following broad categories best describes your total annual household income for the last calendar year? *(please select one)*

- \$25,000 or less
- \$25,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 - \$125,000
- \$125,001 - \$150,000
- More than \$150,000

TOPIC AREA 1: RESPONDENT CHARACTERISTICS - GROUP7

26. Is there an individual in your household with a physical or mental condition that made it difficult to access or participate in monument activities or services? *(please select one)*

- Yes
- No

If yes, please answer (a), (b), and (c) below.

a. What activities or services did the person(s) have difficulty accessing or participating in?

b. Please identify the type of disability (i.e. mobility, hearing, sight, etc.)

c. What improvements to [Monument Name] would help make future visits by this disabled person, mentioned above, more enjoyable?

Non-response bias questions

1. Have you visited [Monument Name] before today?

- No
- Yes

2. How many hours did you spend at [Monument Name] today? _____

3. What was your **primary** activity during your visit today? _____

4. What is your state of residence? [or Country of Origin]

If completely refused to answer any questions, please mark the box below:

-