

**NOTE TO OMB REVIEWER:**

For the purposes of this review and submission the justification for each question or section of questions is highlighted in a shaded text box. These text boxes will not be printed on the final version of the surveys. The Topic Areas noted are consistent with the currently approved pool questions for the NPS Programmatic Review Process (1024-0224 - Expiration Date: 5-31-2019) with modifications as noted.

Technicians using a tablet computer will administer this questionnaire on-site. Only one questionnaire per group will be administered.

**OMB Control Number:01024-0224**  
**Expiration Date:**

**PAPERWORK REDUCTION ACT STATEMENT:** The National Park Service is authorized by 16 U.S.C. 1a-7 to collect this information. This information will be used by park managers to understand existing visitor use patterns, visitor experiences, and visitor perspectives about backcountry recreation in Glacier Bay National Park. 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** Public reporting burden for this form is estimated to average 10 minutes per response. Please direct comments regarding the burden estimate or any other aspect of this form to: Chris Monz, Department of Environment and Society, Utah State University; chris.monz@usu.edu (email); or Phadrea Ponds, NPS Information Collection Coordinator, Fort Collins, CO; pponds@nps.gov (email)

**TOPIC AREA 3: TRANSMODE3 (Variation)**

1) What types of transportation did you use **to travel to Glacier Bay National Park (GBNP)?** (Check all that apply)

<input type="checkbox"/>	AK Marine Highway System Ferry
<input type="checkbox"/>	Tour/Charter Boat (fewer than 12 passengers)
<input type="checkbox"/>	Tour/Charter Boat (more 12 passengers)
<input type="checkbox"/>	Personal Vehicle
<input type="checkbox"/>	Personal Motor Boat
<input type="checkbox"/>	Commercial Flight to Gustavus
<input type="checkbox"/>	Other (please specify): _____

**TOPIC AREA 4: DEST7**

2) On this visit, do you [and your personal group] plan on visiting GBNP for more than one day?  
 YES—If YES, how many days? \_\_\_\_\_

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NO—If NO, how many hours? \_\_\_\_\_

**TOPIC AREA 1: BACCOM6 (Variation)**

3) Please provide the following information:

a) What is your home ZIP code? \_\_\_\_\_

OR, what country are you from? \_\_\_\_\_

b) How many trips have you made to GBNP in the last 5 years, including this trip? \_\_\_\_\_

c) How many trips have you made to GBNP in your lifetime, including this trip? \_\_\_\_\_

**TOPIC AREA 2: ITIN1**

4) How would you describe your planning for this trip? (*Please select only one response*)

Carefully planned

Some pre-planning

Minimal pre-planning

**TOPIC AREA 5: RecACT22 (Variation)**

5) During this trip, do you plan to use (are you using) a paid guide? (*Please check one*)

YES

NO

6) During this trip, do you plan to rent (are you renting) equipment from an outfitter? (*Please check one*)

YES

NO

**TOPIC AREA 1: BACCOM4**

7) Do you know where you want to camp/anchor during this visit to GBNP?

YES

NO

**TOPIC AREA 4: DEST18 (Variation)**

Place holder for Map

8) Please tell us all of the backcountry locations you plan on visiting during your trip to GBNP. (Please use the map provided to determine which of the following locations you plan to visit.) Please select “Yes” if you plan to visit, “No” if you do not plan to visit, or “Not Sure” if do not know whether you will visit the location.

Number to Left Corresponds to Location on Reference Map	Yes	No	Not Sure
1. Beardslee Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. East Arm Glacier Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. West Arm Glacier Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Non-motorized waters of Glacier Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lower Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Upland/alpine areas of the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dundas Bay, Taylor Bay/Fern Harbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Outer Coast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other location(s): \_\_\_\_\_

**TOPIC AREA 2: ITIN22**

9) Prior to your trip, how did you and your personal group obtain information to plan the transportation and travel-related details of your trip? (Check all that apply.) For each source used, how helpful was the information you received? (Please select one response for each source used or check the box if you did not use any of the sources to plan your trip.)

	Not at All Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful	Did not use to plan trip
Federal or State websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g., Facebook, Twitter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor bureaus, visitor centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Maps, brochures or pamphlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel guides and tour books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/magazine articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio/TV broadcasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Package tour/guiding companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth - (e.g., friends or relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify.) _____						

**TOPIC AREA 2: TPURPOSE1**

10) Please list the top three reasons that best describe the overall purpose of this trip to GBNP.

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**TOPIC AREA 4: PREF1**

11) Please describe in a few sentences the experiences you are seeking while in the backcountry of GBNP.

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**TOPIC AREA 2: ITIN4**

12) How does your visit to GBNP fit into your overall travel plans? Please mark [X] only one.

- This park is my primary destination.  
 This park is one of several destinations.

**TOPIC AREA 5: RecACT15**

13) Below is a list of recreational activities available at GBNP. Please indicate: (A) Which one of these activities is your primary planned activity during your current visit, and (B) Which of all these activities you expect to participate in during your current visit.

	(A) Primary Planned Activity (Check <u>ONLY</u> one)	(B) Secondary Planned Activity (Check all that apply)
Recreational fishing (saltwater)	<input type="checkbox"/>	<input type="checkbox"/>
Recreational fishing (freshwater)	<input type="checkbox"/>	<input type="checkbox"/>

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Hiking/Walking on backcountry beaches	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Walking in backcountry upland/alpine areas of the park	<input type="checkbox"/>	<input type="checkbox"/>
Hiking/Walking on developed trails in Bartlett Cove	<input type="checkbox"/>	<input type="checkbox"/>
Viewing tidewater glaciers	<input type="checkbox"/>	<input type="checkbox"/>
Walking on glaciers/ technical mountaineering	<input type="checkbox"/>	<input type="checkbox"/>
Camping in the backcountry	<input type="checkbox"/>	<input type="checkbox"/>
Camping in Bartlett Cove	<input type="checkbox"/>	<input type="checkbox"/>
Nature/Wildlife observation	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking in the backcountry	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking in Bartlett Cove	<input type="checkbox"/>	<input type="checkbox"/>
Motor boating	<input type="checkbox"/>	<input type="checkbox"/>
Sail boating	<input type="checkbox"/>	<input type="checkbox"/>
Flightseeing (overflight)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**TOPIC AREA 3: TRANSMODE2**

14) What types of transportation do you **plan to use in** GBNP? (Check all that apply.)

	Primary Mode (check only 1)	Secondary Mode (check all that apply)
Hiking/Walking	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking (personal kayak)	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking (rental kayak)	<input type="checkbox"/>	<input type="checkbox"/>
Tour Boat/Charter Boat	<input type="checkbox"/>	<input type="checkbox"/>
Pack raft or other non-motorized vessel (besides kayak)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Motor Boat	<input type="checkbox"/>	<input type="checkbox"/>
Personal Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Air Taxi/Charter	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____		

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**TOPIC AREA 5: RecEXP12**

15) Below is a list of possible experiences you may want (prefer) to have while visiting the GBNP. For each item, please *indicate how important each experience is* to you on your visit to the park.

Experience:	IMPORTANCE				
	Not at all	Slightly	Moderately	Very	Extremely
To experience solitude	1	2	3	4	5
To be in control of things that happen	1	2	3	4	5
To view/photograph wildlife	1	2	3	4	5
To experience natural quiet	1	2	3	4	5
To experience psychological renewal	1	2	3	4	5
To learn about the history and cultural significance of GLBA	1	2	3	4	5
To fish for sport	1	2	3	4	5
To view scenic beauty	1	2	3	4	5
To have an adventure	1	2	3	4	5
To be where things are fairly safe	1	2	3	4	5
To be self-reliant in wilderness	1	2	3	4	5
To enjoy the sounds of nature	1	2	3	4	5
To be in touch with my spiritual values	1	2	3	4	5
To learn about the plants and wildlife in GLBA	1	2	3	4	5
To catch fish to eat	1	2	3	4	5
To view glaciers	1	2	3	4	5
To experience a sense of connection with nature	1	2	3	4	5
To experience risk	1	2	3	4	5
To be away from crowds of people	1	2	3	4	5
To feel small in a vast landscape	1	2	3	4	5
To experience a spiritual connection with nature	1	2	3	4	5
To learn about nature conservation and preservation values in GLBA	1	2	3	4	5
To experience a recently glaciated, dynamic landscape	1	2	3	4	5
To experience the diversity of the natural world	1	2	3	4	5
To experience a sense of challenge	1	2	3	4	5
To be near others who could help if you needed them	1	2	3	4	5
To experience a positive change in mood and emotion	1	2	3	4	5
To experience wildlife to have a memorable story to tell other people	1	2	3	4	5

**TOPIC AREA 5: RecEXP13 (Variation)**

16) What wildlife species do you hope/expect to see on your trip? (Check all that apply)

Bears	<input type="checkbox"/>
Moose	<input type="checkbox"/>
Mountain Goats	<input type="checkbox"/>
Wolves	<input type="checkbox"/>
Birds	<input type="checkbox"/>
Small mammals	<input type="checkbox"/>
Whales	<input type="checkbox"/>
Other (please list) _____	

**TOPIC AREA 9: LNT4**

17) How would you describe your current knowledge of low-impact practices such as *Leave-No-Trace* in backcountry settings? (Please select **only one response**).

- Novice  
  Intermediate  
  Expert

**TOPIC AREA 1: AGE1**

18) How many people (including you) are in your group? \_\_\_\_\_

Please record the gender and age information for your group members.

Person Taking Survey	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+

**TOPIC AREA 1: EDUC1**

19) What is the highest level of formal education you have completed? Please select **only one response**.

- Less than high school
- Some high school
- High school graduate
- Vocational/trade school certificate
- Some college
- Two-year college degree
- Four-year college degree [or Bachelor's degree]
- Master's Degree [or other graduate degree]
- Ph.D., M.D., J.D., or equivalent

**TOPIC AREA 1: RACE/ETH3**

20) What is the race of each member of your personal group on this trip to GBNP? Please select one or more for each group member, including you. (If you don't know the answer, select "DK.")

	Person Taking Survey	Person 2	Person 3	Person 4	Person 5	
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TOPIC AREA 10: ECON 12</b>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Black or African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Don't know	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	

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

<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$100,000 to \$149,999
<input type="checkbox"/> \$35,000 to \$49,999	<input type="checkbox"/> \$150,000 to \$199,999
<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> \$200,000 or more