OMB Control Number: 1024-0224 Expiration Date:

GOLDEN GATE NATIONAL PARKS VISITOR INTERCEPT SURVEY: CRISSY FIELD, PRESIDIO A, PRESIDIO B

Survey ID	Site ID	Surveyor	Follow Up
Day	Date	Time	Direction
Weather	Wind	Gender	International?

On-site Initial Contact Script:

Hello, I am _____ (name) with _____ (affiliation). We are conducting a study on behalf of the NPS to help improve your experience at [this site]. Have you already been approached and asked to participate in our study?

- 1) Yes [Interviewer: "Thank you for your time."]
- 2) No [Continue]

Would you be willing to complete a short survey about your experience in this park today? Participation is voluntary and your responses are anonymous. The survey takes about seven (7) minutes to complete. Will you participate in our survey?

Yes [Interviewer: Hand tablet to respondent]
 No [Interviewer: "Thank you for your time."]

PAPERWORK REDUCTION and PRIVACY ACT STATEMENT: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. We are authorized by the National Park Service Protection Interpretation and research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of Managers and Planning staff of the Golden Gate National Recreation Area, Presidio Trust and Golden Gate National Parks Conservancy. The data collected will be summarized to better understand visitor uses and expectations. Your responses to this collection are completely voluntary and will remain anonymous. You can end the process at any time and will not be penalized in any way for choosing to do so. All contact information collected for the follow-up survey will be destroyed at the end of the collection period no personal identifiable records will be maintained or stored for any purposes. Data collected will only be reported in aggregates and no individually identifiable responses will be reported. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number (1024-0224). We estimate that it will take about 7 minutes to complete this questionnaire. You may send comments concerning any aspect of this information collection to: Mike Savidge, Golden Gate National Recreation Area, Michael J Savidge@nps.gov (email); or Phadrea Ponds, NPS Information Collection Coordinator, Fort Collins, CO 80525, pponds@nps.gov (email).

1.	Including today, how many times have you visited [this national park site] In the last 12 months? a visit(s) to this site in the last year b. Not sure/Don't know
2.	Approximately how long have you and your group been at [this national park site] today? hours, minutes
3.	How many people are in your group today (including yourself)?
	# of adults(18 yrs and older)# of children/youth (0-17yrs old)
	person/people. [Note: If '1', skip to Q4.]
	 3a. [If more than one person] Please describe your group. I'm here with (check all that apply): a. Family b. Friend(s) c. Organized group 1. a commercial guided tour 2. a school/educational group 3. an interest group d. Other
4.	Did you use any trails at this park site today? a. Yes, I did use a trail at this park site today b. No, I did not use any trails at this park site today [Skip to Q5]
	4a. Which trail(s) did you use?
	Place Map Here Respondent use map and choose from dropdown list of trails

- 5. How did you get to this park site today? (check all that apply)
 - a. Walked
 - b. Drove or rode in a personal vehicle (car/truck):
 - i. [Follow Up] using trail area map

Map used to identify parking location

- c. Arrived using rideshare (Uber, Lyft, etc.)
- d. Rode a personal bicycle
- e. Rode a rental bicycle
- f. Took the free PresidiGo Shuttle
- g. Rode public transit (eg., MUNI or Golden Gate Bridge District bus)
- h. Bay Area Rapid Transit (BART train)
- i. Ferry
- j. Came on a private tour bus
- k. Came on a school bus
- I. Arrived another way

REVIEWER NOTE: Questions 6-9 will use dropdown lists of specific sites and facilities]

- 6. Which facilities, museums or attractions did you visit today? Select up to 3 options
 - a. I visited [Site specific FACILITIES, MUSEUMS, ATTRACTIONS]
 - b. I did not visit any facilities, museums or attractions today.

CRISSY FIELD

- 1. Warming Hut/Cafe
- 2. Japanese American Historical Museum
- 3. Picnic facilities
- 4. Historical Military fortifications
- 5. East Beach
- 6. Retail outlet: Sports Basement, Roaring
- 7. Mouse Bikes

- 8. NOAA Gulf of the Farallones National Marine Sanctuary visitor center
- 9. Golden Gate Bridge Welcome Center
- 10. Presidio Visitor Center (on Main Post)
- 11. Tidal Marsh/Shorebird Overlook(s)
- 12. Indoor Recreation (climbing gym, dance program, pool, trampoline house, batting cage)

MAIN POST/PRESIDIO

- 1. Presidio Visitor Center
- 2. Presidio Museum at the Officers' Club
- 3. Walt Disney Family Museum
- 4. Inn at the Presidio
- 5. Restaurant/Dining Establishment
- 6. Goldsworthy in the Presidio

- 7. Archaeology Site or Lab
- 8. San Francisco National Cemetery
- 9. <u>Main Parade Ground (events, festivals, picnicking)</u>
- 10. Presidio Bowling Center
- 11. Other (please specific

SOUTHERN WILDS/PRESIDIO

- 1. Rob Hill Campground
- 2. Mountain Lake Park
- 3. El Polin Spring & Picnic Area
- 4. Immigrant Point Picnic Area
- 5. Goldsworthy in the Presidio

- 6. Presidio Visitor Center
- 7. Presidio Golf Course
- 8. Playing Fields
- 9. Presidio Museum at the Officers' Club

Other (please specify)

GOLDEN GATE PLAZA & BAKER BEACH

- 1. Golden Gate Bridge Welcome Center
- 2. Baker beach
- 3. Warming Hut/Café on West Crissy Field (near Torpedo Wharf)
- 4. Japanese American Historical Museum
- 5. Historic Military Fortifications

- 6. Presidio Visitor Center (on Main Post)
- 7. West Crissy picnic facilities
- 8. Fort Point Historical Site
- 9. East Beach/Crissy Field
- 10. Golden Gate Bridge
- 7. Where did you get information about this park site while preparing for today's visit?
- 1. Previous visit
- 2. Friends/family/word of mouth
- 3. Inquiry to park via phone, mail or email
- 4. Newsletter (e.g., Presidio ENews, Park Eventures)
- 5. Website [Integrate options in drop down menu]
 - Golden Gate National Recreation Area, National Park Service website
 - Golden Gate National Parks Conservancy website
 - Presidio Trust website
 - Yelp
 - TripAdvisor
 - Bay Area Hiker
 - Google Maps
 - Other

- 6. Local businesses (e.g., hotels, motels, restaurants)
- 7. Maps/brochures
- 8. Newspaper/magazine articles
- 9. School class/program
- 10. Social media (e.g., Facebook, Twitter, Instagram)
- 11. Radio programs
- 12. Travel guides/tour books (e.g., AAA, visitors' bureau
- 13. Presidio Visitor Center (on Main Post)
- 14. City/State Welcome Center/Chamber of Commerce
- 14. Other (please specify) ___
- 15. I did not obtain information prior to this visit

- 8. On this trip to [name park site], which of the following activities did you participate in? [Select up to five (5) activities]
 - a. Viewing nature (e.g., wildlife, vistas)
 - b. Learning about nature
 - c. Picnicking
 - d. Visiting a cultural or historic site
 (e.g., National Japanese-American
 Museum, Presidio Museum, El
 Presidio archeological site, National
 Cemetery, Historic Batteries)
 - e. Driving for pleasure
 - f. Exploring woods or shoreline
 - g. Commemorating/Honoring/ Remembrance
 - h. Walking/short hike (less than 1 hour)
 - i. Longer hike (1-4 hours)
 - j. Non-motorized water sport (e.g., kayaking, windsurfing)
 - k. Bicycling (e.g., road biking, mountain biking)

- I. Running/jogging
- m. Dog walking
- n. Group sports (e.g., frisbee, outdoor exercise class)
- o. Indoor Recreation (e.g., bowling, rock climbing)
- p. Fishing/crabbing
- q. Camping at Rob Hill
- r. Dining at a café/restaurant
- s. Family gathering/reunion
- t. Water play (e.g., beach, swimming)
- u. Creative arts (e.g., photography, drawing)
- v. Educational or Arts exhibition
- w. Special event or scheduled program
- x. Other (please specify:

y. I did not have a primary activity on this trip today

- 9. On this trip to [name park site], which of the following park programs and services did you personally participate in? [check <u>all</u> that apply]
 - a. Attending a ranger or volunteerled activity such as a tour or talk
 - b. Talking informally with a ranger or volunteer
 - c. Viewing outdoor exhibits
 - d. Viewing indoor exhibits
 - e. Attending an exhibition, cultural demonstration or performance
 - f. Reading a park brochure or newspaper
 - g. Going to the Visitor Center
 - h. Reading informational kiosk and interpretative signage
 - i. Watching movies or videos about the area

- j. Participating with a child in the Junior Ranger or other youth program
- k. Obtaining a National Park passport stamp
- I. Using self-guided materials (maps, audio tours, app, geo-caching, etc.)
- m. Using a smart phone app specific to the Presidio or GGNRA
- Using park's accessibility features (sand wheelchair, accessible trails, etc.)
- o. Participating in a race or competition
- p. Attending an organized picnic/food event
- q. None of the above
- 10. How crowded did you find this park site today?
 - a. Very crowded
 - b. Moderately crowded
 - c. Slightly crowded
 - d. Not crowded at all
 - e. Don't know/Not sure

- 11. How safe did you feel at this park today?
 - a. Very safe [Skip to Q12]b. Somewhat safe [Skip to Q12]c. Neither safe nor unsafe [Skip to Q12]
 - d. Somewhat unsafe
 - e. Not at all safe
 - 11a. [If Respondent felt 'somewhat unsafe' or 'not at all safe', answer following question] Why did you feel (somewhat unsafe/not at all safe) today.
 - a. Dogs encountered
 - b. Bikes on trail
 - c. Unsafe trail conditions
 - d. I was alone
 - e. I did not feel welcome
 - f. Inadequate lighting
 - g. Other: _____
- 12. Please rate your overall experience with the park site today. Did you have an excellent, good, fair, or poor experience?
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. Don't know
- 13. How likely are you to refer a friend to this park site: very likely, somewhat likely, probably not likely, or not likely at all?
 - a. Very likely
 - b. Somewhat likely
 - c. Probably not likely
 - d. Not likely at all
 - e. Don't know/Not sure

14. What top 3 items contributed most toward you enjoying your visit to [name park site] today? [place a #1, #2 and #3 next to your top choices in priority order]

Setting related	Facilities related	Activity related
 Scenic views of nature Views of city/bridges Nice weather Being outdoors in natural setting Ocean/beach Being somewhere quiet/peaceful Observing flora and fauna(ie. wildlife/native plants) Having open space/freedom Fresh air Close to home or work 	 Good trail/path conditions Cleanliness of facilities Parking was available Public transit opportunities Cleanliness of beaches Affordable food options Available visitor amenities Gathering places to sit (eg. picnic areas) Clear signs and directions Shelter from wind/sun 	 Getting exercise Gathering with family/friends Learning about the history of this site Relaxing People watching Getting away from people Friendly people Art exhibits Scheduled walks/tours Informative staff/volunteers Visitor center information/exhibits/ Recreation and play Special event Free public program
Other (please specify:)	

15. What most detracted from your enjoyment of [name park site] today? [place a #1, #2 and #3 next to your top choices, in priority order]

Setting related	Facilities related	Activity related
Water temperature	Inadequate trail/ path surface conditions	Feeling crowded
Wildlife encounters (e.g., jellyfish, birds, bird droppings)	Lack of cleanliness of facilities	Conflicts with cyclists
Blowing sand	Poor condition of facilities	Conflicts with dogs
Poor weather	Lack of available parking	Unfriendly/rude people
	Littered beach	Not aware of activities available
	Lack of restrooms	
	Vehicle traffic noise	
	Lack of signage/information	
	Construction interference	
	Lack of dedicated bicycle	
	lanes/racks	
	Lack of public transit	
	Lack of affordable food options	
	Lack of healthy food options	
	Lack of culturally diverse food	
	options	
Other (please specify:)	
Nothing		

And now just a few more questions about you. You're almost done!

16.	In w	hat y	ear were you borr	n?
17.			_	education you've completed?
			than high school	
			e high school	
		_	school graduate/0	
			e college, business	s or trade school
			ociate degree	
			_	ade school graduate
	_		e graduate school	
			ters, doctoral or p	
			duate or professior	nal degree
	j.	l pre	efer not to answer	
18.				oes your total annual household income last calendar year?
			than \$9,999.	
			000 to \$24,999	
			000 to \$49,999	
			000 to \$99,999	
		-	0,000 to \$149,999	
			0,000 to \$199,999	
	_		0,000 or more	
	h.	I pre	efer not to answer	
19.	Inclu	_	yourself, how mar f of people)	ny people live in your primary household?
20.	-	-	imary household c	currently in the United States of America?
	a.			Tall 1 and
	b.	No		[Skip to Q23]
21.	Wha	at is y	our zip code?	
22.	-	ou c a. Ye	urrently live in San	Francisco?
		o. No		[Skip to Q24]
	2	22a.	Do you live within a. Yes b. No	one (1) mile from [name park site]?
	2	22b.	Which San Francis neighborhoods]	co neighborhood do you live in? [include drop down list of
				[Skip to Q24]

	b.	Brazil
	c.	China
	d.	France
	e.	Germany
	f.	India
	g.	Japan
	h.	Russia
	i.	3344
	j.	Taiwan
	k.	Other
24.	a.	you Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin
		Yes, of Hispanic, Latino, or Spanish origin
		Don't know/Not sure
	d.	I prefer not to answer
22		/hat is your race? (one or more categories may be selected)
	a.	American Indian or Alaska Native
	b.	Asian
		Black or African American
		Native Hawaiian or other Pacific Islander
		White
		Another: (please describe)
	_	Don't know/Not sure
	h.	I prefer not to answer
25.	W	hat is the primary language spoken in your home?
	a.	English
	b.	
		French
	d.	German
	e.	Japanese
		Russian
	_	Spanish
		Tagalog
		Vietnamese
	j.	Other

[Skip to Q27]

23. Which country are you from?

a. Australia

activities while in the park today (e.g., mobility, sensory or developmental impairment)? a. No [Skip to Q28] b. Yes 27a. What specific challenges did you or another member of your group experience today? 1. Hearing (e.g., difficulty hearing ranger programs, bus drivers, staff members) 2. Visual (e.g., difficulty seeing exhibits, signs, or other visual aids) 3. Mobility (e.g., difficulty accessing facilities, services, or programs) 4. Developmental (e.g., difficulty with cognitive learning and adaptive skills) 28. What is your gender? a. Female b. Male c. Transgender Male d. Transgender Female e. Gender Variant/Non-Conforming f. Other g. Don't know h. I prefer not to answer 29. What else you would like to tell us about your experience today? INVITATION To Take Finally, are you interested in participating in a follow up survey to help us improve the visitor experience? A No, I am not interested in participating in a follow up survey Please provide us with the following information and a park or partner representative will contact you within 10 days: First name:		you or anyone in your group have special challenges that made it difficult to participate in
b. Yes 27a. What specific challenges did you or another member of your group experience today? 1. Hearing (e.g., difficulty hearing ranger programs, bus drivers, staff members) 2. Visual (e.g., difficulty seeing exhibits, signs, or other visual aids) 3. Mobility (e.g., difficulty accessing facilities, services, or programs) 4. Developmental (e.g., difficulty with cognitive learning and adaptive skills) 28. What is your gender? a. Female b. Male c. Transgender Male d. Transgender Female e. Gender Variant/Non-Conforming f. Other g. Don't know h. I prefer not to answer 29. What else you would like to tell us about your experience today? INVITATION TO Take Finally, are you interested in participating in a follow up survey to help us improve the visitor experience? A No, I am not interested in participating in a follow up survey Please provide us with the following information and a park or partner representative will contact you within 10 days: First name:		
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Telephone number: Email address: What is the best time to reach you? (please check all that apply) day time weekdays		First years.
Email address: What is the best time to reach you? (please check all that apply) day time weekdays		FIRST name:
What is the best time to reach you? (please check all that apply) day time weekdays		
day time weekdays		Email address:
		What is the best time to reach you? (please check all that apply)
		day time weekdays

THANK YOU FOR PARTICIPATING IN THIS STUDY AND HELPING TO IMPROVE THE PARK!