

Joshua Tree National Park General Visitor Survey 2019



To be completed by field staff:

ID _____ Time _____ Location _____ Tracker number _____ Date _____
Field staff _____

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 data collected in this study will assist managers in understanding how the recent increase in visitation to Joshua Tree National Park may be impacting the visitor experience. 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 purpose of the follow-up survey will be destroyed at the end of the collection period and 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 11 minutes to complete and return this on-site questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Ryan Sharp, Assistant Professor, Park Management and Tourism, 221 Throckmorton, Manhattan, KS 66506, Kansas State University (address) or ryansharp@ksu.edu (email); or Phadrea Ponds NPS Information Collection Coordinator at pponds@nps.gov (email).

**SECTION 1: YOUR PAST AND CURRENT VISIT TO
JOSHUA TREE NATIONAL PARK**

NOTE: In this questionnaire, “personal group” is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. Please tell us about your past visitation to Joshua Tree National Park (referred to as “the park” below).
 - a. Including today, how many **days in the last month** (30 days) have you visited the park? _____
 - b. Including today, how many **days in the last year** (12 months) have you visited the park? _____
 - c. Including today, how many **years** (total) have you visited the park? _____

2. On this trip, how long did you and your personal group spend visiting Joshua Tree NP? Please list partial hours / days as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.
_____ Number of hours, **if fewer than 24 hours**

OR

_____ Number of days, **if 24 hours or more**

Joshua Joshua Tree NP was the primary destination

Joshua Joshua Tree NP was one of several destinations

Joshua Joshua Tree NP was not a planned destination

3. For this trip, please mark the locations in Joshua Tree NP that you and your personal group visited. Please mark **all** that apply.

- | | |
|---|--|
| <input type="checkbox"/> North Entrance Station | <input type="checkbox"/> Bajada Nature Trail |
| <input type="checkbox"/> West Entrance Station | <input type="checkbox"/> Barker Dam |
| <input type="checkbox"/> Indian Cove Ranger Station | <input type="checkbox"/> Cholla Cactus Garden |
| <input type="checkbox"/> Cottonwood Visitor Center | <input type="checkbox"/> Cottonwood Spring |
| <input type="checkbox"/> Joshua Tree Visitor Center | <input type="checkbox"/> Covington Flats |
| <input type="checkbox"/> Oasis Visitor Center | <input type="checkbox"/> Fortynine Palms Oasis |
| <input type="checkbox"/> Black Rock Nature Center | <input type="checkbox"/> Geology Tour Road |
| <input type="checkbox"/> Belle Campground | <input type="checkbox"/> Keys Ranch |
| <input type="checkbox"/> Black Rock Campground | <input type="checkbox"/> Keys View |
| <input type="checkbox"/> Cottonwood Campground | <input type="checkbox"/> Lost Horse Mine |
| <input type="checkbox"/> Indian Cove Campground | <input type="checkbox"/> Lost Palms Oasis |
| <input type="checkbox"/> Jumbo Rocks Campground | <input type="checkbox"/> Pinto Basin Road |

- Hidden Valley Campground
- White Tank Campground
- Sheep Pass Group Camp
- Other (Please specify) _____
- Quail Springs
- Ryan Mountain

SECTION 2: YOUR MOTIVATIONS AND ACTIVITIES

4. On this trip, what was the **primary** reason that you and your personal group came to the Joshua Tree NP area (Yucca Valley, Joshua Tree, Twentynine Palms)? Please mark **one**.
- Resident of the area (Yucca Valley, Joshua Tree, Twentynine Palms, Indio)
 - Visit Joshua Tree NP
 - Visit other attractions in the area
 - Visit friends / relatives at the Twentynine Palms U.S. Marine Corps base
 - Visit friends / relatives in the area (other than the Marine Corps base)
 - Traveling through – unplanned visit
 - Business
 - Other (Please specify) _____
5. On this visit, in which activities did you and your personal group participate within Joshua Tree NP? Please mark **all** that apply.
- | | |
|---|---|
| <input type="checkbox"/> Attended ranger-led programs | <input type="checkbox"/> Stargazing / viewing night sky |
| <input type="checkbox"/> Attended field classes or other guided activities | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Visited historical or archeological sites | <input type="checkbox"/> Backpacking overnight |
| <input type="checkbox"/> Visited visitor center(s) | <input type="checkbox"/> Walking self-guided nature trails (with brochures / signs) |
| <input type="checkbox"/> Family/friend gathering or celebration | <input type="checkbox"/> Day hiking |
| <input type="checkbox"/> Sightseeing | <input type="checkbox"/> Picnicking |
| <input type="checkbox"/> Bouldering (using pads and bouldering guides) | <input type="checkbox"/> Trail running |
| <input type="checkbox"/> Rock scrambling (without specialized gear or skills) | <input type="checkbox"/> Bicycling |

- | | |
|---|---|
| <input type="checkbox"/> Technical climbing (with specialized gear or skills) | <input type="checkbox"/> Horseback riding |
| <input type="checkbox"/> Slacklining | <input type="checkbox"/> Viewed plants and/or wildlife |
| <input type="checkbox"/> Seeking spiritual connection | <input type="checkbox"/> Enjoyed nature |
| <input type="checkbox"/> Exercised to promote physical fitness | <input type="checkbox"/> Created content for social media/blogs |
| <input type="checkbox"/> Photography/videos | |
| <input type="checkbox"/> Other (Please specify) _____ | |

a. Which **one** of the above activities was the primary activity in which you and your personal group participated at Joshua Tree NP on this visit?

6.

a. Did anyone in your personal group participate in rock climbing in Joshua Tree NP on this visit or past visit(s)? Please mark **one**.

- No, have not participated in climbing activities. → **Go to Question 6d**
- Climbed on both this visit and past visit(s)
- This is our first time climbing here
- Have climbed in the past, but not on this visit

b. Where is your personal group's preferred area to climb in Joshua Tree NP?

- Don't have a preferred area

OR List **one** area _____

c. Has anyone in your personal group ever installed or replaced a fixed anchor in Joshua Tree NP?

- Yes No

d. Did anyone in your personal group participate in bouldering in Joshua Tree NP on this visit or past visit(s)? Please mark **one**.

- No, have not participated in bouldering activities. → **Go to Question 8**
- Bouldered on both this visit and past visit(s)
- This is our first time bouldering here
- Have bouldered in the past, but not on this visit

e. Where is your personal group's preferred area to boulder in Joshua Tree NP?

- Don't have a preferred area

OR List **one** area _____

SECTION 3: YOUR LODGING AND RESERVATIONS

- 7.
- a. Did you or members of your personal group attempt to make reservations for campsites at Joshua Tree NP for this trip?
 Yes No → **Go to Question 9**
- b. Were you able to make campsite reservations at Joshua Tree NP for this trip?
 Yes No

- 8.
- a. On this visit, how many nights, if any, did you and your personal group camp overnight within Joshua Tree NP?
_____ Number of nights inside Joshua Tree NP
- b. On this visit, how many nights, if any, did you and your personal group stay overnight away from home in the area surrounding Joshua Tree NP (Yucca Valley, Joshua Tree, Twentynine Palms)?
_____ Number of nights in the surrounding area

- 9.
- a. In what type of lodging did you and your personal group spend the night(s) **inside the park**? Please check all that apply in Column A.
- b. In what type of lodging did you and your personal group spend the night(s) **outside the park in the surrounding area (Yucca Valley, Joshua Tree, Twentynine Palms)**? Please check all that apply in Column B.

Column A (inside the park)	Lodging type	Column B (outside the park)
<input type="checkbox"/>	Lodge, motel, cabin, rented condo/home, or bed & breakfast	<input type="checkbox"/>
<input type="checkbox"/>	RV / trailer camping	<input type="checkbox"/>
<input type="checkbox"/>	Tent camping in developed campground	<input type="checkbox"/>
<input type="checkbox"/>	Backcountry campsite	<input type="checkbox"/>
<input type="checkbox"/>	Personal seasonal residence	<input type="checkbox"/>
<input type="checkbox"/>	Residence of friends or relatives	<input type="checkbox"/>
<input type="checkbox"/>	Other (Please specify) _____	<input type="checkbox"/>

SECTION 4: INFORMATION AND AWARENESS

10. Prior to this visit, how did you and your personal group obtain information about the park? **Please mark all that apply in Column A.** If you were to visit Joshua Tree NP in the future, how would you and your personal group prefer to obtain information about the park? **Please mark all that apply in Column B.**

Column A (prior to this visit)	Source of information	Column B (preferred for future visits)
<input type="checkbox"/>	Did not obtain information prior to visit	<input type="checkbox"/>
<input type="checkbox"/>	Joshua Tree NP website: www.nps.gov/jotr	<input type="checkbox"/>
<input type="checkbox"/>	Social media – Which one(s)? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Reddit <input type="checkbox"/> Flickr <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/>	Other websites (Trip Advisor, Hotels.com, Expedia, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Friends / relatives / word of mouth	<input type="checkbox"/>
<input type="checkbox"/>	Highway signs	<input type="checkbox"/>
<input type="checkbox"/>	Inquiry to park via phone, mail, or email	<input type="checkbox"/>
<input type="checkbox"/>	Local businesses (hotels, motels, restaurants, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Maps / brochures	<input type="checkbox"/>
<input type="checkbox"/>	Newspaper / magazine articles	<input type="checkbox"/>
<input type="checkbox"/>	Other National Park Service sites / units	<input type="checkbox"/>
<input type="checkbox"/>	Previous visits	<input type="checkbox"/>
<input type="checkbox"/>	School class / program	<input type="checkbox"/>
<input type="checkbox"/>	State or local welcome center / visitors bureau / chamber of commerce	<input type="checkbox"/>
<input type="checkbox"/>	Television / radio programs / DVDs	<input type="checkbox"/>
<input type="checkbox"/>	Travel guides / tour books (AAA, Fodor’s, Lonely Planet, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Other (Please specify) _____	<input type="checkbox"/>

a. From the sources marked in Column A, did you and your personal group receive the type of information about the park that you needed?
 No Yes → **Go to Question 11**

b. If NO, what type of park information did you and your personal group need that was not available? Please be specific.

c. How far in advance, if at all, did you begin planning your most recent visit to Joshua Tree NP?

_____ Days _____ Weeks _____ Months

11.

- a. Please mark **all** the information services and facilities that you or your personal group **used** during this visit to Joshua Tree NP
- b. Next, for only those services and facilities that you or your personal group **used**, please rate their importance from 1-5.
- c. Finally, for only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

a) Information services / facilities used

b) If used, how important?

c) If used, what quality?

1=Not important

1=Very poor

2=Somewhat important

2=Poor

3=Moderately important

3=Average

4=Very important

4=Good

5=Extremely important

5=Very good

a) Information services / facilities used	b) If used, how important?	c) If used, what quality?
<input type="checkbox"/> No information services / facilities used	n/a	n/a
<input type="checkbox"/> Assistance from visitor center staff	_____	_____
<input type="checkbox"/> Assistance from entrance station staff	_____	_____
<input type="checkbox"/> Assistance from roving rangers	_____	_____
<input type="checkbox"/> Bulletin boards	_____	_____
<input type="checkbox"/> Joshua Tree NP website: www.nps.gov/jotr (used before or during visit)	_____	_____
<input type="checkbox"/> Park brochure / map	_____	_____
<input type="checkbox"/> Park newspaper	_____	_____
<input type="checkbox"/> Ranger-led programs (walks, talks, etc.)	_____	_____
<input type="checkbox"/> Roadside exhibits	_____	_____
<input type="checkbox"/> Sales items in visitor center (selection, price, etc.)	_____	_____
<input type="checkbox"/> Trailside exhibits / signs	_____	_____
<input type="checkbox"/> Visitor center exhibits	_____	_____
<input type="checkbox"/> Other park publications (plant lists, dog information, camping brochure, etc.)	_____	_____

SECTION 5: ABOUT YOU

- a. What is your zip code? _____
- b. What year were you born? _____
- c. What is your gender? (*select one*) Male Female Other Do not wish to answer
- d. What is the highest level of school you have completed? (*select one*)
- | | | |
|--|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Two-year college graduate | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Four-year college graduate | |
- e. Are you Hispanic or Latino? Yes No
- f. What is your race? (*select all that apply*)
- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Do not wish to answer |
- g. Which category best describes your total household income in U.S. dollars during 2018 before taxes?
(*select one*)
- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$24,999 | <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 answer |

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

PRIVACY ACT and PAPERWORK REDUCTION ACT statement:

16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. 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: