

## Glen Canyon National Recreation Area Backcountry Visitor Experience Survey



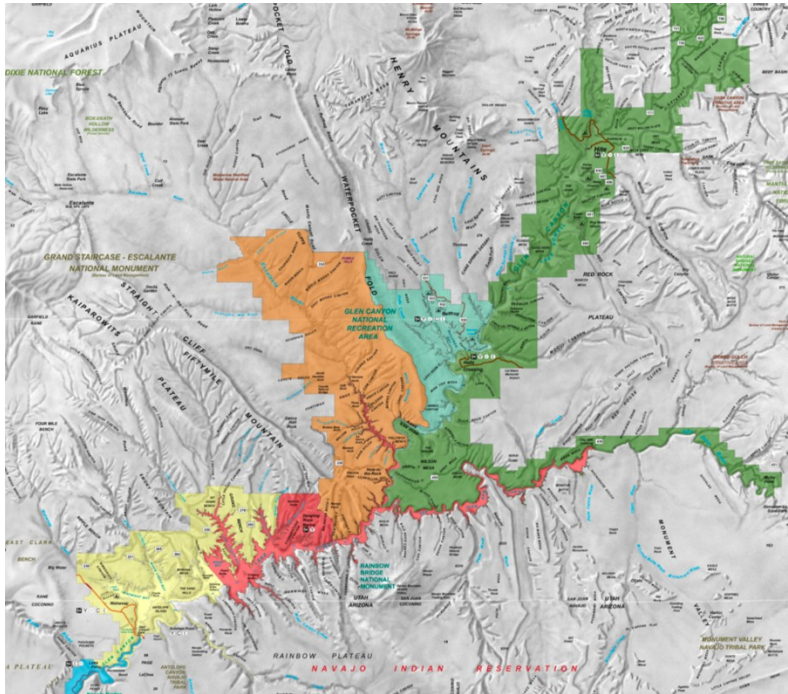
**PAPERWORK REDUCTION and PRIVACY ACT STATEMENT:** The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. We are authorized by the National Park Service Protection Interpretation and Research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff at Glen Canyon National Recreation Area (GLCA) in future initiatives related to the visitor use and backcountry management. The data collected will be summarized to evaluate visitor uses and expectations during their visit at GLCA. 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. Your participation poses only minimal risks. 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 10 minutes to complete and return this short survey. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Zach Miller, Assistant Professor, [zachary.miller@usu.edu](mailto:zachary.miller@usu.edu); or Phadrea Ponds NPS Information Collection Coordinator at [pponds@nps.gov](mailto:pponds@nps.gov).

1. Are you a first-time visitor to [CANYON NAME]? (Select one)

NO  YES

2. Are you a first-time visitor to the Escalante District (orange in the map below) of Glen Canyon National Recreation Area?

NO  YES



3. Was [CANYON NAME] your intended destination on this trip? (Select one)

NO  YES

[IF NO TO QUESTION 2 ABOVE] What was your intended destination?

\_\_\_\_\_

4. [IF NO TO QUESTION 3 ABOVE] What was the primary reason you did not go to your intended destination?

Not enough time  Too crowded at intended destination  Road or trail closure  Bad weather  
 Unsafe road  Inadequate display of safety information  Liked this place better than intended destination  Other (please specify)

5. Which of the following activities did you participate in during this trip to [CANYON NAME]? (Select all that apply)

Day hiking  Car camping  Backpacking  General sight-seeing  
 Other (please specify): \_\_\_\_\_

6. From the activities you participated in at [CANYON NAME], which was your primary activity? (*Select one*) (this item will only carry forward the items selected in the question above for visitors to select)
- Day hiking       Car camping       Backpacking       General sight-seeing
- Other (*please specify*): \_\_\_\_\_

7. We would like to know what sources of information you used to get information about planning your trip to the Escalante District. We would also like to know when you obtained each type of information (*Select all that apply*)

Source	Did not use	Used <u>before</u> arriving to the Escalante District of Glen Canyon National Recreation Area	Used <u>after</u> arriving to the Escalante District of Glen Canyon National Recreation Area
Personal communication with a National Park Service ranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park map or brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal communication with another employee in the Escalante District of Glen Canyon National Recreation Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth (talking with other visitors or friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
News article, either in print or online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A National Park Service website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify _____			

8. During this trip, did you visit the Escalante Interagency Visitor Center in Escalante, Utah? (*select one*)
- NO     YES

9. Did you experience any of the following during this trip to [CANYON NAME]? (*Select one for each experience*)

Experience	NO – Did not experience	YES – Did experience
Encounters with other groups	<input type="checkbox"/>	<input type="checkbox"/>
Seeing cairns (rock piles) placed by other visitors	<input type="checkbox"/>	<input type="checkbox"/>
Seeing trash	<input type="checkbox"/>	<input type="checkbox"/>
Seeing campfire rings	<input type="checkbox"/>	<input type="checkbox"/>
Smelling campfire smoke	<input type="checkbox"/>	<input type="checkbox"/>
Seeing graffiti	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loud voices, crying, or yelling from other visitors	<input type="checkbox"/>	<input type="checkbox"/>
Hearing sounds from vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Hearing sounds from airplanes or helicopters	<input type="checkbox"/>	<input type="checkbox"/>
Crowding	<input type="checkbox"/>	<input type="checkbox"/>
Dogs off-leash	<input type="checkbox"/>	<input type="checkbox"/>
Signs of visitor-created trails	<input type="checkbox"/>	<input type="checkbox"/>
Seeing or smelling human waste	<input type="checkbox"/>	<input type="checkbox"/>

Evidence of tree cutting from visitors

10. From the experiences you had on this trip to [CANYON NAME], please rate how the following items decreased or increased **the quality of your experience**. (Please rate each item) (this item will only carry forward the items selected in the question above for visitors to rate)

Experience	Greatly decreased	Decreased	Slightly decreased	Neither	Slightly increased	Increased	Greatly increased
Encounters with other visitors	-3	-2	-1	0	+1	+2	+3
Seeing cairns (rock piles) placed by other visitors	-3	-2	-1	0	+1	+2	+3
Seeing trash	-3	-2	-1	0	+1	+2	+3
Seeing campfire rings	-3	-2	-1	0	+1	+2	+3
Smelling campfire smoke	-3	-2	-1	0	+1	+2	+3
Seeing graffiti on rock surfaces	-3	-2	-1	0	+1	+2	+3
Hearing loud voices, crying, or yelling from other visitors	-3	-2	-1	0	+1	+2	+3
Hearing sounds from vehicles	-3	-2	-1	0	+1	+2	+3
Hearing sounds from airplanes or helicopters	-3	-2	-1	0	+1	+2	+3
Crowding	-3	-2	-1	0	+1	+2	+3
Dogs off-leash	-3	-2	-1	0	+1	+2	+3
Signs of visitor-created trails	-3	-2	-1	0	+1	+2	+3
Seeing or smelling human waste	-3	-2	-1	0	+1	+2	+3
Evidence of tree cutting from visitors	-3	-2	-1	0	+1	+2	+3

11. Please indicate how inappropriate or appropriate you think each of the following behaviors are for a visitor to [CANYON NAME]? (Please rate each item)

Activity	Completely inappropriate	Inappropriate	Slightly inappropriate	Neither	Slightly appropriate	Appropriate	Completely appropriate
Leave solid human waste in the backcountry	-3	-2	-1	0	+1	+2	+3
Have a campfire in the backcountry	-3	-2	-1	0	+1	+2	+3
Build rock cairns (rock piles) in the backcountry	-3	-2	-1	0	+1	+2	+3
Hike on hard rock/slick rock surfaces or trails	-3	-2	-1	0	+1	+2	+3
Post specific location information about the area on social media	-3	-2	-1	0	+1	+2	+3
Draw, paint, or scratch on rock surfaces	-3	-2	-1	0	+1	+2	+3
Have a dog off leash while hiking	-3	-2	-1	0	+1	+2	+3

12. Are you or a member of your group carrying a portable toilet or a specifically engineered bag waste containment system?

NO  YES

13. How would you describe your current knowledge of LNT practices? (Please select one)

No knowledge	Limited knowledge	Average knowledge	Advanced knowledge	Expert knowledge
1	2	3	4	5

14. What was your primary source of information for learning about "Leave No Trace?" (Please respond below)

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15. Please indicate the degree to which you oppose or support the following hypothetical management scenarios related to recreating in [CANYON]. (Select one for each management action)

Management scenario	Completely oppose	Strongly oppose	Oppose	Neutral	Support	Strongly support	Completely support
Require visitors to pack out all solid human waste using a portable waste containment bag	-3	-2	-1	0	+1	+2	+3
Increase communications and visitor education to reduce resource impacts	-3	-2	-1	0	+1	+2	+3
Increase the presence of rangers through patrols on trails and surrounding areas	-3	-2	-1	0	+1	+2	+3
Allow overnight camping only in designated campsites	-3	-2	-1	0	+1	+2	+3
Require a reservation-based permit for overnight use, but <b>not</b> for day use	-3	-2	-1	0	+1	+2	+3
Require a reservation-based permit for overnight use <b>and</b> day use.	-3	-2	-1	0	+1	+2	+3
Require a first-come, first serve permit for overnight use, but <b>not</b> for day use	-3	-2	-1	0	+1	+2	+3
Require a first-come, first serve permit for overnight use, <b>and</b> for day use	-3	-2	-1	0	+1	+2	+3

16. Please list the number of nights you [and your personal group] planned to stay in the Escalante District of Glen Canyon National Recreation Area and in the surrounding area away from your permanent residence.

\_\_\_\_\_ Number of nights in the Escalante District of Glen Canyon National Recreation Area

\_\_\_\_\_ Number of nights in other locations inside Glen Canyon National Recreation Area or Grand Staircase Escalante National Monument

\_\_\_\_\_ Number of nights in the area but outside of Glen Canyon National Recreation Area or Grand Staircase Escalante National Monument

17. Are you a permanent resident or citizen of the United States? (Please select one)

NO - What is your country of origin? \_\_\_\_\_

YES - What is your primary zip code Zip code \_\_\_\_\_

18. Please select the choice below that best describes your traveling party. (*Please select one*)

Individual

Family only

Friends only

Family plus  
friends

Tour or other  
group

19. How many people were in your personal group, including you? (only displayed to people who did not select individual in question18) \_\_\_\_\_ Number of people

20. In what year were you born? (*Please respond in the blank below*) \_\_\_\_\_

21. What is your gender? (*Please fill in below*) \_\_\_\_\_