National Park Service

U.S. Department of the Interior

Programmatic Clearance

for NPS-Sponsored Public Surveys

Pool of Known Questions

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| --- |
| Note to Reviewers: This document is intended to provide examples of questions within the 11 Topic Areas.   * Throughout this document, example response options are included to reflect commonly used response items. These serve as examples to allow for flexibility given the park specific conditions and study specific needs. * New sections and questions are identified throughout this document. Many sections have one or two new questions that have been included based on peer review suggestions and/or popular question variations from prior submissions. In the case where there are substantial additions or changes, explanation have been provided. * As discussed in the Supporting Statement Part A, the NPS has identified a need for flexibility in measurement tools to accommodate study objectives. Throughout this document, there are a variety of scales used. These are included to provide examples of the range of options that are commonly used in social science research. |

# TOPIC AREA 1: RESPONDENT CHARACTERISTICS

*The questions in this section are designed to characterize the population of respondents participating in each sample. Individual characteristics collected will be relevant and limited to the mission, management, and/or operations of National Park System units. The scope of the information will be limited to those that are germane to the topic being studied and relevant to the park and its management. Variables such as age, education, and knowledge are often good predictors of demand and visitation behavior.*

# AGE

**AGE1**

What is your age?

* [age range options, e.g., Under 12, 12-17, etc.]

OR \_\_\_\_\_\_\_ [open ended]

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**AGE2**

In what year were you born? \_\_\_\_\_\_\_\_\_

## EDUCATION

**EDUC1**

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

* [study specific options, e.g., less than high school, high school grad, some college, college grad, advanced degree, etc.]
* Do not wish to answer

## EMPLOYMENT STATUS

**EMP1**

Employment Status: Are you currently…?

* [study specific options, e.g., self-employed, a student, unemployed, etc.]

**EMP2**

What kind of work do you do?

* [study specific options, e.g., Non-profit employee, employee—for-profit business, local government employee, state employee, federal employee, self-employed, retired, etc.]

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**EMP3**

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

* [study specific options, e.g., never, on active duty in [military branch], on active duty in the past but not now, etc.]

## GENDER

**GEND1**

What gender do you identify as?

* Male
* Female
* Transgender, non-binary, or another gender
* Prefer Not to Answer

**[NEW QUESTION—open ended question added to align with current recommendations to move away from binary gender options.]**

**GEND2**

What is your gender?   
My gender is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## GROUP CHARACTERISTICS

**GROUP1**

Please select the choice(s) below that best describes your traveling party. (Please select all that apply.)

* [options specific to study, e.g., alone, friends, family, pets, tour group, age categories, etc.]

**GROUP2**

How many people were in your [specified] group, including you?

\_\_\_\_ Number of people

**GROUP3**

What is your typical [activity group] size, including you? \_\_\_\_\_\_\_\_\_

## LANGUAGE

**LANG1**

Which one language do you and members of your personal group primarily use to communicate with each other?

* English
* Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## RACE/ETHNICITY

**RACE/ETH1**

Are you Hispanic or Latino?

* YES
* NO

**RACE/ETH2**

Which of these categories best indicates your race? Answer only for yourself. Please select **one or more**.

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

## RESIDENCY

**RES1**

Which of the following best describes your residency [location]? Check one.

* Permanent Resident
* Seasonal Resident (returning annually for 1-6 months)
* Not a Resident

**RES2**

Do you live in the United States?

Zip Code (inside the U.S.): \_\_\_\_\_\_\_\_ Country (outside the U.S.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RES3**

What is your zip code or country of residence (if outside the U.S.)?

* Yes-- Zip Code (inside the U.S.): \_\_\_\_\_\_\_\_
* No-- Country (outside the U.S.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RES4**

About how far from home (your permanent residence) did you travel for this trip? \_\_\_\_\_ miles

**RES5**

Do you live in the local area within [X miles] of [NPS SITE]?

* YES
* NO - How much time did you spend in the local communities on this trip?

Total Hours\_\_\_\_\_\_

OR

Total Number of Days \_\_\_\_

**RES6**

Which region of the country do you live in? (Please select one response.)

* Midwest –(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
* Northeast – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
* Southeast – (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV)
* Southwest – (AZ, NM, OK, TX)
* West – (AK, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY)
* Live outside the U.S.

**RES7**

In what type of community do you currently live? (Please select one response.)

* [study specific options, e.g., on a farm or ranch, rural or small town, medium city, etc.]

# TOPIC AREA 2: TRIP PLANNING

*The section includes aspects of travel which affect a trip or decisions which individuals make prior to, during, or following their trips to parks, related areas, and nearby communities. Trip characteristics will be relevant to the mission, management, and/or operations of National Park System units that are included in the scope of this topic area. The scope of the information collected will be limited to those that are germane to the topic being studied and relevant to the park and its management.*

## ACCOMODATIONS

**ACCOM1**

On this trip, did you [and your personal group] [stay/camp] overnight in [park/gateway community/area of interest]?

* YES
* NO

**ACCOM2**

On this trip, what type of accommodations do you expect to use [or did you use]? (Please check all

that apply)

|  |  |
| --- | --- |
| □ | [site-specific accommodations] |
| □ | Other accommodations (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**ACCOM3**

On this trip, did you [and your personal group] plan to stay overnight away from your **permanent residence** either inside [NPS SITE] or within the nearby area (within x-hour drive/x miles of the park)?

* YES
* NO

**ACCOM4**

Please list the number of nights you [and your personal group] planned to stay [or stayed] in [NPS SITE] and in the area.

\_\_\_\_\_\_Number of nights inside the park

\_\_\_\_\_\_Number of nights in the **area** outside the park

**ACCOM5**

In what town/city did you [and your personal group] stay on the night before [or after] your arrival at [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nearest town/city |  |  | State |  |

**ACCOM6**

How many nights do you plan to or did you [and your personal group] spend in the following types of accommodations? Please write the number of nights stayed.

|  |  |  |
| --- | --- | --- |
| **Number of nights inside park** |  | **Number of nights outside park within**  **(n-hour drive/n miles)** |
| \_\_\_\_\_\_\_ | [park specific options, e.g. campground, hotel, backcountry, seasonal residence, Airbnb/VRBO, etc.] | \_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_ | Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_\_\_\_\_ |

**ACCOM7**When planning your most recent trip how important was the availability of each of the following amenities in your decision to visit [NPS SITE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Important** | **Important** | **Moderately Important** | **Of little importance** | **Unimportant** |
| [site specific list, e.g., rentals, tours, WIFI, charging stations etc.] | 1 | 2 | 3 | 4 | 5 |

**BACKCOUNTRY ACCOMODATIONS**

**BACCOM1**

Where did you receive your backcountry permit?

* [site specific locations]

**[NEW QUESTION—question variation that was requested over the last 3 years]**

**BACCOM2**

How often have you traveled in the backcountry before this trip?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VERY FREQUENTLY** | **FREQUENTLY** | **OCCASSIONALLY** | **RARELY** | **NEVER** |
| □ | □ | □ | □ | □ |

**BACCOM3**

Did you receive adequate information from the permit office before beginning your backcountry trip?

* [study specific scale options]

**BACCOM4**

Before you were issued your backcountry permit, did you know where you wanted to camp?

* YES
* NO

**BACCOM5**

Did you get a campsite in your preferred area?

* YES
* NO → How did this affect your camping experience?

**BACCOM6**

Did you watch the video on backcountry trips before beginning your trip?

* NO
* YES → If you did watch the video, how did this video prepare you for your backcountry trip?

**BACCOM7**Prior to this trip, how many trips had you hiked in [NPS SITE’s] backcountry?

\_\_\_\_\_\_\_ number of previous trips hiked in [NPS SITE’s] backcountry?

**BACCOM8**

What were your primary modes of travel during your backcountry trip? (Please select all that apply.)

* [site specific options, e.g., foot, horse, llama, etc.]

**BACCOM9**

How many nights did you spend in the backcountry of [NPS SITE] on your most recent overnight backcountry trip?

\_\_\_\_\_\_ number of nights

* Don’t know.

**BACCOM10**

Please select the areas where you traveled during your recent backcountry trip.

* [site specific locations]

## ITINERARY

**ITIN1**

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

* Carefully planned
* Some pre-planning
* Very little pre-planning
* Spontaneous; no planning

**ITIN2**

When did you make the decision to [recreate [e.g., visit, camp, hike, etc.] at NPS SITE]? (Please select only one response.)

* [site specific options, e.g., on same day as visit, a week before, 1 month before, etc.]

**ITIN3**

How did your visit to [NPS site] fit into your travel plans? Please mark **[X]** only one.

□ [site specific options, e.g., primary destination, one of many destinations, etc.]

**ITIN4**

Prior to this visit, did you seek obtain any information to help plan your visit to [NPS site]?

* + YES
  + NO (Please specify why you did not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ITIN5**

Before your most recent visit to [NPS SITE], which [resources, e.g., mode(s) of transportation] did you plan to use during your visit and which did you actually use once you arrived? (Please check ALL that apply.)

|  |  |  |
| --- | --- | --- |
| **Planned to use** | **Actually used** |  |
| □ | □ | [site specific options, e.g., personal vehicle, rented vehicles, shuttle bus, bike, walking, rented recreational equipment, etc.] |

**ITIN6**

Were you aware of the [site specific] reservation system at [NPS SITE]?

* + YES → Did you use it to make reservations prior to your visit?

□ YES

□ NO

* + NO

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**ITIN7**

When did you make your [site/entrance/activity] reservation?

* [site specific options, e.g., on same day as visit, a week before, 1 month before, etc.]

**ITIN8**

As you were planning your trip, which activities did you [and your personal group] expect to include on this visit? (Please select all that apply.)

* [site/study specific options, e.g., hiking, camping, stargazing, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**[NEW QUESTION— question variation that was requested over the last 3 years]  
ITIN9**

What information sources did you and your personal group use when planning your trip to [NPS site]? Please select all that apply.

* [site/study specific options, e.g., NPS website, tour group, travel agent, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ITIN10**

What was the main information source that you used for planning your trip [NPS SITE]? Select one.

* [site/study specific options, e.g., NPS website, tour group, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ITIN11**

What resource would have been most valuable to you in planning your visit? Please select no more than X [number specific to study, e.g., 2].

* [site/study specific options, e.g., NPS site map, app, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ITIN12**

During the planning process for your visit to [NPS SITE], how did the [park condition, e.g., possibility of crowding, etc.] affect your trip plans? (Please select one response.)

* [site/study specific options, e.g. It did not affect my plans; I planned to visit on a day and time I thought would be less crowded, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ITIN13**

In planning the itinerary for this trip, were there any places or times you avoided because of conditions you have encountered in the past?

* NO
* YES - Please describe the conditions you wanted to avoid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITIN14**

On this trip, did you do any of the following during your visit to [NPS site]? (Select all that apply.)

* [study specific options, e.g., visit earlier or later in the season to avoid crowds, go to trails that are less crowded, avoid places that have limits on the amount of use, etc.]

**ITIN15**

Did you plan to use any of the following Recreational Land Passes during your trip?

* Annual Pass
* Senior Pass
* Access Pass
* [site specific/other pass options]
* No, did not plan to use a Pass

**ITIN16**

Which agencies manage lands where you plan to use your pass during this trip?

|  |  |  |
| --- | --- | --- |
|  | *National Park Service Logo* | **National Park Service NPS Sites [list specific NPS SITES]** |
|  | *Bureau of Land Mangement Logo* | **Bureau of Land Management NPS Sites [list specific NPS SITES]** |
|  | *Fish and Wildlife Service Logo* | **U.S. Fish and Wildlife Service NPS Sites [list specific NPS SITES]** |
|  | USDA Forest Service Logo | **U.S. Forest Service NPS Sites [list specific NPS SITES]** |
|  | Bureau of Reclamation Logo | **Bureau of Reclamation NPS Sites [list specific NPS SITES]** |

**ITIN17**

Which of the following statement best describes why you used your pass during this trip? (Please select one response)

* [study specific options, e.g. The main purpose of my trip was to use my pass at [NPS SITE]; The [NPS SITE] was one of several places where I could use my pass; etc.]

**ITIN18**

At how many DIFFERENT NPS sites have you/do you plan to use your pass during this trip?

* [study specific options, e.g., 1 NPS site, 2 sites, etc.]

**ITIN19**

When planning your trip, how important was the availability of the following activities in your decision to visit [NPS SITE]? (Please select one response for each item)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** | **Not Applicable** |
| [site specific activities, e.g., fishing, snorkeling, etc.] | 1 | 2 | 3 | 3 | 4 | □ |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_) | 1 | 2 | 3 | 3 | 4 | □ |

## INFORMATION SOURCES

**INFOSOURCE1**

Did you use the [NPS PARK SITE] website to plan your most recent trip to [NPS SITE]?

* YES
* NO→ Why not? Please be specific.

**INFOSOURCE2**

How would you rate the quality of information provided on the [park/program] website to plan your visit? (Please select one response.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VERY POOR** | **POOR** | **AVERAGE** | **GOOD** | **VERY GOOD** |
| □ | □ | □ | □ | □ |

**INFOSOURCE3**

If you used [specific website] prior to or during this visit, please rate how helpful the website was in planning your visit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Did not use website** | **Not at all helpful** | **Slightly helpful** | **Moderately helpful** | **Very helpful** | **Extremely helpful** |
| □ | □ | □ | □ | □ | □ |

**INFOSOURCE4**

Did you find the information that you needed on the [park/program] website?

* YES
* NO

**INFOSOURCE5**

When planning your trip to [NPS SITE], how did you obtain information about [NPS site/specific site condition]? Please select **all** **that apply**.

* [survey/site specific options, e.g., previous visits, park staff, travel guides, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**INFOSOURCE6**

We would like to know what sources of information you used before/during your trip. (Please check all that apply.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Before arriving in the park** | **In the park** | **Most Preferred Source** |
| [park specific options, e.g., website, friends, printed material, etc.] | □ | □ |  |
| Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ |  |

**INFOSOURCE7**

During this visit to [NPS SITE], did you [and your personal group] seek information from a [NPS SITE] uniformed employee (park ranger/volunteer/concession employee)?

* YES
* NO

**INFOSOURCE8**

Please select the [specific, e.g., travel] information sources of which you were aware and those that you used during your more recent trip to [NPS site].

|  |  |  |
| --- | --- | --- |
|  | **AWARE** | **USED** |
| [site specific options, Parking availability, NPS website, social media, etc.] | □ | □ |
| Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ |

**INFOSOURCE9**

Duringyour trip, did you [and your personal group] use any of the following electronic devices to obtain [issue specific (e.g., travel, lodging, etc.)] information? Select all that apply.

* [survey/site specific options, e.g., laptop, tablet, phone, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**INFOSOURCE10**

Please tell us how much you agree or disagree with the following statements about mobile devices.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly  Disagree | Disagree | Neutral | Agree | Strongly  Agree |
| [study specific options, e.g., Mobile devices enhance my personal life; mobile devices enhance my outdoor experiences; etc.] | -2 | -1 | 0 | 1 | 2 |

**INFOSOURCE11**

Please tell us about your preferences for [mobile] access at [NPS site].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How important to you is it that there is: | Extremely Unimportant | Unimportant | Neutral | Important | Extremely Important |
| [site specific, e.g., WiFi in [locations], cell service in [locations], etc.] | -2 | -1 | 0 | 1 | 2 |

**INFOSOURCE12**

Please rank the following reasons for using mobile devices in outdoor experiences in order of importance to you. Please rank the following statements from 1 = most important to X = least important.

\_\_\_\_ [study specific options, e.g., To stay connected to friends/family, to use as a camera, to feel safe, etc.]

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**INFOSOURCE13**

Prior to my visit, I [read/watched] education materials about [specific issue]:

* Yes
* No

**INFOSOURCE14**

How likely would you be to use each of the following sources for information about [specific, e.g., parking, camping, etc.] conditions at [NPS SITE], if it was available for planning a future trip to [NPS SITE]? (Check one box for each item.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Likely** | **Not**  **Likely** | **Don’t Know/Not Sure** |
| [study specific options, e.g., website, app, etc.] |  | □ | □ | □ |
| Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ | □ | □ |

**INFOSOURCE15**

Do you have any suggestions to improve the park website? Please be specific.

* [study specific options OR open ended]

**INFOSOURCE16**

How do you plan to share your experience? (e.g., social media, word-of-mouth, YouTube videos...)

* [study specific options, e.g., social media, work-of-mouth, etc.]

## TRIP PURPOSE

**TPURPOSE1**

Please select your top X reasons that best describe the overall purpose of the trip to [NPS SITE].

|  |  |  |  |
| --- | --- | --- | --- |
| **#X** | **#X** | **#X** |  |
| □ | □ | □ | [site/study specific, e.g., to visit NPS site, school trip, scheduled tour, etc.] |

**TPURPOSE2**

How important was each of the following in your decision to take a trip to this [NPS SITE]?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Extremely Important** | **Very**  **Important** | **Moderately Important** | **Neutral** | **Slightly Important** | **Low Importance** | **Not at All Important** |
| [site/study specific options, e.g., to visit NPS site, to spend time with friends, etc.] |  | □ | □ | □ | □ | □ | □ | □ |

# TOPIC AREA 3 TRIP CHARACTERISTICS

*This topic area will address five high level questions: (1) who travels to National Parks (2) what information sources are used during visits to National Parks (3) when is technology used during a visit (4) how is transportation used by visitors at their destination, and (5) length of stay, number of people in the travel party*.

## CURRENT VISIT

**CVIS1**

Are you a first-time visitor to [NPS site}?

* + YES
  + NO

**CVIS2**

In which year did you make your first visit to [NPS SITE]? Year

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**CVIS3**

How many years have you been visiting [NPS site]? \_\_\_ Number of Years

**CVIS4**

Over the past [time increment, e.g., 12 months], how many visits have you made to [NPS SITE]?

\_Number of Visits

**CVIS5**

Since your first visit to [NPS SITE], how has your annual visitation rate to [NPS SITE] changed over time? (Please select one response.)

* [study specific options, e.g., far fewer visits, more visits, about the same, etc.]

**CVIS6**

What other National Park units have you visited in the last [time increment]?

* None
* Not Sure
* [study specific options]

**CVIS7**

On this visit, what was the primary reason that you [and your personal group] visited [NPS SITE]? Please mark 🗵 only one response.

□ [site specific options, e.g., park is my primary destination, passing through, etc.]

□ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CVIS8**

On this visit to [NPS SITE], which of the following locations did you [study specific activity, e.g. visit, hike, camp, climb, bike, etc.]? Please select all that apply.

* Provide a list of specific locations within the [NPS SITE]
* Use a map to show specific locations within the [NPS SITE]

**CVIS9**

How much total time did you spend in the [NPS SITE] today? Please select one.

□ [study specific options, e.g., hour blocks]

OR [open-ended option]

**[NEW QUESTION— question variation that was requested over the last 3 years]  
CVIS10**

Including today, how many days have you been on this trip?

* [study specific options OR open-ended]

**[NEW QUESTION— question variation that was requested over the last 3 years]  
CVIS11**

On this visit, where did you and your personal group spend the longest amount of time?

* [site specific location options]

**CVIS12**

What time of day did you and your personal group arrive at [site location] on the first day of your visit?

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ | time of day ❑ AM ❑ PM |

## FUTURE VISITS

**FVIS1**

Would you consider visiting [NPS SITE] again?

* Yes
* No
* Not Sure

Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FVIS2**

If you were to visit [NPS SITE] in the future, would you be interested in [NPS site specific opportunities, e.g., guided tour, etc.]?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| [site specific opportunities, e.g., guided tour, ranger program, etc.] |  |  |

**FVIS3**

If you were to visit [NPS SITE] in the future, which subjects would you and your group be most interested in learning about? Please select **all** that apply.

* Not interested in learning any of the subjects
* [area-specific list of subjects]
* Other (Please specify)

**FVIS4**

If you were to visit in the future, how would you [and your personal group] prefer to learn about the [aspects of the park (e.g., geology, biology, and culture)] of [NPS SITE]? Please select **all** that apply.

* Not interested in learning about any of these topics.
* [area-specific list of learning sources]
* Other (Please specify)

**FVIS5**

If you were to visit [NPS SITE] in the future, which types of interpretive services would you [and your personal group] like to have available? Please select **all** that apply.

* Not interested in interpretive services
* [area-specific list of interpretive services]
* Other (Please specify)

**FVIS6**

If you were to visit [NPS SITE] in the future, would you [and your personal group] be interested in attending ranger-led programs?

* Yes
* No
* Not sure

If **YES,** what length of program would you [and your personal group] like to attend?

* Under 1/2 hour
* 1/2 - 1 hour
* 1 - 2 hours
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**FVIS7**

If you were to visit in the future, would you [and your personal group] prefer to have a pre-visit reservation system to obtain tickets for [park specific activity, e.g., tour]?

* YES
* NO

**FVIS8**

If you were to visit [NPS SITE] in the future, what information on the park website (http://www.nps.gov/[NPS SITE]) would you like to have available?

* Not interested in using the [NPS SITE] website
* [area-specific list of information]

**FVIS9**

If a transit bus service existed on a future visit, how likely would it be that you would use it?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not at all**  **Likely** | **Slightly**  **likely** | **Moderately**  **Likely** | **Very**  **Likely** | **Extremely Likely** | **Undecided** |
| □ | □ | □ | □ | □ | □ |

If you answered, “Not at all likely” or “Slightly likely” why might you not be interested in using it?

## DESTINATIONS

**DEST1**

On this trip, did you [and your personal group] stay overnight away from your permanent residence either inside [NPS SITE] or within the nearby area (within n-hour drive/n miles of the park)?

* YES
* NO

**DEST2**

On this visit, did you and your personal group visit the park on more than one day?

* YES –If yes, how many days? \_\_\_ # of days
* NO –If no, how many hours? \_\_\_\_ # of hours

**DEST3**

**(a)** What time of day did you and your personal group arrive at [park location] on the first day of your visit? Please select **only one** response.

* [time increment options, e.g., before 8 am, 8-10 am, etc.]

**(b)** What time of day did you or do you plan to leave [campsite, cabin, etc.] on the last day of your visit? Please select **only one** response.

* [time increment options, e.g., before 8 am, 8-10 am, etc.]

**DEST4**

How many people from your personal group were with you in your overnight accommodation site (tent/RV/cabin/etc.)?

\_\_\_\_\_\_ number of people (including yourself)

**DEST5**

In what town/city did you and your personal group stay on the night before your arrival at/departure from [NPS site]? If you stayed overnight at home, please select ‘Stayed at home’ and write the name of your hometown and state.

* Stayed at home

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Stayed away from home

NEAREST TOWN CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEST6**

Upon arrival, were you able to find your destination using the road signs and maps posted?

□ [study specific options, e.g., yes, I found my destination easily, etc.]

**DEST7**

If you were unable to visit a site in [NPS SITE] what reasons prevented you from visiting those sites? Please mark 🗵 **all** that apply.

□ [study/site specific options, e.g., trail closure, road closure, bad weather, etc.]

□ Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**DEST8**

What other areas of the park do you plan to visit today?

* Provide a list of specific locations within the [NPS SITE]
* Use a map to show specific locations within the [NPS SITE]

**DEST9**

On this trip, if you [and your personal group] had not chosen to visit [NPS SITE], was there an alternative site would you have visited instead?

* No
* Yes—Please specify which site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) How far is this alternative NPS SITE from your home? \_\_\_\_\_\_\_\_ miles

**DEST10**

Were you [and your personal group] able to visit all the locations in [NPS SITE] that you planned to?

* YES
* NO

**DEST11**

Did you use a GPS device to navigate around the park?

* + YES
  + NO

**DEST12**

On this visit to [NPS SITE], how many times did you [and your personal group] enter the park?

Number of entries **OR** O Don’t know

**DEST13**

Compared with what you had planned, how much time did you [and your personal group] spend visiting [NPS SITE]? Please select **only one response**.

* [study specific options, e.g., didn’t have a planned amount of time, etc.]

**DEST14**

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**.**

* [study/site specific options, e.g., fewer things to do/see than expected, longer wait at XX than expected, unable to obtain a ticket for XX, etc.]
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEST15**

What change or changes would make you stay longer in the [NPS SITE] area?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

□ Would not stay longer

**DEST16**

On this visit, did you [and your personal group] have any difficulties locating [NPS SITE]?

* NO
* YES -- If YES, what was the problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEST17**

On this visit, which routes did you [and your personal group] use to arrive at [NPS SITE]?

* [area-specific list of route options]
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEST18**

On this visit to [NPS SITE],

1. which park entrance did you use to enter the park?

b) which park exit will you use on your final exit when leaving the park?

**DEST19**

How familiar are you with the [NPS SITE] boundaries?

* Not at all familiar
* Somewhat familiar
* Moderately familiar
* Very familiar
* Extremely familiar

**DEST20**

Please select **all** the park locations that you and your personal group visited/have visited in [NPS site]. Mark all that apply. Use the map on the next page to help you identify the locations you visited.

|  |  |
| --- | --- |
| □ | Location #1 |
| □ | Location #2, etc. |

**DEST21**

What types of sites would you be most interested in visiting? Please select **one** response per site.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very uninterested** | **Somewhat uninterested** | **Neither** | **Somewhat interested** | **Very interested** |
| [study specific options, e.g., historic houses, beaches, museums, amusement parks, etc.] | 1 | 2 | 3 | 4 | 5 |

## PLACE ATTACHMENT

**PA1**

What is your favorite place at [NPS SITE]? Please name it or describe its location. If you do not have a favorite location, then select “None” below

\_\_\_\_\_\_\_\_\_\_\_\_ is my favorite place (name or description) OR [site specific options]

**OR**

□ None, I do not have a favorite place at [NPS SITE]

**PA2**

Please indicate how strongly you agree with the following statements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities** | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree or Disagree** | **Somewhat Agree** | **Agree** | **Strongly**  **Agree** |
| [study specific place attachment measures, e.g., being able to [RECREATION ACTIVITY] in [NPS SITE] means a lot to me, I feel no commitment to [NPS site], etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**PA3**

How important is [NPS SITE] to you? Please select **only one** response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all**  **important** | **Slightly**  **important** | **Moderately**  **important** | **Very**  **important** | **Extremely**  **Important** |
| □ | □ | □ | □ | □ |

**PA4**

Please indicate your level of agreement with each of the statements. Please select **only** **one** response for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| [study specific options, e.g., I identify strongly with [NPS site], I feel [NPS site] is a part of me, etc.] | □ | □ | □ | □ | □ |

# TOPIC AREA 4: TRANSPORTATION

*The questions in this section will be used to fulfill management goals needed to develop strategies to meet transportation needs. These strategies address current and future land use, economic development, traffic demand, public safety, health, and social needs.*

## MANAGEMENT

**TRANSMGMT1**

Please rate your level of support or opposition for the following transportation management options for managing visitor use in [NPS site]. (Please select one response for each item)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **support** | **Slightly**  **support** | **Neither** | **Slightly**  **oppose** | **Strongly**  **oppose** |
| [site specific options, e.g., provide additional pull-outs for scenic views, develop more parking at attractions, increase hours for park shuttle, etc.] | 1 | 2 | 3 | 4 | 5 |

**TRANSMGMT2**

Thinking about your trip, would you have liked to have seen more of, the same, or less of each of the following facilities? Please select one response for each item.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Less** | **Same** | **More** |
| [site specific facilities/services, e.g., trails, roads, accessible sites, etc.] | 1 | 2 | 3 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 |

**TRANSMGMT3**

To what extent did the following factors impact your visit to [NPS SITE]? (*Check one box for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Level of impact** | | | | |
|  | **Not at all** | **Very little** | **Somewhat** | **To a great extent** | **Not applicable** |
| [site specific options, e.g., traffic congestion at different areas, crowding at overlooks, etc.] | □ | □ | □ | □ | □ |
| Other (Please specify: \_\_\_\_\_\_\_\_\_) | □ | □ | □ | □ | □ |

**TRANSMGMT4**

Please read the following statements that are specifically about your drive through [NPS SITE]. Please indicate your level of agreement with each statement. You may also indicate that you don’t know. (*Check one box for each statement*.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **Agree** | **Don’t**  **Know** |
| [site specific options, e.g., commercial traffic is a problem, scenery on roads increases your enjoyment, etc.] | □ | □ | □ | □ | □ | **DK** |

## **TRANSPORTATION MODE**

**TRANSMODE1**

Did you drive to [NPS SITE]?

* YES 🡪 How much time did you spend driving to [NPS site]? TOTAL HOURS OF DRIVING \_\_\_\_\_\_
* NO

**TRANSMODE2**

By what means did you enter [NPS site]? Please mark 🗵 only one.

* [site specific options, e.g., walking, hiking, biking, shuttle, personal vehicle, watercraft, etc.]

**[NEW QUESTION— question variation that was requested over the last 3 years]  
TRANSMODE3**

If you entered [NPS site] in a personal/rental vehicle, how many people were in your

vehicle? \_\_\_\_\_\_\_\_ # of people

**TRANSMODE4**

Select transportation you used during your most recent [activity, e.g., hunting] trip to [NPS SITE]? (Mark 🗵 all that apply)

□ [site specific options, e.g., private plane, kayak/canoe, hiked, boat]

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSMODE5**

On this visit, did you and your group drive a recreational vehicle to/at [NPS site]?

* YES
* NO

**TRANSMODE6**

If you used your personal vehicle during your most recent visit, please read the following questions carefully and select the number that best describes your opinion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Agree** | **Agree** | **Neither agree or Disagree** | **Disagree** | **Strongly Disagree** |
| [study/site specific options, e.g., it was easy for me to avoid traffic congestion, it was easier to plan the trip, it was easy for me to find parking, etc.] | 1 | 2 | 3 | 4 | 5 |

**TRANSMODE7**

Did you leave a car in another location to allow you to hike only one way?

* YES
* NO

**TRANSMODE8**

Below are different alternative transportation options that could be offered at some National Parks in the future. Considering NPS sites you have visited, please tell us how likely you would be to consider using use each transportation option.

|  |  |  |  |
| --- | --- | --- | --- |
| **How likely would you consider using…** | **Would not consider** | **Might or might not consider** | **Would consider** |
| …a bus or tram that takes passengers to different points in the park (such as the Visitor Center/overlooks, and special areas? | 1 | 2 | 3 |
| …a bike that was offered through a Bike Share Program for use while on the park? | 1 | 2 | 3 |
| …a bus or tram that provides a guided tour of the park with information about the Park and its resources?  [other study/site specific options] | 1 | 2 | 3 |

**TRANSMODE9**

Indicate the level of distraction you experienced for each of the following while driving through [NPS site]. Please mark **[X]** **only one** for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not At All Distracted** | **Not Very Distracted** | **Moderately**  **Distracted** | **Very**  **Distracted** | **Extremely Distracted** |
| [site specific options, e.g., scenery, road signs, road congestion, cell phones/GPS devices, etc.] | □ | □ | □ | □ | □ |

## **PARKING**

**PARKING1**

Did you park in the parking lot near [the entrance station] today? (Refer to the surveyor’s parking map and mark 🗵 one box.)

* YES
* NO

**PARKING2**

Do you agree or disagree with each potential actions when parking lots in [NPS SITE] are full? (Please select one response for each statement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **When parking lots in [NPS SITE] are full people should be…** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| [site specific options, e.g., enter and drive around until spot opens up, stopped at entrance station until spaces open up, etc.] | □ | □ | □ | □ | □ |

**PARKING3**   
 **[NEW QUESTION—PART A—part b required a screening question for useful application]**

1. How long did you spend looking for parking in [NPS site] today?

[site specific options]

1. How acceptable was it to spend this amount of time looking for parking in [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all acceptable** | **Slightly acceptable** | **Moderately acceptable** | **Very acceptable** | **Completely acceptable** |
| □ | □ | □ | □ | □ |

**PARKING4**

When you planned this trip to [NPS SITE], did you think about the possibility that it might be difficult to find parking here? (Please select one response)

* YES
* NO

**PARKING5**

Where did you park on this trip to [NPS SITE/area]? (Please select 🗵 all the places you parked).

* Provide a list of specific locations within [NPS SITE]
* Use a map to show specific locations within [NPS SITE]

**PARKING6**

Please indicate your level of agreement or disagreement with each of the following statements about where you parked while at [NPS SITE]? (Please select one number for each item.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Where I parked is [was]…*** | **Strongly Disagree** | **Disagree** | **Neither** | **Agree** | **Strongly Agree** |
| [site specific, e.g., safe, convenient, easy to find, etc.] | 1 | 2 | 3 | 4 | 5 |

**PARKING7**

How satisfied were you with your parking location today?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Satisfied** | **Satisfied** | **Neither** | **Dissatisfied** | **Very Dissatisfied** |
| □ | □ | □ | □ | □ |

**PARKING8**

While inside [NPS SITE] were you able to find parking at the areas you wanted to visit?

* [site specific options, e.g., found parking at some but not all areas, found parking at all areas, etc.]

**PARKING9**

How acceptable was the amount of time you spent looking for parking?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all acceptable** | **Slightly acceptable** | **Moderately acceptable** | **Very acceptable** | **Extremely acceptable** |
| **1** | 2 | 3 | 4 | 5 |

**PARKING10**

What reasons best explain why you parked in the lot near the [specific location, e.g., entrance station]? (Check all that apply.)

|  |  |
| --- | --- |
| *I parked in the lot near the [specific location] because…* | |
| □ | [site specific options, e.g. I wouldn’t have to pay [NPS site] fee; I tried parking closer but there were no spots; I wanted to hike/bike from this lot, etc.] |
| □ | OTHER (Please specify: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**PARKING11**

On this visit to [NPS SITE], did you and your group experience any parking problems?

* NO
* YES

[IF YES] How did you respond [to parking problems]? (Please check all that apply)

* [site specific options, e.g., Waited until a parking spot opened near my intended destination, parked some distance away and walked to my destination, etc.]

**PARKING12**

How much did each of the following issues affect your visit to [NPS SITE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No Affect** | **Minor Affect** | **Neutral** | **Moderate Affect** | **Major Affect** |
| [site specific options, e.g., too many cars were on the road, too many large vehicles, too many people at scenic overlooks, etc.] | 1 | 2 | 3 | 4 | 5 |

**PARKING13**

Which of the parking scenarios is most like the parking conditions you experienced while visiting the [site] today?

* [site specific options, e.g., parking was available at all overlooks, etc.]
* Don’t know/Not sure

**PARKING14**

Imagine that when you were about [specific timeframe] away from [NPS SITE], a road sign notified you that all parking lots at [NPS SITES] were full, but you could park outside and ride a shuttle bus here. What would you do? (Check one box.)

* [study specific options, e.g., drive to [NPS SITE] and look for parking anyway, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**PARKING15**

Did you obtain any parking availability or traffic conditions information provided at [NPS site location]? (For example, parking availability information provided by staff and signs.)

* NO
* YES **→** Where did you receive the parking availability and traffic conditions information? (Please check as many as apply)
* [site specific options, e.g., visitor center, ranger station, etc.]

**PARKING16**

If you used any of the available services to obtain information, please read each of the following questions carefully and select the number that best describes your opinion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [site specific options, e.g. I found the information to be accurate; it was easy for me to use the information; the information saved me time, etc.] | 1 | 2 | 3 | 4 | 5 |

## TRAFFIC

**TRAFFIC1**

Indicate your level of agreement with each of the following statements about driving on [specific road] from [location #1 to location #2] today? (Please select one number for each statement)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| [site specific options, e.g. The number of cars on the road made driving conditions unsafe; I enjoyed driving on [road] today; the number of bicycles on the road made driving conditions unsafe, etc.] | 1 | 2 | 3 | 4 | 5 |

**TRAFFIC2**

Did you have to wait behind other vehicles to enter [NPS SITE] today? (Select one response.)

* [study specific options, e.g., yes, but there was only one vehicle ahead of me, etc.]

**TRAFFIC3**

Where did you park at this attraction/area in [NPS SITE]?

* + [site specific options, e.g., parking lot, side of road, etc.]

**TRAFFIC4**

How much of a problem do you feel traffic congestion is at [specific location or NPS site] in [NPS SITE]? (Please select one number for each item)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not a problem | Small problem | Moderate problem | Big problem |
|  |  |  |  |  |
| [site specific options, e.g., at the park entrance/exit; driving on park roads, etc.] | 0 | 1 | 2 | 3 |

**TRAFFIC5**

We would like to know how you feel about traveling on roadways in [NPS SITE]. For each item below please rate how much you think it describes the experience of driving on roads in [NPS SITE]. (Please select one number for each statement.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| [site specific options, e.g., conflict with visitors using other kinds of transportation; feeling stressed while traveling through [park]; trouble finding [park], etc.] | 1 | 2 | 3 | 4 | 5 |

**TRAFFIC6**

Please select one number for each statement that describes how problematic each of the following issues was for you while driving at [NPS SITE].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Small Problem** | **Moderate Problem** | **Big Problem** |
| [site specific options, e.g., conditions of roads, availability of parking, too many people, etc.] | 1 | 2 | 3 | 4 |

**TRAFFIC7**

Overall, compared to what you expected, how much traffic congestion did you experience during your visit to [NPS SITE]?

* I didn’t know what to expect
* Less traffic congestion than I expected
* About the same as I expected
* More traffic congestion than I expected

**TRAFFIC8**

During your recent visit, how much of a problem, if any, do you think the following travel issues were at [NPS SITE]? Please read each question carefully and select the number that best describes your opinion. (Please select one number to rate each item.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not a Problem | Small Problem | Moderate Problem | Big Problem |
| [site specific options, e.g., not enough travel and traffic information to help visitors plan for, too many vehicles impacted my experience; ability to fully access desired recreation opportunities/destinations, etc.] | 0 | 1 | 2 | 3 |

**TRAFFIC9**

Approximately what time of day did you first encounter traffic congestion problems? (Check one box)

* [site specific options, e.g., 9 am, 10 am, etc.]
* Don’t Know

**TRAFFIC10**

Were you aware that you were driving through [NPS SITE], which is part of the U.S. National Park System?

□ NO (go to next question)

□ YES--, if yes,

1. How did you first become aware that you were driving through [NPS SITE]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Why did you choose to drive through [NPS SITE] today?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAFFIC11**

Indicate the level of importance of each road modification that would improve traffic safety at [NPS location]. Please mark 🗵 **only one** for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not At All Important | Not Very Important | Moderately  Important | Very Important | Extremely Important |
| [site specific options, e.g. One-way traffic flow in selected areas of park, vehicle limit, ramps, guardrails, etc.] | □ | □ | □ | □ | □ |

**TRAFFIC12**

How did you respond to [traffic issue]? (Please select 🗵 all that apply)

* [site specific options, e.g., waited patiently, complained to NPS staff, went to an alternative destination, etc.]

**TRAFFIC13**

Approximately how much time did you spend in waiting in traffic to park at [NPS location]?

* [study specific options, e.g., I have not been delayed, less than 5 minutes, etc.]

## **TRANSPORTATION SERVICES**

**TRANSERV1**

Does lack of public transportation prevent you from visiting [NPS SITE] as often as you would like?

* YES
* NO

**TRANSERV2**

Did you [and your personal group] use the [NPS TRANSPORTATION SERVICE] during this visit?

* YES
* NO

**TRANSERV3**

Why did you choose to use the [NPS TRANSPORTATION SERVICE] during your most recent visit? (Please check all that apply)

* [site specific option, e.g., to avoid driving in traffic, to avoid looking for parking, saves time, saves money
* Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**TRANSERV4**

Approximately how many times did you use [NPS TRANSPORTATION SERVICE] during this visit?

Number of times \_\_\_\_\_\_\_\_\_\_\_

**TRANSERV5**

In your opinion, at what point is the wait time for a shuttle bus no longer acceptable?

\_\_\_\_\_ Number of minutes *OR* \_\_\_ The wait time doesn’t matter to me

**TRANSERV6**

How long did you have to wait for the [NPS TRANSPORTATION SERVICE]? \_\_\_ number of minutes

**TRANSERV7**

If [NPS TRANSPORTATION SERVICE] was not available, what other transportation options would you have chosen during your most recent visit?

*I would have*…

* not have made the trip/ would go somewhere else
* driven my personal vehicle
* shared a ride to [NPS SITE]
* rented a car
* rode bicycle
* taken a tour bus
* walked of hiked
* [Other]

**TRANSERV8**

If you used the [NPS TRANSPORTATION SERVICE] how would you rate your overall travel experience on your trip?

* Excellent
* Good
* Fair
* Poor
* Very Poor

**TRANSERV9**

How well did the [NPS TRANSPORTATION SERVICE] live up to your expectations? (Please select one response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Significantly below my expectations** | **Below my expectations** | **Met my expectations** | **Above my expectations** | **Significantly above my expectations** |
| 1 | 2 | 3 | 4 | 5 |

**TRANSERV10**

How crowded did you feel on the [NPS TRANSPORTATION SERVICE]? (Select one number.)

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

**TRANSERV11**

What would you be interested in doing while you wait for the shuttle bus? (Select all that apply)

* [study specific options, e.g., relaxing, talk to NPS staff, etc.]
* Other (Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**TRANSERV12**

If you were to visit [NPS SITE] in the future, would you [and your group] be willing to ride the [NPS TRANSPORTATION SERVICE] to [specific location]?

* YES, likely
* NO, unlikely
* Not sure

**TRANSERV13**

Would you use the [NPS TRANSPORTATION SERVICE] again?

* Definitely yes
* Probably yes
* Don't know
* Probably not
* Definitely not
* Will not be back

**TRANSERV14**

What [number, e.g., 3] improvements would make you more likely to use this shuttle again in the future? (Select ONLY [number, e.g., 3])

* [site specific options, e.g., more frequent bus shuttle service, earlier morning service, later evening service, e.g.]
* Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**TRANSERV15**Please rate the [shuttle service(s)]. Please select one response for each item. If the service was not available, select “N/A.”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very Satisfied** | **Satisfied** | **Neither** | **Dissatisfied** | **Very Dissatisfied** | **Not Available** |
| [site specific options, e.g., your overall experience with the shuttle service, reliability, ability to find a seat, etc.] | 1 | 2 | 3 | 4 | 5 | NA |

**TRANSERV16**

Please indicate your level of agreement with the following statements about the [NPS TRANSPORTATION SERVICE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither** | **Agree** | **Strongly Agree** |
| [site specific options, e.g., shuttle schedule is confusing, shuttle saved me time, shuttle doesn’t run frequently enough, etc.] | 1 | 2 | 3 | 4 | 5 |

**TRANSERV17**

Please rate the shuttle service on each of the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very**  **Good** | **Good** | **Fair** | **Poor** | **Very**  **Poor** | **No**  **Opinion** |
| [site specific options, e.g., on-time performance, frequency of services, ability to access trailheads, etc.] | 1 | 2 | 3 | 4 | 5 | □ |
|  | 1 | 2 | 3 | 4 | 5 | □ |

**TRANSERV18**

How important are the following regarding [NPS TRANSPORTATION SERVICE]? Please select one response for each characteristic.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all important** | **Slightly important** | **Moderately important** | **Very**  **important** | **Extremely important** |
| [NPS SITE SPECIFIC OPTIONS, e.g., clear signage and directions to shuttle parking, etc.] | 1 | 2 | 3 | 4 | 5 |

**TRANSERV19**

Overall, what level of support do you have for the use of alternative transportation modes for visitors inside U.S. National Parks? These could include bicycle, bus, boat, carriage, ferry, train, tram, trolley, or van.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A great deal** | **Quite a bit** | **Moderate** | **Very little** | **None at all** |
| □ | □ | □ | □ | □ |

**TRANSERV20**

What did you most enjoy about your use of the [shuttle service] today? (Please tell us up to X things you enjoyed most.)

|  |  |
| --- | --- |
| # |  |
| # |  |
| # |  |

**TRANSERV21**

What did you least enjoy about your use of the [NPS TRANSPORTATION SERVICE] today? (Please tell us up to X things you enjoyed least.)

|  |  |
| --- | --- |
| # |  |
| # |  |
| # |  |

**TRANSERV22**

How important are the following features for a transit (bus) service within [NPS SITE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all important** | **Slightly important** | **Moderately**  **Important** | **Very**  **Important** | **Extremely**  **Important** |
| [site specific options, e.g., use of green technology, frequency of service, ability to access trailheads, etc.] | □ | □ | □ | □ | □ |

**TRANSERV23**Please indicate the extent to which you think the following bus trip characteristics are a good or bad idea. Please select one number for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very**  **Bad Idea** | **Bad**  **Idea** | **No**  **Opinion** | **Good**  **Idea** | **Very Good**  **Idea** |
| [site specific options, e.g., buses leave as early as 4:00 a.m., bus provides “specialty” tours, bus facilitates hiking by stopping on demand, etc.] | 1 | 2 | 3 | 4 | 5 |

# TOPIC AREA 5: VISTOR USE AND RECREATION MANAGEMENT

*The questions in this section will be used to identify individual activities, behaviors, or uses of natural and cultural resources which are relevant to the mission, management, and/or operations of National Park System units. Understanding the current and future uses will be helpful to managers when considering updating park management plans and educational efforts.*

## ACTIVITIES

**[NEW QUESTION—question variation that was requested over the last 3 years]  
ACT1**

Did you [recreational activity (e.g., hike, camp, etc.)] on this trip?

* No
* Yes (go to a)

1. Where did you [recreation options (e.g., camp, hike, climb)]?

[park specific options]

1. Was this your first choice?

* No (If no, what was? [open-ended or park specific options])
* Yes

**ACT2**

On this visit, did you [and your personal group] take a tour?

* YES
* NO

**ACT3**

If you took a tour with an independent guide, did they explain the park rules and regulations to you [and your personal group]?

* YES
* NO

**ACT4**

Have you ever taken an interpretive tour at [NPS SITE] or any other national park unit?

* Yes, I have taken an interpretive tour at [NPS SITE]
* Yes, I have taken an interpretive tour at another national park
* No, I have never taken an interpretive tour at a national park

**ACT5**

How long did you have to wait to take the [tour(s)]? Please list partial hours as 1/4, 1/2, or 3/4.

\_\_\_\_\_\_\_\_ Number of hours and/or minutes

**ACT6**

Were you able to obtain a ticket for [NPS program or tour]?

* YES
* NO

**ACT7**

On this visit, did you [and your personal group] attend a special event (such as cultural events, music, movies, etc.)?

* YES
* NO

**ACT8**

Did you hike with a guide/ranger?

* With a guide/ranger
* Without a guide/ranger

**ACT9**

Did you get off the bus today to take a hike?

* YES
* NO

1. Why didn’t you get off the bus today to hike? (Please select all that apply)

* [site specific options, inclement weather, some members of my party were not able, concerned for my safety, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ACT10**

Below is a list of [SITE SPECIFIC ACTIVITIES] available at [NPS SITE]. Please indicate:

1. which one of these activities is your primary activity during your most recent visit?
2. which of these activities have you participated in on your most recent visit?
3. which of these activities you have participated in during the past XX months/years?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **(A)**  **Primary Activity**  **(Check only one)** | **(B)**  **Participated in on your MOST RECENT VISIT**  **(Check all that apply)** | **(C)**  **Participated in during the PAST XX MONTHS (Check all that apply)** |
| [area specific activities e.g., fishing, snorkeling, camping, etc.] | □ | □ | □ |
| Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**ACT11**

During this visit to [NPS SITE], did you [and your personal group] have any personal interaction with a park ranger?

* YES
* NO

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**ACT12**

Which of these activities did you and your personal group participate in at [NPS site] on this trip?

* [site specific options, e.g., biking, hunting, camping, fishing, none, etc.]

**[NEW QUESTION— question variation that was requested over the last 3 years]  
ACT13**  
Which of these activities were most important to you at [NPS site] on this trip? (Please select up to [number].

* [site specific activity options]

**ACT14**

On this visit, which type of rented recreational equipment did you and your personal group use? (Please select *all that apply*)

* None
* [site specific equipment, e.g., canoe, kayak, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ACT15**

During your most recent trip, did you use a paid guide or outfitter? (*Please check one*)

* YES
* NO

**ACT16**

Have you taken courses in [ACTIVITY]?

* + YES
  + NO Please specify how you learned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACT17**

How prepared did you feel for [activity] on [location] at [NPS site]? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All Prepared** | **Not Very**  **Prepared** | **Moderately**  **Prepared** | **Very**  **Prepared** | **Extremely**  **Prepared** |
| □ | □ | □ | □ | □ |

**ACT18**

Please indicate how much you agree or disagree with the following statement regarding your experience while using the trails. Please mark **[X]** **only one** for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **Agree** |
| [site specific, e.g., too many other hikers; adequate information and signs at trailhead; litter on the trail, etc.] | □ | □ | □ | □ | □ |
| Other (please specify:\_\_\_\_\_\_\_\_\_\_\_) | □ | □ | □ | □ | □ |

**ACT19**

This question lists activities available to visitors at [NPS site].

a) On past visits, in which activities did you [and your personal group] participate? Please select **all** that apply in **column A.** If you did not participate in an activity in the past, please leave this column blank.

b) As you were planning your trip, which activities did you [and your personal group] expect to include on this visit? Please select **all** that apply in **column B.**

c) On this visit, in which activities did you participate? Please select **all** that apply in **column C.**

d) If you were to visit in the future, which activities do you [and your personal group] expect to include on your visit? Please select **all** that apply in **column D.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A**  **Activities on past visits** | **B**  **Activities expected to include** | **C**  **Activities on this visit** | **D**  **Activities on future visit** |
| [site specific activity options] | □ | □ | □ | □ |

**ACT20**

Compared with what you had planned, how much time did you and your personal group spend visiting [NPS SITE]? Please select only one response.

* [study specific options, e.g., didn’t have a planned amount of time, etc.]

**ACT21**

Please tell us how frequently you do each activity.

|  |  |  |  |
| --- | --- | --- | --- |
| [site specific options, e.g., Prepare for all types of weather, hazards, or emergencies before I get on the trail; schedule my visit to avoid times of high use; stay on designated trails, etc.] | *Never* | *Sometimes* | *Always* |

**ACT22**

In the past XX months, what areas have you [participated in activity] inside [NPS site] boundaries? Please mark 🗵 **all** that apply.

* [site specific options, e.g., motorized single track trails, scenic byways, hiking trails, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* None of these

**ACT23**

Please indicate how likely you are to do each activity in the future. (Select *the number of your response for each statement)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| [site specific options, e.g., Prepare for all types of weather, hazards, or emergencies before I get on the trail; schedule my visit to avoid times of high use, etc.] | 1 | 2 | 3 | 4 | 5 |

**ACT24**

Please indicate if you walked off the marked/signed trails during this trip for any of the following reasons?

|  |  |  |  |
| --- | --- | --- | --- |
| *I walked off the marked/signed trails …* | **No** | **Yes** | **Don’t Know** |
| [sites specific options, e.g., to move past or out of the way of others hiking on the trail, to explore an area, to shortcut a portion of the trail, etc.] | 1 | 2 | 3 |

**ACT25**

If using Off-Highway Vehicles or All-Terrain Vehicle, do you have any formal training or licensing?

* + YES
  + NO

**ACT26**

Which trails did you or will you use during your [study specific, e.g., visit, longest hike, hike to  
climbing site]? (Please check all that apply.)

* [site specific trail options]
* Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**ACT27**

If using [specialized equipment, e.g., ATV], how familiar are you with the equipment? Please mark **[X]** only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not At All  Familiar | Not Very  Familiar | Moderately  Familiar | Very  Familiar | Extremely  Familiar |
| O | O | O | O | O |

**ACT28**

On **this** visit to [NPS site], please indicate how long you spent doing each activity. If you did not participate, please select ‘Did not participate’. Mark **all** that apply**.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did not participate | **Activity** | Hours spent in this activity.  Select only one response per activity | | | | | |
| **15**  **min** | **Half**  **hour** | **One hour** | **One and a half hour** | **Two hours** | **Other (please list)** |
| □ | List of area-specific list of activities | □ | □ | □ | □ | □ | □ |
| □ | Other (Please specify) | □ | □ | □ | □ | □ | □ |

**ACT29**

What category best describes your overall ability as a [RECREATIONAL ACTIVITY]? (*check one)*

|  |  |
| --- | --- |
| □ | Beginner |
| □ | Novice |
| □ | Intermediate |
| □ | Advanced |
| □ | Expert |

**ACT30**

How did you learn to [RECREATIONAL ACTIVITY]? *(Check one.)*

|  |  |
| --- | --- |
| □ | [study specific options, e.g., family members, club, course, friends, etc.] |
| □ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ACT31**

The following is a list of characteristics commonly associated with [RECREATIONAL ACTIVITES]. Please indicate how important each of the items listed below was to you as a reason to use the [resource, e.g., trails, climb site, lake, etc.] in the park today. If you don’t know how select “DK.” (Select one number for each item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** | **Don’t Know/ Not Sure** |
| [site specific options, e.g., Remoteness, solitude, physically challenging, requiring self-reliance, etc.] | 1 | 2 | 3 | 4 | 5 | DK |

**ACT32**

Did you encounter any of the following on your [recreational activity, e.g., hike, climb, bike ride, etc.] today? Please mark **one for each row**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes, Some** | **Yes, A Lot** |
| [study/site specific options, e.g., Graffiti, litter, dog waste, drone usage, falling rocks, etc.] | O | O | O |

**ACT33**

Which [RECREATIONAL ACTIVITY] area in [NPS SITE] do you typically spend most of your time? (Please select one response.)

|  |  |
| --- | --- |
| □ | [site specific options] |

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**ACT34**

What [activity areas of NPS site] have you [participated in activity] at?

* [site specific locations]

**ACT35**

Did you visitany historic NPS sites, buildings, or monuments?

* YES --If yes, how many days did you visit any of these? Number of Days \_\_\_\_\_\_\_\_\_\_
* NO

**ACT36**

What activity would you encourage (or discourage) your friends to do at {NPS SITE]?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACT37**

How important are the following recreational activities in your decision to visit [NPS SITE]?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **IMPORTANCE** | | | | | |
|  | **Very Important** | **Important** | **Moderately Important** | **Slightly Important** | **Not Important** | **Not Applicable** |
| [site specific options] | **1** | **2** | **3** | **4** | **5** | **N/A** |

**ACT38**

Since this time last year, how many of the recreational activities listed have you participated in during the past [timeframe, e.g., 12 months] at [NPS SITE] or at another locations

|  |  |  |
| --- | --- | --- |
|  | **At**  **THIS**  **NPS SITE** | **At**  **ANOTHER**  **NPS SITE** |
| [site specific options, e.g., Bicycling, camping, backpacking, photography, etc.] | □ | □ |
| Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ |

**ACT39**

How often do you typically participate in the following...? *(Select one number for each activity).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Frequently** | **Frequently** | **Occasionally** | **Rarely** | **Never** |
| **[site specific options]** | 1 | 2 | 3 | 4 | 5 |

**ACT40**

Below is a list of activities available in [NPS SITE]. Please rank how important it is for you to participate in the following in [NPS SITE]. If you do not participate in an activity at all, please select “Not applicable” (n/a).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely Important** | **Important** | **Moderately Important** | **Somewhat Important** | **Not Very Important** | **Not Applicable** |
| [site specific options, e.g., fishing, snorkeling, hiking, biking, tours, etc.] | **1** | **2** | **3** | **4** | **5** | **N/A** |
| Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_) | **1** | **2** | **3** | **4** | **5** | **N/A** |

**ACT41**

Imagine that you discovered that you could not participate in your primary activity in your most preferred zone during [specific timeframe, e.g., next planned trip, next X years, etc.] to [NPS SITE]. What would you do?

* [study specific options, e.g., I would still participate in my primary activity, but elsewhere in [NPS SITE], etc.]

**ACT42**

On how many different days did you [Recreational Activity] in [specific area within NPS site, e.g., backcountry, visitor center area]? [Count any part of a day as a day.]

* Number of Days \_\_\_\_\_\_\_
* None
* Don’t know

**ACT43**

Did you visit prehistoric structures or archaeological NPS sites?

* YES-- If yes, how many days did you visit any of these? Number of Days \_\_\_\_\_\_\_\_\_\_
* NO
* Don’t know

**ACT44**

Did you go camping at either a developed or primitive camping area?

* NO
* YES – What type?
  + Developed
  + Primitive
  + Both
  + Not sure

**ACT45**

How many nights did you camp [study specific] camping area?

* Number of Nights \_\_\_\_\_\_\_
* None
* Don’t know

**ACT46**

Did you go mountain (or rock) climbing?

* YES🡪 Number of Days \_\_\_\_\_\_\_\_\_\_
* NO

**ACT47**

Did you visit a wilderness, road less, or other primitive area?

* Yes🡪 Number of Days \_\_\_\_\_\_\_\_\_\_
* No
* Don’t know

**ACT48**

During your most recent visit, how many different days did you spend viewing, identifying, or photographing wildflowers, trees, or other natural vegetation?

* Number of Days \_\_\_\_\_\_\_
* None
* Don’t know

**ACT49**

Where did you learn to [RECREATIONAL ACTIVITY]? *(Check one)*

* [activity specific options, e.g., rock gym, college course, etc.]
* OTHER (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**[NEW QUESTION— question variation that was requested over the last 3 years]  
ACT50**

Rank your top X favorite [recreation] areas at [NPS site].

* [site specific location options]

**[NEW QUESTION— question variation that was requested over the last 3 years]**

**ACT51**

How likely are you to…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Unlikely | Unlikely | Neither Unlikely nor Likely | Likely | Very Likely |
| [study specific options, e.g., support bat conservation in National Parks?, to support mandatory closures to protect [wildlife species]?, etc.] |  |  |  |  |  |

## BACKCOUNTRY

**BACK1**

Was your trip entirely within the wilderness areas of [NPS SITE]?

* YES
* NO, partly in [NPS SITE] wilderness and [other adjacent wilderness]
* NO, not at all
* Not sure

**BACK2**

How many nights in the wilderness areas of [NPS SITE] did you camp on this trip?

\_\_\_\_\_\_ nights

**BACK3**

How did you travel in the wilderness on this visit? Check all that apply, but if more than one, underline the primary method of travel.

□ [study specific options, e.g., hiked, carrying own equipment, etc.]

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACK4**

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

□ [site specific options, e.g., fishing, hiking, thru hiking, mountain climbing, kayaking, etc.]

□ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**BACK5**

What type of fuel did your group use for cooking on this trip (check all that apply)?

□ [study specific options, e.g., wood, liquid, etc.]

□ Didn’t cook on this trip

**BACK6**

How many times did you have a campfire on this trip? \_\_\_\_\_

How many of these campfires were in the evening? \_\_\_\_\_

How many of these campfires were for purposes other than cooking? \_\_\_\_\_

**BACK7**

How did you store your food on this trip? Check all that apply.

□ [study specific options, e.g., in a portable bear resistant food storage canister, hidden or buried, etc.]

□ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACK8**

If used a food storage canister, how many canisters did your group carry on this trip into the [NPS SITE] wilderness? If none, write 0.

\_\_\_\_\_ Canisters

**BACK9**

Did you know *before you left for the trailhead* if all your food, toiletries and other scented items would fit in your canister?

□ Yes, we knew it **would**

□ We were **unsure** if it would or not

□ No, we knew it definitely **would not**

□ We didn’t consider it/we had no idea

**BACK10**

Which of the following statements most accurately describes your use of food storage canisters on this trip: (check **one**)

□ Some trash, food or toiletries had to be left out *some* nights of our trip because we didn’t have enough room in our canister(s).

□ We were able to fit *all* our food, trash and scented items in the canister(s) *every night* of this trip

**BACK11**

If you ended up having too little room in your canister(s) for all your food, toiletries, and trash at the beginning of the trip, *by what night of your trip did everything fit*?

\_\_\_\_\_ night

**BACK12**

Did you use GPS for any of the following? (check all that apply)

* [site specific options, e.g., to locate specific waypoint, general navigation, determine location, etc.] didn’t use GPS

**BACK13**

Do you plan to visit a wilderness area within the next year?

|  |  |  |
| --- | --- | --- |
| 🞏 YES | 🞏 NO | 🞏 NOT SURE |

**BACK14**

Do you feel there should be a limit on the size of groups visiting this wilderness?

* No
* Yes-- If Yes, what is the maximum number of people and/or stock that should be permitted in any one group? [open-ended for recording groups]

**BACK15**

Please select the number that best describes the degree to which you agree with each statement below. Please note that “technology” refers to cell phones, satellite phones, and other personal mobile devices.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither** | **Agree** | **Strongly Agree** |
| [site specific options regarding technology, e.g., Technology creates a genuine sense of safety for wilderness users, technology creates a false sense of security, etc.] | 1 | 2 | 3 | 4 | 5 |

**BACK16**

Did the actions or behavior of any other group or individual interfere with your enjoyment of the wilderness on this trip?

□ NO

□ YES

If YES, what type of group or person interfered with your enjoyment on this trip?

□ [site specific options, e.g., day-hikers, backpackers, trail runners, etc.]

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACK17**

The following items are problems you may have run into on your visit to the [NPS SITE] Wilderness. Please indicate how much of a problem each item was for you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all a problem** | **Minor problem** | **Moderate problem** | **Serious problem** |
| [sites specific options, e.g., overall trail conditions, rutted trails, stock damage to vegetation, too many rules and regulations, helicopter noise, etc.] | 1 | 2 | 4 | 5 |

## RECREATION ACTIVITY

|  |
| --- |
| This section was renamed from Hunting and Fishing to Recreation Activity to be more inclusive of general recreation activities, including but not limited to hunting and fishing. The former hunting/fishing question labels are included in parentheses next to each question below. |

**REACT1 (HUNTFISH1)**

Below is a list of XX factors that can contribute to a successful [recreational activity, e.g., fishing, camping] experience. Please rank the factors in order of importance (1 being the most important, 7 being the least important).

Rank Factor

\_\_\_\_\_\_ [activity specific options, e.g., Size of fish caught, condition of trails, number of other visitors, etc.]

\_\_\_\_\_\_ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**REACT2 (HUNTFISH3)**

How many years have you been [participating in recreational activity]? How many years have you been [participating in recreational activity] at [NPS SITE].

\_\_\_\_\_ Total number of years

\_\_\_\_\_ Number of years at [NPS SITE]

**REACT3 (HUNTFISH2)**

Below is a list of reasons why people [participate in recreational activity]. Please select the number that indicates how important each item is to you as a reason for [participating in recreational activity]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Not at all Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** |
| [activity specific options, e.g. For family recreation, to be outdoors, to develop my skills, etc.] | 1 | 2 | 3 | 4 | 5 |

**REACT4 (HUNTFISH4)**

When I go [participating in recreational activity], I feel like:

* [activity specific options, e.g., a beginner—not part of the [activity] community, a regular participant, an insider to the sport, etc.]

**REACT5 (HUNTFISH5)**

When [doing recreational activity], I can best be described as:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all true**  **about me** | **Slightly true**  **about me** | **Moderately true about me** | **Very true**  **about me** | **Completely true about me** |
| [activity specific options, e.g., Being unsure about how to do certain things when I go, having a good understand of what I can do, encouraging and teaching others, etc.]. | 1 | 2 | 3 | 4 | 5 |

**REACT6 (HUNTFISH8—reworded for clarity)**

Please refer to the enclosed map and rate the desirability of each zone for participating in [specific activity] in [NPS site].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Desirability** | | | | |
| **Location** | **Very desirable** | **Desirable** | **Neutral** | **Undesirable** | **Very Undesirable** |
| **[sites specific zones]** | **1** | **2** | **3** | **4** | **5** |

**REACT7 (HUNTFISH9)**

We would like to know how many [recreationists/recreational equipment, e.g., boats, ATVs, other recreationists] you think you could see in an area without you feeling too crowded. To help judge this, we have included a series of photographs in this questionnaire that show different numbers of [recreationists/recreational equipment] in an area. Please look at the photographs and rate each photograph by indicating how acceptable you think it is based on the number of [recreationists/recreational equipment] shown. A rating of “-3” means very unacceptable, and a rating of “+3” means very acceptable. (Select one number for each photograph.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very unacceptable | Moderately unacceptable | Slightly unacceptable | Neutral | Slightly acceptable | Moderately acceptable | Very acceptable |
| [site specific photos] | -3 | -2 | -1 | 0 | 1 | 2 | 3 |

**REACT8 (HUNTFISH10)**Which photograph shows the [recreationists/recreational equipment] you think is so unacceptable you would no longer [recreation activity] at the park? (If none of the photographs represent this condition, you may indicate that.)

Photo number: \_\_\_\_\_

**OR**

□ None of the photographs are so unacceptable that I would no longer fish at the park.

**REACT9 (HUNTFISH11)**

Which photograph shows the highest number of [recreationists/recreational equipment] you think should be allowed at [doing recreational activity] areas at the park? In other words, at what point should visitors be restricted from [doing recreational activity] at the park? (If visitor use should not be restricted at any point represented by the photographs, or not restricted at all, you may indicate that.)

Photo number: \_\_\_\_\_

**OR**

* None of the photographs show a high enough level of use to restrict visitors from [doing recreational activity] at the park.

**OR**

* [recreational activity] should not be restricted at the park.

**REACT10 (HUNTFISH12)**

Which photograph looks most like the number of [recreationists/recreational equipment] you saw on this visit?

Photo number: \_\_\_\_\_

**REACT11 (HUNTFISH13)**

For each activity listed below, check one response for each of the three questions appearing to the right.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | **Have you ever participated in…** | **In the last XX months, did you participate in…** | **Do you have an interest in future participation in…** |
| [site specific activities]] | □ YES □No | □ YES □No | □ YES □No |

**REACT12 (HUNTFISH6/7)**

Please list X [activity specific option, e.g., species of fish, climbing routes, etc.] you prefer to [activity specific, e.g., catch, climb, etc.] inside [NPS SITE].

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REACT13 (HUNTFISH14)**

Please estimate the percentage of your overall time spent [doing recreational activity] during the [timeframe] that occurred within [NPS SITE].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent

**REACT14 (HUNTFISH15)**

Including this visit, how many times have you visited [NPS SITE] in the [timeframe]to [do recreational activity]?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times

**REACT15 (HUNTFISH16)**

What are the reasons you choose to [do recreational activity] in [NPS SITE]? (*Check all that apply.*)

□ [site specific options, e.g., close proximity to home, know the area, like the area, etc.]

□ Other (*please specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## NIGHT SKIES

**NSKIES1**

What things do you like most about the nighttime environment in this park?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NSKIES2**

What things do you like least about the nighttime environment in this park?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NSKIES3**

Have you visited [NPS site/particular area within NPS site] at night before today?

* YES
* NO

**NSKIES4**

Please check all of the following things you’ve done in this park after dark on this trip. *(Check all that apply.)*

* [site specific activities, e.g., attend a ranger program, camped, stargazed, etc.]
* Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I’ve never visited this park after dark.

**NSKIES5**

Have you ever participated in stargazing/viewing the night sky during any of the following special conditions? *(Check all that apply.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | In this park | In other parks or recreation areas | In other  places |
| [site specific options, e.g., during a full moon, celestial events, etc.] | □ | □ | □ |
| Other *(Please specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ | □ |
| I’ve never participated in stargazing activities | □ | □ | □ |

**NSKIES6**

Please indicate the degree to which you oppose or support the following actions that park management should employ to protect the quality of [activity, e.g., stargazing, etc.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| [study specific options, e.g., Setting lights to the minimum necessary brightness; reducing the number of lights in the park, etc.] | 1 | 2 | 3 | 4 | 5 |

**NSKIES7**

Which of the following activities do you participate in and where? *(Check all that apply.)* For each activity that you check, indicate approximately how many times per year you participate in that activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | In this park | In other parks or recreation areas | In other  places |  | How many times per year in total? |
| [study specific, e.g., night photography, stargazing, etc.] | □ | □ | □ |  | \_\_\_\_\_\_ |

**NSKIES8**

Please indicate the degree to which you agree or disagree with the following statements. *(Select one number for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
| [study specific options, e.g., viewing the night sky (“stargazing”) is important to me, etc.] | -2 | -1 | 0 | 1 | 2 |

**NSKIES9**

Have you stargazed or viewed the night sky in [NPS SITE]?

* YES
* NO

**NSKIES10**

Under your selected lighting preference, can you see any of the following items? If so, describe your experience.

* [site specific options (e.g., bats, bears, deer, wildflowers, etc.) with open-ended “Describe experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ option for each item]
* Bats—Describe experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you saw bats, approximately how many?

[study specific options, e.g., 1-3 bats, 4-6 bats, etc.]

**NSKIES11**

Please indicate the degree to which you oppose or support the following actions that park management should employ to protect the quality of stargazing/viewing the night sky at this park.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| [study specific options, e.g., setting lights to the minimum necessary brightness, reducing the number of lights in the park, etc.] | 1 | 2 | 3 | 4 | 5 |

**NOTE:** Images in this question must ALWAYS be presented to respondents in random order to prevent biasing

**NSKIES12**

Stargazing or viewing the night sky can be affected by human-caused light. For example, the lights of cities and streetlights can make stars more difficult to see. We would like to know your opinion about how the night sky should look for stargazing or viewing. To help judge this, we have a series of images that show different night sky conditions. Please look at these images and answer the following questions.

Please tell us how acceptable you think each image looks for stargazing or viewing the night sky. A rating of -2 means the image is “very unacceptable” and a rating of +2 means the image is “very acceptable”. (*Select one response for each image.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Unacceptable | Slightly Unacceptable | Neutral | Slightly Acceptable | Very Acceptable |
| Image 1 | -2 | -1 | 0 | 1 | 2 |
| Image 2 | -2 | -1 | 0 | 1 | 2 |
| Image 3 | -2 | -1 | 0 | 1 | 2 |

1. Which image shows the night sky you would prefer to see in this park?

Image number: \_\_\_\_\_

2. Which image represents the maximum amount of human-caused light the National Park Service should allow in and around this park?

Image number: \_\_\_\_\_

**OR**

□ The amount of human-caused light in and around the park should not be controlled by the NPS.

**NSKIES13**

Is there anything you would like to see changed in the way [NPS site] manages its activities, visitor activities, stargazing/viewing the night sky, lighting, or park resources at night?

or park resources at night?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NSKIES14**

What things do you like most about stargazing or viewing the night sky in [NPS SITE]?

**NSKIES15**

What things do you like least about stargazing or viewing the night sky in [NPS SITE]?

## SOUNDSCAPES

**SOUND1**

How important is natural quiet to you?

□ Not at all important

□ Slightly important

□ Moderately important

□ Very important

□ Extremely important

**SOUND2**

Many national historical parks such as [NPS SITE] commemorate historic events that include recreating cultural and historic sounds such as muskets, farm animals, fifes and drums, etc. How important are the cultural and historic sounds to the enjoyment of your park experience?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all**  **important** | **Slightly**  **important** | **Moderately**  **important** | **Very**  **important** | **Extremely**  **Important** |
| □ | □ | □ | □ | □ |

**SOUND3**

Please describe any natural sounds that you found to be pleasing or annoying.

Pleasing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annoying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUND4**

While visiting an area such as [NPS SITE], how important are natural sounds (sounds of birds, wildlife, water, etc.) to the enjoyment of your park experience?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all**  **important** | **Slightly**  **important** | **Moderately**  **important** | **Very**  **important** | **Extremely**  **Important** |
| □ | □ | □ | □ | □ |

**SOUND5**

On this visit to [NPS SITE], how did modern sounds (traffic noise, mowing machine, airplanes, construction, etc.) affect your ability to hear and enjoy the following sounds? Please select 🗵 **only** **one** response for each item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ability to hear/enjoy** | **Did not experience** | **Detracted from** | **No effect** | **Added to** |
| [area-specific list of natural sounds] | □ | □ | □ | □ |
| [area-specific list of cultural/historical sounds] | □ | □ | □ | □ |

Please explain any "detracted from" responses to this question.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUND6**

We would like to know about the sounds (such as natural sounds, mechanical sounds, sounds of other visitors, etc.) you heard in [NPS SITE] today. Please select 🗵 **only** **one** response for each item.

|  |  |  |
| --- | --- | --- |
| Did you notice any of the following sounds today? | **YES** | **NO** |
| [site specific options, e.g., traffic noise, construction, birds, insects, water, airplanes, etc.] | □ | □ |
| OTHER (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ | □ |

**SOUND7**

How does the amount of human-made sound you have experienced at [NPS SITE] compare to your expectations?

* [study specific options, e.g., lower than I expected, more than I expected, etc.]
* Don’t know

**SOUND8**

Please indicate how your experience of each of the following items during your visit compared with your expectations. Please select 🗵 **only** **one** response for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hearing…** | **Extremely Distracting** | **Moderately Distracting** | **Neutral** | **Moderately Peaceful** | **Extremely Peaceful** |
| [site specific options, e.g., traffic noise, other people, loud music, cell phone, etc.] | 1 | 2 | 3 | 4 | *5* |

**SOUND9**

Did you make a conscious effort to limit the amount of noise you made in the park today? (Choose one and explain why)

* YES, Explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO, explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUND10**

Did you notice any natural sounds in [NPS SITE] today?

□ YES

□ NO

**→** If YES, did you find any of these natural sounds pleasing?

□ YES

□ NO

**SOUND11**

How [pleased/annoyed] are you with the amount of [type of sound, e.g., modern, nature, etc.] you have experienced at [NPS SITE] during this visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all**  **[Pleased/annoyed]** | **Slightly [Pleased/annoyed]** | **Moderately**  **[Pleased/annoyed]** | **Very**  **[pleased/annoyed]** | **Extremely**  **[pleased/annoyed]** |
| □ | □ | □ | □ | □ |

**SOUND12**

Did the amount of human-made sound you experienced at [NPS SITE] cause you to change any of your activities during your visit?

* No
* YES🡺 What did you do differently? (Please check all that apply.)
* [study specific options, e.g., I made my visit shorter, etc.]
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUND13**

Please indicate your level of agreement with each of the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **Agree** | **Don’t**  **know** |
| [site specific options, e.g., hearing human-made sound interferes with my enjoyment of the outdoors, I can only experience solitude in quiet places, etc.] | □ | □ | □ | □ | □ | □ |

**SOUND14**

Please select how the following situations related to human-made sound would affect your likelihood of visiting [NPS SITE] in the future.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **My likelihood of visiting would be…** | | | | | |
| **If the amount of human-made sound…** | **Much less**  **likely** | **Somewhat**  **less likely** | **No**  **effect** | **Somewhat more likely** | **Much more likely** | **Don’t**  **Know** |
| [study specific options, e.g., increased substantially, increased moderately, etc.] | □ | □ | □ | □ | □ | □ |

**SOUND15**

Please indicate how your experience of hearing each of the following items during your visit compared with your expectations

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **How did it compare to your expectations?** | | | | | |
| **Amount of time you heard** | **I had no expectation** | **A lot less than expected** | **Less than**  **expected** | **About as**  **expected** | **More than expected** | **A lot more**  **than expected** |
| [site specific options, e.g., aircraft, sounds of nature, explosion, running water, ranger talk, etc.] | 0 | 1 | 2 | 3 | 4 | 5 |

**SOUND16**

If you were to experience traditional cultural sounds (e.g., drumming, singing, chanting) during your visit to [NPS SITE], how much would it…? (Select one number per item)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **Slightly** | **Somewhat** | **Moderately** | **Very Much** |
| [study specific options, e.g., enhance your visitor experience, increase your understanding of [NPS site] mission, etc.] | 0 | 1 | 2 | 3 | 4 |

**SOUND17**

While visiting an area such as [NPS SITE], how important are natural sounds to the enjoyment of your park experience? Please select only one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The sound of \_\_\_\_\_\_\_\_\_\_\_ is…** | **Not at all important** | **Slightly important** | **Moderately important** | **Very important** | **Extremely Important** |
| [site specific options, e.g., birds, wildlife, water, wind, insects, etc.] | 1 | 2 | 3 | 4 | 5 |
| Other | 1 | 2 | 3 | 4 | 5 |

**SOUND18**

How desirable would it be if you were to experience the following during your visit? (Select one number which best describes how unacceptable or acceptable the experience would be).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sounds** | **Very**  **undesirable** | **Slightly undesirable** | **Neutral** | **Slightly**  **desirable** | **Very**  **desirable** |
| [site specific options, e.g., sign(s) informing you about the park’s concerns with human-caused noise, park rangers stationed along trail to quiet visitors, etc.] | -2 | -1 | 0 | 1 | 2 |

**SOUND19**

We are seeking to help park managers understand visitor perception of natural and human-made sounds in the park. Your participation is voluntary. We would like to ask you to follow the instructions below to complete this brief questionnaire.

1. While walking along the trail, take the time to be mindful of the various sounds that you hear.
2. Please stop every 30 to 60 minutes (a total of 4 to 6 times) during your hike to reflect upon all of the sounds you’ve heard during that time interval.
3. When you are at a safe place, off the trail, please complete the questions below for each location. Record the time, answer the questions and mark your approximate location on the map (on the back page of the booklet).
4. Your safety and wellbeing are our highest concern today. When you stop, be careful to step off the trail so that others may pass. Please use your best judgment when stopping along the trail.
5. Remember thatall sounds are included, both human-made and natural.
6. Please return this survey to us at the end of your hike. If, no one is there, please take it to the Ranger Station, Visitor Center, or entry/exit gate.

**Location 1**

**CURRENT TIME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select an **X** for each sound that you heard along this past segment of the trail.

* [site specific options, e.g., wind, thunder, yelling, vehicles, etc.]

|  |
| --- |
| □ Other. What else do you hear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please use the map to mark your approximate current position as # 1 (and so forth)**

**(Repeat at 2-5 locations)**

**SOUND20**

Please rate the pleasantness of the overall sound that you heard along this past segment of the trail.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Very**  **pleasant** | **Moderately**  **pleasant** | **A little**  **pleasant** | **Neutral** | **A little**  **unpleasant** | **Moderately unpleasant** | **Very**  **unpleasant** |
|  |  |  |  |  |  |  |

**SOUND21**

**Step 1:** The listening portion of this survey will be led by a survey administrator. Remember that all sounds are included, both human and natural.

**Step 2:** Close your eyes and relax and keep track of each individual sound that you heard.

**Step 3:** While holding your concentration, focus on the sounds you have heard. Now, please take a moment to fill out the attached sheet before speaking with other participants about what you have heard. This exercise begins on the next page.

**Step 4:** Please select each sound that you heard during the exercise. If a sound is not listed, please write the sound(s) in the blank spaces (next to “Other”) provided at the bottom of the SOUNDS column. Again, only mark next to each sound that you actually heard during the exercise.

**Step 5:** Under the ACCEPTABILITY OF SOUNDS AT THIS LOCATION column, please select one number which best describes how unacceptable or acceptable the sound was for this location in the park:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **ACCEPTABILITY OF SOUNDS**  **AT THIS LOCATION** | | | | |
| **Sounds** | **DID YOU HEAR THIS SOUND?** | **Very**  **Unacceptable** | **Unacceptable** | **Neutral** | **Acceptable** | **Very**  **Acceptable** |
| [site specific sounds, e.g., wind, rain, small mammal, large mammal, people talking, etc.] | □ YES | -2 | -1 | 0 | 1 | 2 |

## VISABILITY

**VISIBILITY1**

Do you think that changes in human activities could reduce haze in National Parks and Wilderness Areas? (Select one response)

* YES
* NO

**VISIBILITY2**

How concerned are you about human-caused haze in [study area]? (Select one response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOT AT ALL CONCERNED** | **SLIGHTLY CONCERNED** | **SOMEWHAT CONCERNED** | **MODERATELY CONCERNED** | **VERY CONCERNED** |
| 1 | 2 | 3 | 4 | 5 |

**VISIBILITY3**

In National Parks and Wilderness Areas visibility conditions are recorded by taking photographs on a regular schedule. The photographs below show the same view with different amounts of haze with the same weather conditions.

|  |  |
| --- | --- |
| **Less Haze**  nohazerockymtn | **More Haze** |

**VISIBILITY4**

Have you ever experienced haze reducing your ability to view a scenic vista? (Select one response)

* YES
* NO
* Don’t Know.

#### TOPIC AREA 6: VISITOR EXPERIENCES

*Crowding and conflict are among the most intractable problems faced by recreation mangers. Concern over rising visitation in parks, and accompanying impacts on resources and on visitor experience, has led the National Park Service to focus increasing attention on the concept of crowding and carrying capacity.*

## CROWDING

**CROWD1**

Please indicate whether (and if so, how often) you have done each of the following in any [NPS SITE], including wilderness or backcountry recreation areas.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ever Done** | | **If so how often?** | | | | |
|  | **Never** | **Rarely** | **Sometimes** | **Very Often** | **Always** |
| [site specific options, e.g., visited earlier or later in the season to avoid seeing other people, gone to trails that are less crowded, visited on weekdays, etc.] | **NO** | **YES 🡢** | 1 | 2 | 3 | 4 | 5 |

**CROWD2**

Did the presence of other people on the trail make you feel rushed or slow you down at any point during your hike today?

* [study specific options, e.g., people made me feel rushed, I had to slow down, etc.]

**CROWD3**

How did the number of people you saw [doing recreational activity, e.g., climbing] during your visit compare with what you expected? *(Check one box.)*

* + A lot less than what you expected
  + A little less than what you expected
  + About what you expected
  + A little more than what you expected
  + A lot more than what you expected
  + You did not have any expectations

**CROWD4**

What do you [and your personal group] think is the maximum acceptable number of people in each [type of group e.g., cave, tour, wilderness] before it becomes too crowded?

It would be acceptable to have a maximum of \_\_\_\_\_ people

**CROWD5**

At which times of day did you feel crowded? Please select all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| MORNING  (4 a.m. to noon) | AFTERNOON  (Noon to 6 p.m.) | EVENING  (6 p.m. to midnight) | I can’t remember |
| □ | □ | □ | □ |

**CROWD6**

Several ways to reduce [specific area, e.g., campground] congestion at [NPS SITE] are being considered. Which option do you [and your personal group] prefer? Please select 🗵 one[list of options].

* [site specific options, e.g., first come, first serve for camping, using a reservation system, etc.]
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CROWD7**

Should the number of people allowed to [recreational activity] at the [NPS SITE] each day be limited for any of the following reasons, even if it limits when you can [do recreational activity]? (Check one box for each reason.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Should the number of hikers**  **per day be limited?** | | |
| **Reason for Limit** | **Yes** | **No** | **Don’t Know/ Not Sure** |
| [site specific options, e.g. To protect the quality of visitors’ experiences, to protect visitor safety, to reduce environmental impacts, etc.] | □ | □ | □ |

**CROWD8**

The number of other people I see while [participating in area-specific activity] in places like [NPS SITE] affects my ability to experience solitude. (Select **one** number.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** |
| 1 | 2 | 3 | 4 | 5 |

**CROWD9**

Did you move to a different [LOCATION] based on the number of people you encountered? (*Check one.)*

* YES
* NO

**CROWD10**

Please indicate for each of the following numbers of people seen per hour while [participating in area-specific activity] in [NPS SITE] how likely you would be to experience solitude during such a trip. A rating of “1” means you would be very unlikely to experience solitude and a rating of “5” means you would be very likely to experience solitude. (Select **one** number for each of item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all likely** | **Slightly**  **Likely** | **Moderately**  **Likely** | **Very Likely** | **Completely**  **Likely** | **Don’t Know/ Not Sure** |
| See no other people | 1 | 2 | 3 | 4 | 5 | DK/NS |
| See 2 other people per hour | 1 | 2 | 3 | 4 | 5 | DK/NS |
| See 4 other people per hour | 1 | 2 | 3 | 4 | 5 | DK/NS |
| See more than 8 other people per hour | 1 | 2 | 3 | 4 | 5 | DK/NS |

**CROWD11**

Please indicate the extent to which you agree or disagree with each of the following statements concerning management of [area-specific activity] in [NPS SITE]. (Select **one** number for each item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Don’t Know / Not Sure** |
| [site specific options, e.g. If people feel crowded, use limits should be imposed; use limits should never be imposed; more trails should be added; etc.] | 1 | 2 | 3 | 4 | 5 | DK/NS |

**CROWD12**

Have you ever **not** been able to, or chosen **not** to visit [NPS SITE] because it was too crowded? (*Please check ‘yes’ or ‘no’. If yes, specify how many times and if you were trying to visit a specific site*)

* NO

□ YES → How many times? \_\_\_\_\_\_\_\_\_\_\_\_

What specific sites were you trying to visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CROWD13**

The amount of time that passes without seeing other people while [area-specific activity] in places like [NPS SITE] affects my ability to experience solitude (Select one number)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| 1 | 2 | 3 | 4 | 5 |

**CROWD14**

Imagine that during your next trip to [NPS site] you discovered that your most preferred area was much more crowded than you normally find acceptable. What would you do? (Select only one statement.)

□ [study specific options, e.g., I would make an exception and still participate in my primary activity in this zone, etc.]

**CROWD15**

The number of other people I saw during my [area-specific activity] today interfered with my sense of being in wilderness.(Select **one** response, even if you did not see other groups.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** |
| **1** | **2** | **3** | **4** | **5** |

**CROWD16**

Please indicate the extent to which you agree with each of the following statements about [area-specific activity] in [NPS SITE]. (Select **one** number for each item.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., even if I see several other people while [activity], I can still experience solitude if there are extended periods when I see no other people, etc.] | 1 | 2 | 3 | 4 | 5 |

**CROWD17**

How crowded did you feel while [doing RECREATIONAL ACTIVITY] at [NPS SITE] today? *(Select one)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all crowded** | **Slightly crowded** | **Moderately crowded** | **Very crowded** | **Extremely crowded** |
| 1 | 2 | 3 | 4 | 5 |

**CROWD18**

Please indicate for each of the following lengths of time without seeing other people while [participating in area-specific activity] in [NPS SITE] how likely you would be to experience solitude during that time. A rating of 1” means you would be very unlikely to experience solitude within the time period, and a rating of “5” means you would be very likely to experience solitude within the time period. (Select **one** number for each item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all likely** | **Slightly Likely** | **Moderately**  **Likely** | **Very Likely** | **Completely**  **Likely** | **Don’t Know/ Not Sure** |
| 15 minutes without seeing other people | 1 | 2 | 3 | 4 | 5 | DK/NS |
| 30 minutes without seeing other people | 1 | 2 | 3 | 4 | 5 | DK/NS |
| 1 hour without seeing other people | 1 | 2 | 3 | 4 | 5 | DK/NS |
| 2 hours without seeing other people | 1 | 2 | 3 | 4 | 5 | DK/NS |
| 3 hours without seeing other people | 1 | 2 | 3 | 4 | 5 | DK/NS |

**CROWD19**

We would like to know what you think about issues related to visitor use of [NPS SITE].Please indicate the extent to which you agree with each of the following statements. (Select **one** response for each statement.)

|  | **Strongly**  **Agree** | **Agree** | **Uncertain/ No Opinion** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |
| [list of items related to number of visitors, group size, and tour specifics (if applicable).] | 1 | 2 | 3 | 4 | 5 |

**CROWD20**

How did the number of other [RECREATIONAL ACTIVITY user] you encountered affect your overall experience today? *(Select one response)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Added greatly** | **Added somewhat** | **Had no effect** | **Detracted somewhat** | **Detracted greatly** |
| **1** | **2** | **3** | **4** | **5** |

**CROWD21**

We would like to know what you think about issues related to the quality of the visitor experience on [NPS SITE].Please indicate the extent to which you agree or disagree with each of the following statements. (Select **one** response for each statement.)

|  | **Strongly**  **Agree** | **Agree** | **Uncertain/ No Opinion** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |
| [area-specific list of items related to visitor experience (e.g., NPS does a good job protecting historic structures, land, or animals.] | 1 | 2 | 3 | 4 | 5 |

**CROWD22**

How likely are you to choose not to participate in [RECREATIONAL ACTIVITY] because of crowded conditions? Please mark **[X]** only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Likely** | **Not Very**  **Likely** | **Moderately**  **Likely** | **Very**  **Likely** | **Extremely**  **Likely** |
| O | O | O | O | O |

**CROWD23**

Please select one number for each statement that best describes how problematic each of the following issues was for you at [GEOFENCE LOCATION].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not a problem** | **Small problem** | **Moderate problem** | **Big problem** |
| [site specific options, e.g., availability of parking, number of people, availability of restrooms, traffic congestion, etc.] | 1 | 2 | 3 | 4 |

**CROWD24**

How crowded did you feel while at the following locations at [NPS SITE]? (*Select one number for each location or indicate that it was not applicable to your visit*.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Crowded** | **Slightly Crowded** | **Moderately Crowded** | **Very Crowded** | **Extremely Crowded** | **Not Applicable** |
| [site specific, e.g. On trails, at swimming areas, at picnic areas, during your entire visit, etc.] | 1 | 2 | 3 | 4 | 5 | N/A |

**CROWD25**

Did you feel like the number of other people around you increased your risk of being injured at any point during your [activity] to [NPS site] today? Please mark **[X]** only one.

□ Yes, I felt this way all of the time

□ Yes, I felt this way some of the time

□ No, I did not feel this way

□ No, but it did impact my participation

**CROWD26**

How did the number of people you encountered at [GEOFENCE LOCATION] location compare to what you expected?

* + A lot less than what I expected
  + A little less than what I expected
  + About what I expected
  + A little more than what I expected
  + A lot more than I expected
  + I did not have any expectations

**CROWD27**

How did the number of other [RECREATIONAL ACTIVITY user] you encountered affect your overall experience today? *(Select one response)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Added greatly** | **Added somewhat** | **Had no effect** | **Detracted somewhat** | **Detracted greatly** |
| **1** | **2** | **3** | **4** | **5** |

**CROWD28**

Please indicate how your experience of each of the following items during this overnight backcountry trip affected your sense of being in wilderness. Please select 🗵 **only one** for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **How did it affect your sense of being in wilderness?** | | | | |
|  | **Added greatly** | **Added somewhat** | **Had no effect** | **Detracted somewhat** | **Detracted greatly** |
| [site specific options, e.g. The amount of time you were able to hike without seeing other hiking groups; the extent to which you were able to see build structures, etc.] | □ | □ | □ | □ | □ |

**CROWD29**During [a SPECIFIC RECREATIONAL ACTIVITY] how acceptable is it for you to see the following number of other people participating in the same activity during your time at [NPS SITE]? (Please select one number for each of the following items).

| **# of other people participating in the same activity** | **Extremely Unacceptable** | **Unacceptable** | **Not Sure** | **Acceptable** | **Extremely Acceptable** |
| --- | --- | --- | --- | --- | --- |
| **[study specific options, e.g., 0, 1-5, etc.]** | 1 | 2 | 3 | 4 | 5 |

**CROWD30**

For the places you visited, please rate how crowded you and your personal group felt by the number of people present at the following locations. Please mark (●) **only one** answer for each place.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visit on this trip? (●) | **Not at all**  **crowded** | **Slightly crowded** | **Moderately**  **crowded** | **Very crowded** | **Extremely**  **crowded** |
| * [area-specific list of places] | O | O | O | O | O |
| * Other (Specify) | O | O | O | O | O |

**CROWD31**

Please indicate if you have experienced any of the following during this visit or a previous visit to [NPS site].

|  |  |  |
| --- | --- | --- |
|  | Experienced during a previous visit to the park | Experienced during current visit to the park |
| Chose not to visit the park because there were too many visitors | ❑ |  |
| [other site-specific options, e.g., chose not to visit your desired places in the park because there were too many visitors, etc.] | ❑ | ❑ |

**CROWD32**

How close did you come to having a collision with another [RECREATIONAL VEHICLE] on the [NPS site location] today because of crowded conditions? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Close** | **Not Very**  **Close** | **Moderately**  **Close** | **Very**  **Close** | **Extremely**  **Close** |
| □ | □ | □ | □ | □ |

**CROWD33**

The following are conditions or experiences that might influence the quality of a visitor’s experience at the park. Please rate how important each variable is to your [activity] experience at [insert site]. P*lease select one for each row.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Possible condition of experience | Did not experience | Not important at all | Low importance | Slightly important | Neutral | Moderately important | Very important | Extremely important |
| [site specific options, amount of litter, number of large groups, etc.] | ❑ | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

## EXPECTATIONS

**EXP1**

Please indicate how your experience of each of the following items during this overnight backcountry trip compared with your expectations. (Mark one for each item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | How did it compare to your expectations? | | | | | |
|  | **A LOT MORE THAN EXPECTED** | **MORE THAN EXPECTED** | **ABOUT AS EXPECTED** | **LESS THAN EXPECTED** | **A LOT LESS THAN EXPECTED** | **I HAD NO EXPECTATION** |
| [site specific options, e.g., the number of hiking groups you saw while you were hiking on the trails; the amount of time during your trip you heard aircraft, etc.] | □ | □ | □ | □ | □ | □ |

**EXP2**

Overall, how would you rate your [recreational experience]? (CHECK ONE)

* Very Poor
* Poor
* Fair
* Good
* Excellent

**EXP3**

What about the [NPS SITE] added to your expected experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXP4**

What about the [NPS SITE] detracted from your expected experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXP5**

Please indicate the extent that the following issues were problems for you while using the [SPECFIC NPS recreation area]. (*Select one response for each issue, or circle “DK” if you don’t know*)

|  | **Not a Problem** | **Small Problem** | **Big Problem** | **Don’t Know** |
| --- | --- | --- | --- | --- |
| [site specific options, e.g., too many other users, vegetation loss due to visitors, condition of resource, etc.] | □ | □ | □ | DK |

**EXP6**

How important to you was each of the following reasons for your visit to the [NPS SITE] today? *Please select only one response for each item.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Importance of... | Very  important | Important | Somewhat  important | Somewhat unimportant | Very  unimportant |
| [site specific options, e.g., opportunities to Learn, experiencing nature, wildlife viewing, etc.] | **1** | **2** | **3** | **4** | **5** |

**EXP7**

Please rate the quality of your experience in the following areas based on today’s visit within the [NPS SITE]. *Please select only one response for each item*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Quality of... | Not Applicable | VERY POOR | POOR | AVERAGE | GOOD | VERY GOOD |
| [site specific options, e.g., opportunities to learn, experiencing nature, resting and relaxation, etc.] | **0** | **1** | **2** | **3** | **4** | **5** |

**EXP8**

Below is a list of possible experiences you may expect to have while visiting [NPS SITE]. For each item, please ***indicate how important the experience is*** to you on your visit to the park.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **IMPORTANCE** | | | | |
| **Experience:** | **Not at all Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** |
| [study specific options from Recreation Experience Preference Scale, e.g., to be in control of things that happen, to be alone, etc.] | 1 | 2 | 3 | 4 | 5 |

**EXP9**

If you had the opportunity, would you take this trip again? (Select one response)

* Definitely Not
* Probably Not
  + Unsure
  + Probably Yes
  + Definitely Yes

## TECHNOLOGY & SOCIAL MEDIA

|  |
| --- |
| This section was renamed from Use of Technology to Technology and Social Media to highlight the evolving cultural importance of social media as a communication tool. |

**TECH1**

On this visit to [NPS SITE], did you [and your personal group] bring any of the following electronic devices with you? Please select 🗵 all that apply

|  |  |
| --- | --- |
| **Brought on this visit** |  |
| □ | None |
| □ | [study specific options, e.g., laptop computer, GPS, cell phone, etc.] |

**TECH2**

On this visit, did you [and your personal group] use any of the following electronic devices to obtain park information? Please select all that apply.

|  |  |
| --- | --- |
| **Used for park information** |  |
| □ | None |
| □ | [study specific options, e.g., laptop computer, GPS, cell phone, etc.] |

**TECH3**

If you [or anyone in your personal group] used any electronic devices, what park information did you use it to obtain?

**TECH4**

Were you able to receive [electronic device service, e.g., internet/WiFi/cell service] service while you were at [NPS site location]?

* + YES
  + NO

**TECH5**

If you were to visit [NPS SITE] in the future, would you [and your personal group] like to have the following services available in developed areas of [NPS SITE]?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| [site specific options, e.g., internet access, wifi, etc.] | □ | □ |
| Other (Please specify | □ | □ |

**TECH6**

If you did or did not use any electronic devices on this visit, would you plan to use them to access information about [NPS SITE] on a future visit?

* YES, likely
* NO, likely
* Not sure

**TECH7**

During your [last/most recent/this] visit to [NPS SITE], how did you use your electronic devices (cell phone, tablet, etc.)? (Please select all that apply.)

* [site specific options, e.g., downloaded NPS site app, searched internet about NPS site, used social media, used iNaturalist, etc.]
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TECH8**

How often do you use the following equipment while viewing [WILDLIFE] in [NPS SITE]? (Please select one number for each item)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Occasionally** | **Sometimes** | **Frequently** | **Usually** | **Every Time** |
| [study specific options, e.g., binoculars, spotting scope, phone camera, other camera, tablet, etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |
| --- |
| Note to reviewer: TECH9-TECH22 were questions previously included under the Virtual Visitor Subsection (Topic Area 5). Their former question labels are included in parentheses next to each question below. |

**TECH9 (VIRVIS1)**

Have you ever used the following social media to follow the National Park Service?

|  |
| --- |
| □ I do not use social media outlets   * [social media options] |

**TECH10 (VIRVIS2)**

Have you ever posted photographs on any of the following National Park social media [NPS SITE]?

* I do not use social media outlets
* [social media options]

**TECH11 (VIRVIS5)**

What other social media platform would you like to see the National Park Service use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TECH12 (VIRVIS4)**

Have you ever used an app during a visit at a National Park?

Which App? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you use it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TECH13 (VIRVIS6)**

Have you ever used [online platform, e.g., YouTube, Tik Tok, etc.] to watch videos about national parks?

* YES
* NO

**TECH14 (VIRVIS7)**

How frequently have you participated in any of the following interactions with [NPS/NPS site social media] within the last month?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interaction | Never | Rarely | Sometimes | Frequently | Very Frequently |
| [study specific options, e.g. I look at postings from [NPS SITE], I look at postings from other users, I add photos to site, etc.] | 1 | 2 | 3 | 4 | 5 |

**TECH15 (VIRVIS9)**

How would you rate the NPS website you visited?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Above average | Average | Below Average | Poor |
| 1 | 2 | 3 | 4 | 5 |

**TECH16 (VIRVIS10)**

Please rate how much you disagree or agree with the following statements regarding why you visit [NPS site social media] page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Statement | **Strongly disagree** | **Disagree** | **Neither** | **Agree** | **Strongly agree** | **Not**  **applicable** |
| [study specific options, e.g. To feel like I belong to the [NPS SITE] community, to stay in touch with [NPS site], to post photos, etc.] | 1 | 2 | 3 | 4 | 5 | ☐ |

**TECH17 (VIRVIS11)**

What is the primary reason for visiting [NPS SITE] Webpage?

* [study specific options, e.g., to explore a personal interest, to plan a visit, it is interesting, I live too far away to actually visit, etc.]

**TECH18 (VIRVIS12)**

There are several different ways that [NPS SITE] can use its [social media/web] page. Please rate your level of opposition or preference for the following communication scenarios.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly oppose** | **Oppose** | **Neither oppose nor prefer** | **Prefer** | **Strongly Prefer** |
| [study specific options, e.g., only [NPS SITE] is able to post photos/videos, make comments, and share information to the page, only users are able to post photos/videos, etc.] | 1 | 2 | 3 | 4 | 5 |

**TECH19 (VIRVIS20)**

What is your FIRST, most often used source for news and information about local community events and recreation activities?

* [study specific options, e.g., social media, word of mouth, friends and family, posters, etc.]
* Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Don’t Know/Not sure

**TECH20 (VIRVIS21)**

[National Park Service staff] are interested in social media’s potential as a tool to communicate with visitors. How often do you use the following social media platforms?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Daily** | **Every other day** | **Weekly** | **Monthly** | **Less often than monthly** | **Never** |
| [study specific, e.g., Facebook, Twitter, etc.] | □ | □ | □ | □ | □ | □ |
| Other: \_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ |

**TECH21 (VIRVIS8)**

Did you find the information on the [NPS site] website [interesting, professional, etc.] in nature?

* Very much
* Sort of
* Not really

**TECH22 (VIRVIS14)**

There are several different ways that National Park Service can use the internet to communicate with non-visitors. Please rate your level of agreement for the following statements regarding usage of the internet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly**  **Agree** |
| [study specific options, e.g., Maintaining a presence on the Internet provides the potential for worldwide publicity, etc.] | 1 | 2 | 3 | 4 | 5 |

## Visitor Experience and Resource Protection (VERP)

*The use Visitor Experience and Resource Protection (VERP) framework is of limited application in the case of the NPS Programmatic Review Process and should only be used to address visitor use management and carrying capacity issues within units of the national park system. The limited purpose is to provide information related to visitor use and carrying capacity as a means safeguard the quality both of the park resources and the visitor experience. The questions in this section can be modified to evaluate levels of acceptable use or condition of a resource or area.*

***NOTE:*** *When submitting a request for approval there should be a complete (step-by step) explanation of how the VERP process will be executed (e.g., how will the photographs be displayed and/or organized; how will many photographs will be in each sequence. This explanation should appear in Section E: Instrument Administration of the Programmatic Review Form. A Prototype or example of the photos should be included with the submission as a part of the review process.*

*Images in this question must ALWAYS be presented to respondents in random order to prevent biasing*

**VERP1**

Which photograph looks most like the number of visitors you typically saw in [area w/in NPS site]

today?

Photo number:

**VERP2**

What is the maximum acceptable number of other visitors to see while you are at the [specific park location (e.g., trailhead)]? (*Please fill in a number or mark one of the other two options*)

|  |
| --- |
| It is acceptable to see as many as \_\_\_\_\_\_\_\_ other visitors at the trailhead. |
| □ It doesn’t matter to me |
| □ It matters to me, but I cannot specify a number. |

**VERP3**

We would like to know how many people you think could visit [area within NPS site] at any one time without feeling too crowded. To help judge this, a series of photographs of the [area within NPS site] show different numbers of visitors in the [area w/in NPS site]

Please rate each photograph by indicating how acceptable you find each one based on the number of visitors shown. A rating of “-3” means the number of visitors is “very unacceptable”, and a rating of “+3” means the number of visitors is “very acceptable”. (Circle one number for each photograph.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very unacceptable | Unacceptable | Slightly unacceptable | Neutral | Slightly acceptable | Acceptable | Very Acceptable |
| Photo 1 | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| Photo 2 | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| Photo 3 | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| Photo 4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 |

Which photograph shows the level of use that you would prefer to experience in the [area within NPS site]?

Photo number:

**VERP4**

Which photograph shows the highest level of use that the [insert Park Name here] should allow in the [area/activity]? In other words, at what point should visitors be restricted from touring the [area w/in NPS site]? If use should not be restricted at any point represented in the photographs, or not restricted at all, you may indicate that by checking one of the boxes below.

Photo number:

□ None of the photographs show a level of use high enough to restrict the number of visitors in [area within NPS site]

□ The number of visitors in the [area within NPS site] should not be restricted.

**VERP5**

Please estimate the size (number of individuals) of the typical group that you saw today.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_ Individuals | □ I can’t remember | □ Does not apply |

# TOPIC AREA 6: EVALUATION OF PROGRAMS AND SERVICES

*Public opinion of the services and facilities helps management teams understand the values people hold in relation to park resources and the visitor experience and is critical to creating plans that can be successfully implemented. Understanding public values enables the management teams to make informed planning decisions.*

## PROGRAM EVALUATION

**PROEVAL1**

Have you ever heard of the [NPS SITE SPECIFIC] Program?

* YES
* NO

**PROEVAL2**

Have you ever participated in the[NPS SITE SPECIFIC] Program?

* YES
* NO

**PROEVAL3**

How useful did you find the [NPS SITE SPECIFIC] Program?

* Not at all useful
* Somewhat useful
* Moderately useful
* Very useful
* Extremely useful

**PROGEVAL4**

Since your first visit to [NPS SITE], how has the overall quality [PROGRAM/ACTIVITY] at the [NPS SITE] changed over time?

* [study specific options, e.g., become worse, become better, stay the same, etc.]
* This is my first visit.

**PROEVAL5**

For each statement below, please select the number that best reflects how you felt about your experience with the [PROGRAM/ACTIVITY] at the [NPS SITE].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Didn’t like it** | **It was Okay** | **It was Great** | **Did Not experience** |
| [program specific options, e.g., opening and/or closing ceremonies, entertainment, scientist presentation/talk, interactive booth activities, etc.] | 1 | 2 | 3 | □ |

**PROGEVAL6**

How would you rate the overall quality of [PROGRAM/ACTIVITY] at the [NPS SITE]?

* Extremely poor quality
* Poor quality
* Neutral
* Good quality
* Extremely good quality

**PROGEVAL7**

Please tell us how comfortable you were spending time outdoors during the [PROGRAM/ACTIVITY].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Uncomfortable** | **Uncomfortable** | **Neither** | **Comfortable** | **Very**  **Comfortable** |
| [study specific options, e.g., getting itchy, sitting on the ground, etc.] | **1** | **2** | **3** | **4** | **5** |

**PROGEVAL8**

Please indicate how much you agree with the following statements when considering your most recent experience involving the [program/site specific resource] at [NPS SITE].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| [study specific options, e.g., Increased my likelihood of returning to [NPS SITE] in the future; contributed to my historical knowledge; staff-led tours were informative; I learned something new about this culture, etc.] | 1 | 2 | 3 | 4 | 5 |

## TEACHER EVALUATION

|  |
| --- |
| **The new questions in this section have been added (and noted) in response to the needs expressed by educational program staff across the NPS. The request for the questions is to provide an opportunity for stakeholders to provide feedback needed to improve programming and planning.** |

**TEACHEREVAL1**

At what type of school do you teach? (Choose one.)

* Public
* Private
* Home School

**TEACHEREVAL2**

What is your school’s setting? (Choose one)

* + Urban
  + Suburban
  + Rural
  + Other (please specify)

**TEACHEREVAL3**

Is your school considered Title 1?

* Yes
* No

**TEACHEREVAL4**

Do you teach or have you taught [specific grades] in the past X years? (Check all that apply.)

* [study specific options, e.g., 3rd, 4th, 5th, etc.]

**TEACHEREVAL5**

What grade do you teach? \_\_\_\_\_\_ grade

**TEACHEREVAL6**

Which classroom do you teach? (Choose one)

* + General Education
  + Special Education

**TEACHEREVAL7**

How much time is spent on outdoor instruction a week?

* [study specific options OR open-ended]

**TEACHEREVAL8**

Which subjects are taught with outdoor instruction? (Check those that apply.)

|  |  |
| --- | --- |
| * + Science   + Math   + Social Studies/History   + Other | * + Language Arts   + PE   + None |

**TEACHEREVAL9**

What kind of homework do you assign that requires students to go outdoors and explore?

* None OR open-ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHEREVAL10**

Do you have access to an outdoor environment, such as a playground, park, etc. (Outdoor meaning any place outside of the classroom and the school building). (Choose one)

* + Yes
  + No-- If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[NEW QUESTION]  
TEACHEREVAL11**

Of the NPS Education Programs you have participated in in the past X years, which are the X programs you are most familiar with?

* + [study specific options, e.g., field trip to NPS site with a ranger-led program, pre-recorded online lessons, professional development programs for teachers, etc.]

**TEACHEREVAL12**

How much classroom instructional time did you spend **preparing your students** for the most recent park-provided educational program?Please mark (•) **one.**

* [study specific options, e.g., did not spend any time; less than one hour, etc.]
* Other (Please specify)

**TEACHEREVAL13**

Did you use any park-provided teachers’ preparatory materials (pre-visit video, pre-visit lesson, teacher’s background information, etc.) to prepare for the most recent program?

* Yes
* No 🡺 **Go to question X**

1. If **YES**, how did you use the teachers’ preparatory materials? Please check **all** that apply.

* [study specific options, e.g., assigned as homework, group project, etc.]
* Other (Please specify)

1. If **YES**, please rate the quality of the teachers’ preparatory material. Please mark (•) **one.**

Very poor Poor Average Good Very good

🞎 🞎 🞎 🞎 🞎

**TEACHEREVAL14**

If you **did not** use the pre-visit materials, why not? Please mark (•) **all** that apply.

* [study specific options, e.g., did not have time, just forgot, etc.]
* Other (Please specify)

**TEACHEREVAL15**

[As a teacher] Please select the number that best represents your level of agreement with each statement below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *My participation in the [EDUCATION PROGRAM] at [NPS SITE]…* | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| [study specific options, e.g., increased my likelihood of bringing future classes to a national park again; was a good use of my teaching time; was a good teaching tool, etc.] | 1 | 2 | 3 | 4 | 5 |

**TEACHEREVAL16**

What are three things you learned from participating is this [ENVIRONMENTAL EDUCATION ACTIVITY]?

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**TEACHEREVAL17**

Concerning the [ENVIRONMENTAL EDUCATION ACTIVITY], please explain a few of the experiences that were especially meaningful to you.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**TEACHEREVAL18**

Which the following environmental activities do you feel will be effective in your classroom?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very effective** | **Somewhat effective** | **Not at all effective** | **Will not use** |
| Activity 1 | □ | □ | □ | □ |
| Activity 2 | □ | □ | □ | □ |
| Activity 3 | □ | □ | □ | □ |

**TEACHEREVAL19**

For each item below, please select the number that best reflects your experience related to the planning and logistics of the [EDUCATION ACTIVITY].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Poor** | **Satisfactory** | **Excellent** | **Did not experience** |
| [study specific options, e.g., scheduling of events, transportation to event, availability of bathrooms, assistance provided by volunteers, etc.] | 1 | 2 | 3 | 0 |

**TEACHEREVAL20**

Is there anything you wish you could substitute for outdoor instruction? Is there something you wish you could change about your curriculum which would allow for more outdoor instruction? (Short answer)

**TEACHEREVAL21**

Do you think outdoor instruction is beneficial to the learning process and academic growth of your students? (Short answer)

**TEACHEREVAL22**

Below are a list of reasons that may underlie your participation in the [NPS EDUCATION ACTIVITY]. Please indicate how important each item was in your participation in [ACTIVITY]. Then, rate how effective [ACTIVITY] was at achieving each item.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **IMPORTANCE** | | | **EFFECTIVENESS** | | |  |
|  | **Very Important** | **Important** | **Not Important** | **Very effective** | **Effective** | **Not effective** | **Not applicable** |
| [study specific options, e.g., Engaging my students in something I think is important; making professional contacts, giving my students an opportunity to interact with NPS staff, exposing my students to new things, incorporating interactive activities into my classroom curriculum, etc.] | 1 | 2 | 3 | 1 | 2 | 3 | □ |
| Other: | 1 | 2 | 3 | 1 | 2 | 3 | □ |

**TEACHEREVAL23**

Please tell us how comfortable you are **spending time in nature/outdoors**.

Select the number that best captures how you feel about each statement [before/after] you participated in the [PROGRAM ACTIVITY].

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Before/AFTER] participating in the program, \_\_\_\_\_\_ was\_\_\_\_\_ to me. | **BEFORE/AFTER** | | | | | |
| **Very Uncomfortable** | **Uncomfortable** | **Neither** | **Comfortable** | **Very**  **Comfortable** |
| [study specific options, e.g., getting itchy, getting dirty, spending the day outdoors, etc.] | 1 | 2 | 3 | 4 | 5 |

**[NEW QUESTION]  
TEACHEREVAL24**

In your opinion, what do you think is the ideal role for the NPS in educating students?

**[NEW QUESTION]  
TEACHEREVAL25**

In your opinion, what is the most effective way to inform educators about NPS programing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[NEW QUESTION]  
TEACHEREVAL26**

What do you feel are clear student outcomes from the [NPS program] that they cannot get anywhere else?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHEREVAL27**

Which of the following best describes your previous experience with this park and program? Select all that apply.

* I have participated in this **on-site ranger program** before
* I have participated in other school related programs offered by the park before
* This was my first time participating in any school related park program

**[NEW QUESTION]**

**TEACHEREVAL28**

Have you ever heard of [educational program]?

* YES
* NO

**TEACHEREVAL28**

How did you first hear about [educational program]?

* [study specific options, e.g., another teacher, park staff/ranger, newspaper, social media, etc.]

**[NEW QUESTION]  
TEACHEREVAL29**

Have you ever participated in the NPS Educational Programs?

* YES
* NO

**[NEW QUESTION]  
TEACHEREVAL30**

What, if anything, would encourage you to participate in the NPS Educational Programs?

* [study specific options, e.g., if national parks were closer to my school; if I had more familiarity with the site; if there was a greater variety of types of activities; etc.]

**TEACHEREVAL31**

Below is a list of supplemental materials that you may have received from the park. Please rate the usefulness of the resources you used by placing an “X” in the appropriate box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Essential | Useful, but not essential | Not useful | Don’t know/Did not use |
| [site specific options, e.g., pre-visit lessons, meeting map, learning objectives, etc.] |  |  |  |  |

**[NEW QUESTION]  
TEACHEREVAL32**

What are some of the constraints that keep you from participating in [NPS Program]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., the amenities are limited; the racial diversity in the NPS does not reflect myself and my students; too far to drive; etc.] | 1 | 2 | 3 | 4 | 5 |

**[NEW QUESTION]  
TEACHEREVAL33**

How can the NPS best support teacher *professional development* to increase participation in NPS education programming? (Check all that apply.)

* [study specific options, e.g., offer virtual teacher professional development, offer on-site teacher development, etc.]

**[NEW QUESTION]  
TEACHEREVAL34**

Considering future participation in the NPS Education Program, indicate the importance of the following resources.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not important | Slightly Important | Moderately Important | Very Important | Extremely important |
| [study specific options, e.g., tips for a successful field trip, resource kits, pre-recorded videos/virtual tours, etc.] | 1 | 2 | 3 | 4 | 5 |

## STUDENT EVALUATIONS

**STUEVAL1**

Think about how you feel **TODAY** compared to the start of the project your school did with [NPS site]. How do you feel about science?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Much less now** | **Less** | **About the same** | **More** | **Much more now** |
| [program specific options, e.g. I get excited about science; I like to participate in science projects; I like to see how things are made; I enjoy playing games that teach me about [topic], etc.] | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL2**

Think about how you feel **TODAY** compared to the start of the project your school did with the National Park. How much do you agree with the following statements about yourself?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Much less now** | **Less** | **About the same** | **More** | **Much more now** |
| [study specific options, e.g., I think of myself as a science person, Science is easy for me, etc.] | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL3**

Think about how you feel **TODAY** compared to the start of the project your school did with the National Park. How much do you agree with the following statements about how you can use science?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Much less now** | **Less** | **About the same** | **More** | **Much more now** |
| [study specific options, e.g., I can use science tools to help my community (for example: testing water quality, mapping), etc.] | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL4**

Overall, did you enjoy participating in the [PARK PROGRAM]?

* Yes
* No

**STUDEVAL5**

We would like to know what you thought about the [Education Program Name] at [insert park name]. Please circle the number that best describes how you feel about each statement below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| [study specific options, e.g. I liked the [program]; I would tell other kids to participate in [program]; I would participate in another [program], etc.] | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL6**

Please tell us how much you agree or disagree with each of the following statements. Please circle only one number for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly**  **agree** |
| [site specific options, e.g. [park] is the best place to do activities I enjoy; I love [park]; [park] is a little scary, etc.] | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL7**

Now we would like to know **how your thoughts TODAY might be different from your thoughts BEFORE [PARK PROGRAM].** Circle the number that best captures how you feel about each statement TODAY, and then circle the number that reflects how you felt BEFORE [PARK PROGRAM].

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TODAY** | | | | | **BEFORE**  [PARK PROGRAM] | | | | |
| **Very Uncomfortable** | **Uncomfortable** | **Neither Uncomfortable nor Comfortable** | **Comfortable** | **Very Comfortable** | **Very Uncomfortable** | **Uncomfortable** | **Neither Uncomfortable nor Comfortable** | **Comfortable** | **Very Comfortable** |
| [study specific options, e.g., getting itchy, walking on a non-paved trail, being in a remote location, etc.] | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL8**

Please tell us how strongly you agree or disagree with the following statements about **[specific study/program topic].** Circle the number that best captures how you feel about each statement TODAY, and then circle the number that reflects how you felt BEFORE [PARK PROGRAM].

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TODAY** | | | | | **BEFORE**  [PARK PROGRAM] | | | | |
| **Strongly Disagree** | **Disagree** | **Neither Agree**  **nor Disagree** | **Agree** | **Strongly Agree** | **Strongly Disagree** | **Disagree** | **Neither Agree**  **Nor Disagree** | **Agree** | **Strongly Agree** |
| [study specific options, e.g., I want to be involved in protecting and taking care of natural areas; I am not interested in taking care of natural areas in my neighborhood; I want to spend my free time on a project to protect wild plants and animals in my community, etc.] | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

**STUDEVAL9**

This school year, I am in grade: \_\_\_\_

## FACILITIES AND SERVICES

**SERVICES1**

Please rate the quality of your interaction with [park rangers, volunteers, concession employees] in [NPS SITE]. Please select **one** for each.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very poor** | **Poor** | **Average** | **Good** | **Very good** |
| [study specific options, e.g., helpfulness, informative, etc.] | □ | □ | □ | □ | □ |

**SERVICES2**

Please make any comments about the above elements. For example, if you were unable to [find an item you wanted], please list it below.

|  |  |  |
| --- | --- | --- |
| **Element** |  | **Comment** |
|  |  |  |
|  |  |  |

**SERVICES3**

Please rate the quality of services you received during your most recent visit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very**  **Poor** | **Poor** | **Average** | **Good** | **Very Good** | **Did Not Use** |
| [site specific options, e.g. [site] campground, visitor center, [specific] trail condition, etc.] | 1 | 2 | 3 | 4 | 5 | 6 |

**SERVICES4**

How satisfied were you with the quality of each of the services on this trip to [NPS SITE]? Please select one response per row or mark the box if you did not use the service.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very poor** | **Poor** | **Average** | **Good** | **Very good** | **Did not use** |
| [site specific, e.g., restaurant, rental shop, gift shop, etc.] | 1 | 2 | 3 | 4 | 5 | □ |
| Other (Please specify) | 1 | 2 | 3 | 4 | 5 | □ |

**SERVICES5**

Please indicate how the following elements affected your [activity] experience in [NPS SITE]. Please select **one** response for each.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very poor** | **Poor** | **Average** | **Good** | **Very good** |
| [site specific options, e.g., visitor center elements, ranger program elements, etc.] | □ | □ | □ | □ | □ |

**SERVICES6**

1. Is there any [service, facility, activity] or another aspect of your visit that could have been enhanced by [specify management action]?

* YES
* NO

1. What would you [and your personal group] recommend to improve current [services, programs, activities, etc.] provided at the park? Please be specific.

**SERVICES7**

1. Please select **all** the [visitor, information, concession] services and facilitiesthat you [and your personal group] used during this visit to [NPS SITE].
2. For only those services and facilities that you [and your personal group] used, please rate their **importance** from 1-5.
3. For only those services and facilities that you [and your personal group] used, please rate their **quality** from 1-5.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***(a)***  ***SERVICE/FACILITY***  ***USED?*** |  | **(b)**  **IMPORTANCE**  *1=Not at all*  *2=Slightly*  *3=Moderately*  *4=Very*  *5=Extremely* | | | | |  | **(c)**  **QUALITY**  *1=Very poor*  *2=Poor*  *3=Average*  *4=Good*  *5=Very good* | | | | |
| □ | *[area-specific] list of services/facilities* | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| □ | *[area-specific] list of services/facilities* | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

**SERVICES8**

Please explain any ratings of “very poor” or “poor” in column c of this question.

**SERVICES9**

Please explain any ratings of “very good” in column c of this question.

**SERVICES10**

1. On this visit, how satisfied were you with [service, facility, program, activity] in [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very**  **dissatisfied** | **Somewhat dissatisfied** | **Neutral** | **Somewhat satisfied** | **Very**  **satisfied** |
| □ | □ | □ | □ | □ |

1. If you responded to part a above with “very dissatisfied” or “somewhat dissatisfied,” please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICES11**

Please select the number that indicates how each of the following services compared to your expectations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **I had no expectation** | **Much less than expected** | **Less than**  **expected** | **About as**  **expected** | **Much more than expected** |
| [study specific options, e.g., developed campgrounds, visitor centers, etc.] | 1 | 2 | 3 | 4 | 6 |

**SERVICES12**

1. In your opinion, were there any stories presented at [NPS SITE] that needed to be emphasized or strengthened?

* NO
* YES

1. If YES, what were the parts of the story that need to be strengthened?

**SERVICES13**

How appropriate was the depth of information in the programs you [and your personal group] attended?

* [study specific options, e.g., too simple, too complex, etc.]

**SERVICES14**

We would like to learn about your impressions of the exhibits you saw during your most recent visit to [NPS SITE]. Please provide one response to each of the following questions.

[exhibit specific questions, example below:]

a) Did you find the exhibit objects interesting?

b) Please rate the length of the exhibit text.

c) Was the exhibit lighting adequate to see the objects on display and read the text?

d) Were the exhibits easy to understand?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(a)**  **Interesting?**  YES (Y)  NO (N)  Select one | | **(b)**  **Length?**  1=Too short  2=About right  3=Too long | | | **I**  **Lighting?**  YES (Y)  NO (N)  Select one | | **(d)**  **Understandable?**  YES (Y)  NO (N)  Select one | |
| [NPS SITE specific list of exhibits] | Y | N | 1 | 2 | 3 | Y | N | Y | N |

**SERVICES15**

Overall, were you able to find the commercial services you needed at the quality you wanted on this trip to [NPS SITE]? Please select **one**.

* YES
* NO (Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SERVICES16**

If you took the [specific tour] of the [NPS SITE] on this visit, please select one response for each of the following aspects of the tour.

[study specific options, with corresponding options, e.g., topics discussed on tour]

□ Of interest □ Not of interest

**SERVICES17**

For only those exhibits that you or your personal group viewed/read, please rate their helpfulness to you in understanding [the history of the NPS SITE].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all helpful** | **Slightly helpful** | **Moderately helpful** | **Very helpful** | **Extremely helpful** |
| □ | □ | □ | □ | □ |

**SERVICES18**

a) On this visit to [NPS SITE], which of the following commercial services did you and your group use?

b) If you [and your personal group] used the commercial service, were you able to get your first choice of location?

c) Did the commercial services that you [and your personal group] used meet your expectations? Please select one answer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Use service** | **Commercial service** | **Did you get your first choice** | | **Meet expectations?** **Select one** | | |
| Worse than expected | About what was expected | Better than expected |
| □ | Area-specific list of commercial services (e.g., campgrounds, gas, medical services)] | YES | NO | 1 | 2 | 3 |

Please explain any “NO” or “worse than expected” responses in columns b and c of this question.

**SERVICES19**

What did you [and your personal group] like **most** and **least** about [NPS SITE] visitor center and outdoor exhibits?

**Visitor center exhibits**  □ Did Not use

Liked most:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liked least:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outdoor exhibits** □ Did Not use

Liked most:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liked least:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICE20**

How did you hear about this [SPECIFIC SERVICE]? (Check all that apply)

* [site specific options, e.g., staff at visitor center, visitor guidebook, NPS website, previous visit(s), etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SERVICES21**

1. Please rate how satisfied you were with your [site specific service] experience. Please select **only one response**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Poor | Poor | Average | Good | Very Good |
| □ | □ | □ | □ | □ |

1. If you rated the [site specific service] experience as “very poor” or “poor,” what problems did you encounter?

**SERVICES22**

Considering your visit to [NPS site], please indicate the extent to which you disagree or agree with each statement. (*Please select one number for each statement*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Overall, I am satisfied with the … | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| [site specific options, e.g. recreational activities and opportunities, services provided by employees or volunteers, etc.] | 1 | 2 | 3 | 4 | 5 | □ |

**SERVICES23**

Please tell us how you feel about the following services and facilities offered at [NPS site].

* First **rate how important** each item is to you when visiting [NPS site].
* Then **rate how satisfied** you are with the way this Park is managing for each item.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPORTANCE** | | | | |  | | **SATISFACTION** | | | | | | |
| Very Unimportant | Somewhat Unimportant | Neither | Somewhat Important | Very Important | | **Park Services and Facilities** | | Very Unsatisfied | Somewhat Unsatisfied | Neither | Somewhat Satisfied | Very Satisfied | Not Applicable | |
| 1 | 2 | 3 | 4 | 5 | | [site specific options, e.g., Availability of employees or volunteers, signs with rules/regs, informational kiosks/displays about park and its resources, well-maintained restrooms, etc.] | | 1 | 2 | 3 | 4 | 5 | □ | |

**SERVICES24**

On your most recent trip, please indicate your level of satisfaction or dissatisfaction you experienced regarding the following options.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely Dissatisfied** | **Very Dissatisfied** | **Moderately Dissatisfied** | **Slightly Dissatisfied** | **Neutral** | **Slightly Satisfied** | **Moderately Satisfied** | **Very Satisfied** | **Extremely Satisfied** |
| [site specific options, e.g., Length of time to obtain permit, ease of finding the trailhead, condition of the trail, etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

# **TOPIC A**REA 7: HUMAN DIMENSIONS

*The questions in this topic area focus on developing fundamental understandings of human behavior associated with resource management. The questions in this topic area will be used to help managers learn about public concerns, issues, expectations, and values.*

## ATTITUDES/BELIEFS/VALUES

**ABV1**

Please rate your level of concern for the following visitor-caused impacts to resources in this park. *(Select one number for each item.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not all concerned | Slightly concerned | Moderately concerned | Very concerned | Extremely concerned |
| [site specific options, e.g., Trampling tree roots and fragile plants, eroding soils, polluting water, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV2**

Please answer the following questions regarding your [activity at [NPS SITE]].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Doing specific activity (e.g., taking shuttle) will: | Not all likely | Slightly likely | Moderately likely | Very likely | Extremely likely |
| [site specific options, e.g., Cause me to be with new and different people, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV3**

How important is each of these items to your acceptance of [NPS SITE] management decisions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **How important?** | | | | |
| **For me to accept  a management decision,  it is important that:** | **Not at all** | **Slightly** | **Moderately** | **Very** | **Extremely** |
| [study specific options, e.g., actions help support the local community; the decision maintains access for recreation, etc.] | □ | □ | □ | □ | □ |

**ABV4**

Please rate your level of importance for each of the following resources at this park. (Select one number for each item.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not all important | Slightly important | Moderately important | Very important | Extremely important |
| [site specific options, e.g., vegetation in the park (trees, plants, wildflowers, etc.), scenery during the day, wildlife in the park, the night sky, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV5**

Imagine that you could allocate 100 preference points to ensure that [NPS SITE] kept their existing values. You might assign 100 points to one value and zero to all the others, or assign 50 to one, 25 to another and 25 to yet another.

Please read through the list below and use the boxes to assign 100 value points any way you would like. The points you assign should total 100 points.

|  |  |
| --- | --- |
| **I value [NPS SITE] because:** | **Values**  **Point** |
| [site specific options, e.g. I enjoy the scenery, sights, sounds, smells, it is a place for me to continue to pass down the wisdom, traditions, and way of life of my ancestors, it provides tourism opportunities, etc.] |  |
| **TOTAL** | **100 Points** |

**ABV6**

Please rate your level of agreement with each of the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **When it comes to issues concerning [management specific issue, e.g., natural resource] management:** | **Strongly**  **disagree** | **Disagree** | **Neither** | **Agree** | **Strongly**  **agree** |
| [site specific options, e.g., park managers are doing a good job; park managers listen to people’s opinions, etc.] | □ | □ | □ | □ | □ |

**ABV7**

In this section, we’d like to know how you feel in general about [park specific, e.g., wildlife] issues. Below are statements representing different ways that people might think about [topic]. Even if you don’t know *or* care much about [topic], we are interested in *your* *opinions*. *(Select one number for each statement.)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Moderately Disagree** | **Slightly Disagree** | **Neither** | **Slightly Agree** | **Moderately Agree** | **Strongly**  **Agree** |
| [study specific options, e.g., humans should manage wildlife populations so that human’s benefit, animals should have rights similar to humans, wildlife is on earth primarily for people to use, etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**ABV8**

Please rate your level of concern for the following [study specific] impacts to resources in this park. *(Select one number for each item.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not all concerned | Slightly concerned | Moderately concerned | Very concerned | Extremely concerned |
| [study specific options, e.g., trampling tree roots and fragile plants, eroding soils, feeding wildlife, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV9**

Please rate your level of concern for the following things outside this park that can impact resources in this park. *(Select one number for each item.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not all concerned | Slightly concerned | Moderately concerned | Very concerned | Extremely concerned |
| [study specific options, e.g., air pollution, water pollution, climate change, light pollution, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV10**

Please select your level of agreement with the values you gain from visiting natural areas such as a [NPS SITE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., Spending a lot of time in natural settings (woods, mountains, desert, and lakes) makes me happy; I really enjoy camping and hiking outdoors, etc.] | 1 | 2 | 3 | 4 | 5 |

**ABV11**

The following is a list of characteristics associated [specific] recreational experiences. Please indicate how important each of the items listed below was to you as a reason to choose to visit the park today. (Select one number for each item.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** | **Don’t know/not sure** |
| [study specific options, e.g., remoteness, solitude, physically challenging, fostering a spiritual connection, etc.] | 1 | 2 | 3 | 4 | 5 | DK/NS |

**ABV12**

In this section, we’d like to know how you feel in general about wilderness areas. Please indicate how much do you agree or disagree with each of the following statements about wilderness areas. (Select one number for each item)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., wilderness areas are important because they help to preserve plant and animal species that could have important scientific or human health value, such as sources of new medicines, etc.] | 1 | 2 | 3 | 4 | 5 |

## HUMAN-WILDLIFE INTERACTIONS

**HDW1**

What is your attitude towards [species]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly dislike | Dislike | Neither dislike nor like | Like | Strongly Like |

**HDW2**

Please rate your overall level of approval of visitors feeding wildlife in [*PARK NAME*]:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strongly Disapprove** | **Moderately Disapprove** | **Slightly  Disapprove** | **Neither** | **Slightly  Approve** | **Moderately Approve** | **Strongly  Approve** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**HDW3**

Please rate your overall level of approval of visitors taking “selfies” with wildlife [NPS SITE]:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strongly Disapprove** | **Moderately Disapprove** | **Slightly  Disapprove** | **Neither** | **Slightly  Approve** | **Moderately Approve** | **Strongly  Approve** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**HDW4**

Generally, how do you feel about [species] IN [PARK NAME]? *Please check one.*

□ [study specific options, e.g., I have no particular feelings about [WILDLIFE SPECIES] in [PARK NAME], etc.]

**HDW5**

Did you encounter a [WILDLIFE SPECIES] on your trip?

* + NO
  + YES - Describe your experience

**HDW6**

How far away should individuals stay from [NPS SITE SPECIFIC WILDLIFE]?

* [animal specific options, e.g., 100 yards, etc.]

**HDW7**

[NPS SITE SPECIFIC WILDLIFE] can sprint \_\_\_ times faster than humans can run.

* [study specific options, e.g., two, four, etc.]

**HDW8**

**[NEW QUESTION—PART A—added screening question to inform part b responses]**

1. What information source about [wildlife] viewing did you use most? (please select one.)
   * [site specific options, e.g., park ranger, tour guide, friends/family, park brochure, exhibit, etc.]
2. How much do you disagree or agree with the following statements regarding your **most** used information source about **viewing [WILDLIFE]?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| [study specific options, e.g. The information changed my behavior regarding viewing [WILDLIFE SPECIES], etc.] | 1 | 2 | 3 | 4 | 5 |

**HDW9**

Below is a list of potential management actions that could be used to address negative interactions that may occur between people and [WILDLIFE SPECIES] in [*NAME OF PARK*]. Please tell us to what extent you find each action acceptable or unacceptable for managers to implement in [*NAME OF PARK*]. *(Select one number for each action.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Totally Unacceptable** | **Unacceptable** | **Neutral** | **Acceptable** | **Perfectly Acceptable** | **Don’t know/not sure** |
| [site specific options, e.g., leave the [WILDLIFE SPECIES] alone / monitor the situation, provide education to visitors about how to deal with [wildlife species], etc. | 1 | 2 | 3 | 4 | 5 | DK/NS |

**HDW10**

It is best to observe or photograph wildlife by: (Mark 🗵 all that apply.)

* [study specific options, e.g., using binoculars to see the animal clearly, while keeping a distance, etc.]

**HDW11**

What should you do if you see the nest/den or the young of [NPS SITE SPECIFIC WILDLIF SPECIES]? (Mark 🗵 all that apply.)

* [study specific options, e.g., approach no closer than 15 ft., etc.]

**HDW12**

How do you know if you are getting too close to an animal? (Mark 🗵 all that apply.)

* It changes its behavior in some way (e.g., from eating or grooming to alertly watching.)
* It moves away from you.
* It vocalizes.
* It dives under the water.

**HDW13**

We would like to know how you feel about certain management actions that could be directed at [WILDLIFE SPECIES] populations to address these situations.

**Situation 1 [may include multiple situations based upon study needs]**

|  |  |  |
| --- | --- | --- |
| Management Action | **[WILDLIFE SPECIES] are [behavior, e.g. wandering into areas where humans camp in search of food]** | |
| **Is it unacceptable or acceptable to….** | **Unacceptable** | **Acceptable** |
| [site specific options, e.g., ...do nothing to control [WILDLIFE SPECIES] populations, fine visitors who fail to use food storage lockers, etc.] | □ | □ |

**HDW14**

Prior to your visit, were you aware of food storage regulations to protect wildlife at [NPS SITE]?

* YES
* NO **→** Go to part (d) of this question

b) Prior to your visit, were you aware that food storage regulations apply to all forms of wildlife at [NPS SITE]? Please select **one** response**.**

* YES
* NO

c) Prior to your visit, were you aware that food storage regulations apply to any item with a scent, regardless of packaging (including toiletries, canned goods, trash)? Please select 🗵 **one.**

* YES
* NO

d) During your visit, where did you learn about food storage regulations? Please select 🗵 **all that apply.**

* [study specific options, e.g., brochure, exhibit, ranger, etc.]

**OR**

* I didn’t receive any information about food storage during my visit

**HDW15**

Please indicate your level of agreement with the following statements.*(Select one number for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | **Strongly Disagree** | **Slightly Disagree** | **Neither** | **Slightly Agree** | **Strongly Agree** |
| [site specific options regarding [wildlife/park], e.g. I enjoy knowing that there are [WILDLIFE SPECIES] in [*PARK*] even if I never see one; [wildlife species] presents a serious safety risk in [park], etc.] | 1 | 2 | 3 | 4 | 5 |

**HDW16**

Please indicate whether you are concerned about any of these [WILDLIFE SPECIES]-related impacts within [NPS SITE].

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NPS SITE** | | |
| Please select one number for each item. | **Not at all concerned** | **Somewhat concerned** | **Very**  **concerned** |
| [site specific options, e.g. Having seen unhealthy [WILDLIFE SPECIES], presence of [wildlife] feces, [wildlife] accessing unsecured trash, etc.] | 1 | 2 | 3 |
| Other (Please specify): | 1 | 2 | 3 |

**HDW17**

Because you live in a town/community within XX miles of [NPS SITE] we are interested in knowing your level of concern about any of these [WILDLIFE SPECIES]-related impacts within your town/community.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **IN YOUR TOWN/COMMUNITY** | | |
| **Please select one number for each item.** | **Not at all concerned** | **Somewhat concerned** | **Very concerned** |
| [study specific options, e.g., seeing unhealthy [WILDLIFE SPECIES], [wildlife] accessing unsecured trash, people’s behavior around [wildlife], etc.] | 1 | 2 | 3 |
| Other (Please specify): | 1 | 2 | 3 |

**HDW18**

For this section of images, please assume the following:

* You are not in or near your vehicle.
* You are not using viewing equipment (e.g., binoculars, spotting scope, etc.).

Please rate the following images according to how acceptable the **distance to the [WILDLIFE]** is while viewing them. Please use the scale to indicate the level of acceptability of the images.

**Photograph of**

**[WILDLIFE] at 50 yards with a large group of people**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Highly**  **unacceptable** | **Unacceptable** | **Slightly unacceptable** | **Neutral** | **Slightly**  **acceptable** | **Acceptable** | **Highly**  **acceptable** |
| -3 | -2 | -1 | 0 | +1 | +2 | +3 |

**HDW19**

Which photograph shows the distance from which you would prefer to view [WILDLIFE SPECIES] ? (Please select one of the photographs)

* [photograph options with wildlife at different distances, e.g., 25 yards, 50 yards, etc.]

**HDW20**

Please indicate how much you agree with the following statements when considering the photographs.

****

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I considered… | **Strongly disagree** | **Disagree** | **Slightly disagree** | **Neither** | **Slightly**  **agree** | **Agree** | **Strongly**  **agree** |
| [photo specific options, e.g. My personal safety, the welfare of [wildlife], etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**HDW21**

Which of the following statements is true? (Mark 🗵 all that apply.)

* [study specific options, e.g., [NPS SITE SPECIFIC WILDLIFE SPECIES] are most sensitive to disturbance during the breeding season, etc.]

**HDW22**

To avoid disturbing [NPS SPECIES], you should: (Mark 🗵 all that apply.)

* [site specific options, e.g., paddle or motor quietly, close to the shoreline, etc.]

**HDW23**

The following questions relate to your [wildlife species] viewing experience. Please use the first answer column to indicate the experiences you had during this trip. Next, use the second answer column to select the most important experience during your trip.

| **“During my trip I…”** | Please select the experiences you had during your trip  (select all) | | Please select the most important experience during your trip  (select one) |
| --- | --- | --- | --- |
| [animal specific options, e.g., was close to a bear, got a good photo of a bear, etc.] | | ❑ | ❑ |

**HDW24**

Based on your [wildlife species] viewing experience today please rate your level of agreement with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| [study specific options, e.g., ensuring the survival of bears is my highest priority, I need to learn everything I can about bears, etc.] | 1 | 2 | 3 | 4 | 5 |

**HDW25**

Which of the following statements are true or false? Please select 1 for the responses you believe are TRUE and 2 for those you believe are FALSE.

|  |  |  |
| --- | --- | --- |
| Statements | **TRUE** | **FALSE** |
| [site specific options, e.g., when encountering a [NPS SITE SPECIFIC WILDLIFE SPECIES], one should run away as fast as one can, [wildlife] can be fed, etc.] | 1 | 2 |

**HDW26**

Thinking about your [wildlife species] viewing experience in the park, please indicate how INAPPROPRIATE or APPROPRIATE you think each of the following activities is for you or other visitors to do.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very  Inappropriate | Not Appropriate | Neutral | Appropriate | Very  Appropriate |
| [study specific options, e.g., scheduling visits during times of high visitor use to reduce impacts on wildlife, properly storing food while viewing wildlife, etc.]. | -2 | -1 | 0 | 1 | 2 |

**[NEW QUESTION— question variation that was requested over the last 3 years]  
HDW27**How many encounters with [wildlife species] have you had while [participating in recreational activity] in this park in the last [timeframe]?

* [study specific options, e.g., 1-2. 3-4, etc.]

**[NEW QUESTION— question variation that was requested over the last 3 years]  
HDW28**How important do you think [wildlife species] in [specific area, e.g., the United States, NPS site, etc.] are for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Unimportant | Unimportant | Neutral | Important | Very Important |
| [wildlife species characteristic, e.g., Controlling biting insects (like mosquitoes) |  |  |  |  |  |

## KNOWLEDGE

|  |
| --- |
| The new questions in this section are labeled as such and were requested by PIs/park staff to understand visitor knowledge relevant to management issues (e.g., wildlife disease, resource conditions, etc.). These new questions are variations of existing questions that were requested over the last 3 years. |

**KNOW1**

Prior to this visit, were you aware that [NPS SITE] is managed by the National Park Service (NPS)?

* YES
* NO
* Not sure

**KNOW2**

Prior to this visit to [NPS SITE], were you aware of the difference between a national park unit and a national forest?

* YES
* NO
* Not sure

**KNOW3**

Prior to this visit, did you know anything about the history of this site?

* YES
* NO
* Not sure

**KNOW4**

Prior to this visit, were you [and your personal group] familiar with [NPS SITE] rules and regulations?

* YES
* NO
* Not sure

**KNOW5**

Would you be interested in learning more about [specific issue/resource]. Please check YES or NO for each topic.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| [site specific resources, e.g., nesting shorebirds and their habitats, wild horses, dune vegetation, etc.] | □ | □ |

**KNOW6**

How familiar are you with the federal designation of [NPS SITE]?

* Very familiar
* Moderately familiar
* Slightly familiar
* Not at all familiar

**KNOW7**

Who do you think manages this area?

* [study specific options, e.g., National Park Service, U.S. Forest Service, etc.]
* More than one
* Don't know

**KNOW8**

How familiar are you with each of the following aspects of [RESOURCE ISSUE] at [PARKNAME]? Please select **one** response for each issue.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How familiar are you with: | **Not at all**  **familiar** | **Slightly**  **familiar** | **Somewhat familiar** | **Very**  **familiar** |
| [FACTS ABOUT RESOURCE ISSUE] | □ | □ | □ | □ |

**[NEW QUESTION]  
KNOW9**

Have you heard of [specific issue, e.g., white-nose syndrome in bats]?

* No
* Yes

**KNOW10**

How knowledgeable are you on the topic of [ex. invasive species]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at All Knowledgeable** |  | **Somewhat  Knowledgeable** |  | **Extremely Knowledgeable** |
| □ |  | □ |  | □ |

**[NEW QUESTION]  
KNOW11**

Who/What do you think is responsible for the spread of [wildlife/resource issue]?

* [study specific options, e.g., humans, [wildlife species], etc.]
* I don’t know

**[NEW QUESTION]  
KNOW12**

[Wildlife/resource issue] is a factor that impacts my decision on where to [recreation activity]:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

**KNOW13**

How interested are you in the topic of [ex. invasive species]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all Interested** |  | **Somewhat  Interested** |  | **Extremely Interested** |
| □ |  | □ |  | □ |

**KNOW14**

How important is the topic of (ex. Invasive species) to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Important** |  | **Somewhat Important** |  | **Not at all Important** |
| □ |  | □ |  | □ |

**KNOW15**

From the list below, please tell us which of the animals listed are threatened or endangered at [NPS SITE].

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Threatened or Endangered** | | |
|  | **YES** | **NO** | **Don’t Know** |
| [site specific options, e.g., Loggerhead Sea Turtle, raccoon, piping plover, etc.] | □ | □ | □ |

**KNOW16**

For *each* of the following statements, indicate whether you believe it is “True”, “False”, or “Not Sure”. *(Please circle your response for each statement.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **True** | **False** | **Not Sure** |
| [site specific options, e.g., relocating [wildlife] is the most effective and humane way to resolve [wildlife] conflict with people in [NPS site], etc.] | T | F | Not Sure |

**KNOW17**

Were you aware that the Congress established this National Wilderness Preservation System?

* YES
* NO
* Not sure

**[NEW QUESTION]  
KNOW18**

Do [wildlife species] [specific behavior, e.g., eat, etc.]:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I don’t know |
| [study specific options, e.g., fruit, insects, pollen, etc.] |  |  |  |

**[NEW QUESTION]  
KNOW19**

How likely is it:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very unlikely | Unlikely | Neither unlikely nor likely | Likely | Very likely |
| [wildlife species characteristics, e.g., for a bat to be blind; for a bat to have rabies, etc.] |  |  |  |  |  |

**KNOW20**

The following list will help us understand how familiar people are with [resource issue, wilderness, etc.]. Please indicate if you think each of the following statements is TRUE or FALSE, or if you don't know.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **True** | **False** | **Don't know** |
| [study specific options, e.g., wilderness areas are established by Congress; motor vehicles are allowed in wilderness areas, etc.] | 1 | 2 | DK |

## STAKEHOLDERS

|  |
| --- |
| This subsection was previously under Topic Area 10 but has been moved under Topic Area 7 as a more applicable fit to the Human Dimensions Topic Area. |

**STAKE1**

At which level does your institution work with the National Park Service [NPS SITE]?

* Local
* Federal
* State
* Regional
* National
* International

**STAKE2**

Please describe what you do and your experiences in your organization.

**STAKE3**

Please describe your organization’s history with the NPS.

**STAKE4**

How would you describe the NPS presence in the region?

* + Probe: Which NPS programs are you familiar with?

**STAKE5**

What impact has the NPS had on your organization’s area of focus?

**STAKE6**

In your opinion, what do you think is the ideal role for the NPS to play in serving the public and surrounding communities?

**STAKE7**

What do you think are some of the strengths and assets the NPS has to offer?

**STAKE8**

When thinking about work accomplished with the NPS, what comes to mind as something that has been particularly successful?

**STAKE9**

How long has your institution been in partnership with the National Park Service [NPS SITE]?

* Less than 1 year
* Between 1 and 5 years
* More than 5 years

**STAKE10**

In your opinion, what are important needs in the community where [NPS SITE] could make a difference?

**STAKE11**

What three things would you like to see [NPS SITE] accomplish in the next two years?

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**STAKE12**

In your opinion, do you believe that enough is being done regarding [PROCESS] in your community/region?

* YES
* NO
* DO NOT KNOW

**STAKE13**

In which way/at what level is your agency/institution involved in [PROCESS]?

* [study specific options, e.g., plan formation, technical support, research, etc.]

**STAKE14**

What is the importance of [PROCESS] to your institution?

* Extremely important
* Very important
* Moderately important
* Slightly important
* Not important
* Not at all important

**STAKE15**

How influential do you feel that your agency is in this [PROCESS]?

* Not at all influential
* Slightly influential
* Somewhat influential
* Very influential
* Extremely influential

## PUBLIC PARTICIPATION

**PART1**

Are you or any members of your personal group a member of the [friends’ group]?

* YES
* NO

**PART2**Are you a member of any of the following groups?

* [site specific list]

**PART3**

[NAME OF PARTNER/FRIENDS GROUP] is a friends’ group that supports [NPS SITE] through educational programs, awareness, and funding. Prior to this visit, were you aware of the [NAME OF PARTNER/FRIENDS GROUP]?

* YES
* NO

**PART4**

Do you or anyone in your household make charitable contributions to environmental organizations?

* YES
* NO
* DON’T KNOW

**PART5**

Prior to your visit, had you ever heard of the following groups?

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| NAME OF PARTNER/FRIENDS GROUP | □ | □ |
| NAME OF PARTNER/FRIENDS GROUP | □ | □ |
| NAME OF PARTNER/FRIENDS GROUP | □ | □ |

**PART6**

If the park were to consider addressing [SPECIES]-related impacts in the future, how likely is it that you would do any of the following? *Please select one number for each item or check the box if you are not sure.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Definitely** | **Probably** | **Possibly** | **Probably Not** | **Definitely Not** | **No Sure** |
| [study specific options, e.g., read or listen to news about park actions to address [SPECIES]-related impacts; talk with park staff about [species] impacts, attend a public meeting about [species] impacts, etc.] | 1 | 2 | 3 | 4 | 5 | □ |

**PART7**

Have you ever volunteered for a maintenance project at [NPS SITE] (trail construction, trash clean up, etc.)? (Check one)

* YES
* NO

**PART8**

Have you ever volunteered for a maintenance project anywhere else (trail construction, trash clean up, etc.)? (Check one)

* YES
* NO

**PART9**

Often, people engage in issues that are important to them. Please list a specific instance when you have engaged in actions related to "[RESOURCE ISSUE]" (e.g., signed a petition) in the space below.

**PART10**

Do you think [activity enthusiasts, e.g., rock climbers] should share responsibility for [activity] area maintenance?

* YES
* NO

**[NEW QUESTION--—question variation that was requested over the last 3 years]  
PART11**Are you a member of any of the following groups?

* [site specific list]

**PART12**

How much influence do you think people like yourself can have on the management of [NPS SITE]?

* A lot
* Some
* Very Little
* None at all

**PART13**

Please indicate to what extent you agree or disagree with the following statements about management and planning at [PARK NAME]. Please select one response for each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Don’t**  **know** |
| [site specific options, e.g. I usually have enough opportunities to provide input on park management decisions; I am not comfortable voicing my opinion about park management decisions, etc.] | □ | □ | □ | □ | □ | □ |

**PART14**

How likely are you to engage in the following actions related to [issue/resource] in the next year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all likely** | **Probably**  **would not** | **Possibly** | **Probably**  **would** | **Very likely** |
| [study specific options, e.g., talk to others about [issue/resource], join or support a [issue/resource] conservation group, etc.] | 1 | 2 | 3 | 4 | 5 |

**PART15**

For each activity listed below, check one response.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you ever participated in… | In the last 12 months, did you participate in… | Do you have an interest in future participation in… |
| [study specific options regarding participating, e.g., participated in Public meeting, etc.] | * YES * NO | * YES * NO | * YES * NO |

## PREFERENCES

**PREF1**

On this visit to [NPS SITE], how important are each of the following characteristics or resources to you? (Please select one response for each item)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all important** | **Not very important** | **Moderately important** | **Very important** | **Extremely important** | **Don’t**  **know** |
| [site specific options, e.g., clean air, scenic views, recreational opportunities, etc.] | □ | □ | □ | □ | □ | □ |

**PREF2**

On this visit to [NPS SITE], how desirable or undesirable are each of the following characteristics or resources to you? (Please select one box for each item)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very undesirable** | **Undesirable** | **Neutral** | **Desirable** | **Very Desirable** |
| [site specific options, e.g. A few trees blown down across the trail, aircraft over-flights, directional signs, etc.] | □ | □ | □ | □ | □ |

**PREF3**

The following is a list of characteristics commonly associated with [site specific] areas. Please indicate how important each of the items listed below was to you as a reason to use [resource] in the park today. Select one number for each item or if you don’t know circle “DK”.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Important** | **Slightly Important** | **Moderately Important** | **Very Important** | **Extremely Important** | **Don’t**  **Know** |
| [site specific options, e.g. Remoteness, fostering spiritual connection, solitude, etc.] | 1 | 2 | 3 | 4 | 5 | DK |

# TOPIC AREA 8: ENVIROMENTAL HEALTH AND RESOURCE MANAGEMENT

*Questions in this topic area collect information concerning the public's awareness and observations of the natural and social environments in the parks. Preferences, motives and attitudes will be measured to determine how individual observations influence overall experiences. For purposes of the programmatic clearance process, perception questions will be limited to topics the park or the NPS can manage and control as well as current or potential goods and services. The questions in this topic area could be used to provide information that will provide resource managers with an understanding of the public’s values, perceptions, and beliefs as well as the social consequences of management actions.*

**ENVIROMENTAL HEALTH**

**ENVIHEALTH1**

Overall, how would you rate the current ecological health of [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Poor** | **Poor** | **Fair** | **Good** | **Very Good** |
| 1 | 2 | 3 | 4 | 5 |

**ENVIHEALTH2**

In your opinion, how does each of the following environmental conditional impact the ecological health of [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **High Impact** | **Moderate Impact** | **Low Impact** | **No Impact** |
| [site specific options, e.g., Water quality, mountain biking, prescribed burns, etc.] | 1 | 2 | 3 | 4 |

**ENVIHEALTH3**

In your opinion, how does each of the following recreational activities impact the natural environment of [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **High Impact** | **Moderate Impact** | **Low Impact** | **No Impact** |
| [site specific activities, e.g., mountain biking, bird watching, water skiing, etc.] | 1 | 2 | 4 | 5 |

**ENVIHEALTH4**

Please indicate the extent to which you agree or disagree with the following statements about [resource] health.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Slightly**  **Disagree** | **Neutral** | **Slightly**  **Agree** | **Strongly**  **Agree** |
| [sites specific options, e.g. [WILDLIFE] populations in [NPS SITE] are able to easily recover from any impacts from [RECREATIONAL ACTIVITY] without any long-term damage, etc.] | 1 | 2 | 3 | 4 | 5 |

**ENVIHEALTH5**

Imagine that you discovered during your next planned trip to [NPS SITE] that your most preferred area was [slightly/much] more environmentally damaged than you normally find acceptable. What would you do?

|  |  |
| --- | --- |
| □ | [study specific options, e.g., I would make an exception and still participate in my primary activity in this zone, etc.] |

## LEAVE NO TRACE

**LNT1**

Please answer the following statement regarding “Leave No Trace” to the best of your ability (Please select **only one response)**

Food scraps from meals/cooking should be….

* Disposed of in available trash cans
* Buried at least 6 inches below ground
* Packed out
* Placed in backcountry toilets
* Don’t know

**LNT2**

When disposing of human waste in backcountry areas where toilets are not available, it is best too... (Please select **only one response)**

* Leave all waste above ground
* Bury all waste
* Bury excretions, pack out toilet paper
* Pack out all human waste
* Don’t know

**LNT3**

Have you ever participated in an official low-impact practices training or workshop (e.g., Leave No Trace training)? (Please select **only one response)**.

* YES
* NO

**LNT4**

How would you describe your current knowledge of low-impact practices in backcountry settings? (Please select **only one response)**.

* Novice
* Intermediate
* Expert

**LNT5**

[NPS SITE] is considering [proposed policy (e.g., the concept of a trash-free environment to reduce waste collection time and costs)]. Would you willing to [specific action (e.g., haul out your own trash)] on a future visit to [NPS SITE]?

* Yes, likely
* No, unlikely
* Not sure

**LNT6**

What should you do when you see wildlife approaching your campsite? (Please select **only one response)**.

* Put food on the ground to feed the animal
* Make noise to scare the animal away
* Be quiet and try not to startle the animal
* Quietly approach the animal to get a better view
* Don’t know

**LNT7**

What should you do when you see the following wildlife species? (Please select all that apply.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[species]** | **[species]** | **[species]** | **[species]** | **[species]** | **[species]** | **[species]** |
| [specifies/site specific options, e.g., put some food on the ground because obviously it is hungry, chase it, run away, etc.] | □ | □ | □ | □ | □ | □ | □ |
| Don’t know | □ | □ | □ | □ | □ | □ | □ |

**LNT8**

Please indicate how appropriate or inappropriate you think each of the following activities is for a visitor to do in [NPS SITE].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Inappropriate** | **Inappropriate** | **Neutral** | **Appropriate** | **Very**  **Appropriate** |
| [study specific options, e.g., experience nature by not preparing for all types of weather or hazards before I get on a trail, walk around muddy spots on the trail, etc.] | 1 | 2 | 3 | 4 | 5 |

**LNT9**

How FAMILIAR are you with the term “Leave No Trace.” Please select only one number.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all Familiar** | **Slightly Familiar** | **Moderately Familiar** | **Quite**  **Familiar** | **Extremely**  **Familiar** |
| 1 | 2 | 3 | 4 | 5 |

**LNT10**

How would you describe your current knowledge of “Leave No Trace” practices? Please select only one number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No Knowledge** | **Very Limited** | **Limited** | **Fair** | **Above Average** | **Extensive** |
| 0 | 1 | 2 | 3 | 4 | 5 |

**LNT11**

Please indicate the level at which you think each of the following activities would reduce negative impacts on the environment at [NPS SITE]. Select the number of your response for each statement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Participating in the following activities in [NPS SITE] would reduce impact…** | **Never** | **Sometimes** | **Always** |
| [study specific options, e.g., never approaching, feeding, or following wildlife, taking breaks away from the trail and other visitors, etc.] | 1 | 2 | 3 |

**LNT12**

For the activities listed below, we would like to know, regardless of how effective you think each of the following activities are, please indicate how DIFFICULT you think each of the following activities would be for a visitor to do in [NPS SITE]. Select the number of your response for each statement.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Activities*** | **Not at all Difficult** | **Moderately Difficult** | **Extremely Difficult** |
| [study specific options, e.g., preparing for all types of weather, hazards, or emergencies before I get on a trail, carrying out all litter, even crumbs, peels, or cores, etc.] | 1 | 2 | 3 |

**LNT13**

We would like to know how OFTEN you CURRENTLY do each activity listed below. Please circle the number of your response of *never, sometimes or always* for each statement.

|  |  |  |  |
| --- | --- | --- | --- |
| **How often do you currently do the following?** | **Never** | **Sometimes** | **Always** |
| [study specific options, e.g., prepare for all types of weather, hazards, or emergencies before I get on a trail, walk single file in the middle of the trail, even when wet or muddy, etc.] | 1 | 2 | 3 |

**LNT14**

Based upon your most recent experience at [NPS SITE], we would like to know how LIKELY you are to do each activity in the FUTURE. Please circle the number of your response for each activity listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **How Likely Are You To Do This In The Future** | **Not at all Likely** | **Moderately Likely** | **Extremely Likely** |
| [study specific options, e.g., prepare for all types of weather, hazards, or emergencies before I get on a trail, schedule trip to avoid times of high use, etc.] | 1 | 2 | 3 |

**LNT15**

Where did you first learn about “Leave No Trace?” Please select only one answer.

* [site specific options, e.g., LNT website, course or seminar, social media, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**LNT16**

How FREQUENTLY in the past X months, did you do any of the following activities related to “Leave No Trace?" Select the number of your response for each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Occasionally** | **Usually** | **Always** |
| [study specific options, e.g., talk with others, read articles and books, etc.] | 1 | 2 | 3 | 4 | 5 |

**LNT17**

Please indicate how strongly you AGREE or DISAGREE with the following statements. Select the number of your response for each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| [study specific LNT options, e.g., sometimes it is too difficult to practice “Leave No Trace,” it is important all visitors practice “Leave No Trace,” etc.] | 1 | 2 | 3 | 4 | 5 |

**LNT18**

Please indicate the level at which you think each of the following [ACTIVITIES] would reduce negative impacts and improve visitor experiences in [NPS site]. (Select *the number of your response for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participating in the following activities in [NPS SITE] would ……. reduce impact.** | **Never** | **Rarely** | **Occasionally** | **Usually** | **Always** |
| [site specific options, e.g., keeping the footprint of gear and crash pads to a minimum while at the crag, staying on designated trails, leaving lichen, moss, or plants intact at bouldering sites, etc.] | 1 | 2 | 3 | 4 | 5 |

## MANAGEMENT OPTIONS

**MGMTOPT1**

Below is a list of user groups in [NPS SITE]. Please indicate which group would be impacted from the [MANAGEMENT OPTION].

|  |  |
| --- | --- |
| □ | [site specific options, e.g., Recreational fishermen, snorkelers, etc.] |
| □ | Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**MGMTOPT2**

Please indicate the degree to which you oppose or support the following management actions designed to protect the quality of [activity, e.g., stargazing/viewing the night sky] at this park.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly  oppose | Oppose | Neutral | Support | Strongly support |
| [study specific options, e.g., restrictions on times when lights are allowed (or not allowed) to be used by visitors or campers, reducing the number of park lights, etc.] | -2 | -1 | 0 | 1 | 2 |

**MGMTOPT3**

If you were a park manager planning for the future of [NPS SITE], what would you [and your personal group] propose? Please be specific.

**MGMTOPT4**

What could the managers at [NPS SITE] do as they plan for the future? Please be specific.

**MGMTOPT5**

Is there anything else you [and your personal group] would like to tell us about your visit to [NPS SITE]?

**MGMTOPT6**

In your opinion, the most important reason to protect the [SPECIFIC NATURAL RESOURCE] is:

* [study specific options, e.g., to provide for recreation, to provide habitat, etc.]
* No opinion

**MGMTOPT7**

In your opinion, how important is it to protect each of the following at [NPS SITE]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How important? | | | | |  |
| **Not at all** | **Slightly** | **Moderately** | **Very** | **Extremely** |
| □ | □ | □ | □ | □ | [site specific, e.g., nesting shorebirds and their habitats, wild horses, dunes vegetation, etc.] |

**MGMTOPT8**

Would you agree or disagree that the risks that [resource/issue] pose to humans are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., immediate, increasing, avoidable, etc.] |  |  |  |  |  |

**MGMTOPT9**

Indicate your level of agreement that [resource/issue, e.g., wildlife species] is:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., vulnerable, common, native, etc.] |  |  |  |  |  |

**MGMTOPT10**

The [NPS SITE] is currently maintained to reflect a manicured appearance. If you [and your personal group] were to visit in the future, which of the following maintenance options would you prefer?

* Maintain this area as it is now
* Restore [historic] appearance with farm crops and native grasses
* Combination of both of the above management methods
* No opinion/don’t care

**MGMTOPT11**

It is the National Park Service’s responsibility to protect this park’s natural and cultural resources/attributes and visitor experiences that depend on these resources or attributes. How important is the protection of the following to you? Please select 🗵 only one answer for each resource/attribute/experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resource/attribute** | **Not at all**  **Important** | **Slightly important** | **Moderately important** | **Very important** | **Extremely important** |
| [area-specific list of NPS SITE features, e.g., clean air, native plants, etc.] | □ | □ | □ | □ | □ |

**MGMTOPT12**

Please rate how appropriate you feel the following activities are in [NPS SITE]. Please select 🗵 **one** for each activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Inappropriate** | **Inappropriate** | Neutral | **Appropriate** | **Very appropriate** |
| [area-specific list of activities (e.g., playing Frisbee, sunbathing, bicycling on trails, etc.] | **□** | **□** | **□** | **□** | **□** |

**MGMTOPT13**

How much of a problem do you think the following issues are at [NPS SITE]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Small Problem** | **Big Problem** | **Don’t Know/ No Opinion** |
| [area-specific list of issues (e.g., too many buses on the road; lack of visitor facilities; difficulty locating the trail, etc.] | 1 | 2 | 3 | DK |

**MGMTOPT14**

Please indicate the extent to which you agree or disagree with each of the following statements. (*Check one box for each statement or indicate that you don’t know.*)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Moderately Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Moderately Agree** | **Agree** | **Strongly Agree** | **Don’t Know** |
| [site specific options, e.g., where necessary to better manage trails, hikers should be asked to sign-in at trailheads, laws and rules are easily found and understood, etc.] | □ | □ | □ | □ | □ | □ | □ | □ | □ | DK □ |

**MGMTOPT15**

Please tell us how you feel about the following [site specific] management options.

**→**First **rate how important** each item is to you when visiting this [NPS SITE].

**→**Then **rate how satisfied** you are with the way this [NPS SITE] is managing for each item.

**→**Select 🗵 “Not applicable” if this [NPS SITE] does not offer a specific transportation-related item*.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Importance** | | | | |  | **Satisfaction** | | | | | |
| **Very Unimportant** | **Somewhat Unimportant** | **Neither** | **Somewhat Important** | **Very Important** |  | **Very Unsatisfied** | **Somewhat Unsatisfied** | **Neither** | **Somewhat Satisfied** | **Very Satisfied** | **Not Applicable** |
| 1 | 2 | 3 | 4 | 5 | [site specific options, e.g., Surface conditions of roads, condition of bridges, etc.] | 1 | 2 | 3 | 4 | 5 | □ |

**MGMTOPT16**

If you could ask the National Park Service to change some things about the way they manage [NPS SITE], what would you ask them to do?

**MGMTOPT17**

Please indicate the degree to which you agree or disagree with the following statements. *(Select one number for each statement.)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Moderately Disagree | Neither agree nor disagree | Moderately Agree | Agree | Strongly agree |
| [study specific options, e.g., The National Park Service should modify its lighting to allow visitors to see the night sky, etc.] | -3 | -2 | -1 | 0 | 1 | 2 | 3 |

**MGMTOPT18**

These questions are about [RECREATIONAL ACTIVITY] at [NPS SITE]. Please indicate the extent to which you agree or disagree with each of the following statements. (*Check one box for each statement, or circle DK if you don’t know*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Don’t Know** |
| [site specific options, e.g., Allowing [RECREATIONAL ACTIVITY] for only one night per location helps to better manage it; a reservation system should be used to better manage [recreational activity], etc.] | □ | □ | □ | □ | □ | DK |

**MGMTOPT19**

To what extent would you support or oppose each of the following potential management practices for [site specific activity/program]? Please mark **one for each row**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Oppose** | **Oppose** | **Slightly Oppose** | **Neutral** | **Slightly Support** | **Support** | **Strongly Support** |
| [site specific option, e.g., Require an orientation (e.g., a short video) that reinforces safety, trail etiquette, and Leave No Trace principles, etc.] | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**MGMTOPT20**

Please indicate the extent to which you would support or oppose each of the following potential management actions at [NPS site]. The list of items are not necessarily actions that are going to occur in the area, but we are interested in your opinions about these potential actions. (Please select one for each item.)

|  | **Strongly Oppose** | **Oppose** | **Neutral** | **Support** | **Strongly Support** |
| --- | --- | --- | --- | --- | --- |
| [site specific options, e.g., Create a designated waiting area for commercial users, increase parking capacity, etc.] | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**MGMTOPT21**

[This question was NSKIES17 in the current PKQ. Generalized it to cover other activities and resources and subsequently moved it to a more pertinent subsection.]  
Is there anything you would like to see changed in the way [NPS site] manages its [activity/program/resource, etc.]?

## SUSTAINABILITY

**SUSTAIN1**

Several ways to reduce [type of congestion, crowding, impacts, resource degradation, etc.] at [NPS SITE] are being considered. Which option do you [and your personal group] prefer? Select one.

* [site specific options, e.g., close campsite during wildlife breeding seasons, etc.]

**SUSTAIN2**

Below are some ways to limit [seasonal] use. Which do you prefer? Please select 🗵 all that apply.

* [site specific options, e.g., regulate use/or type of fishing tackle to protect wildlife, etc.]

**SUSTAIN3**

Which of the following best describes who you think should be responsible for keeping federally managed public lands in [specific area] in good condition?

* [study specific options, e.g., nobody, only employees of federally managed lands, etc.]
* Don’t know/Not sure

**SUSTAIN4**

The following management actions might be taken at the park to improve wildlife habitat and/or enhance the quality of the visitor experience. Please indicate the extent to which you support each of the following management actions. (Select one number for each item.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly oppose** | **Oppose** | **Neutral** | **Support** | **Strongly support** |
| [site specific options, e.g., close sensitive wildlife areas to visitor use, close campgrounds during wildlife breeding seasons, etc.] | 1 | 2 | 3 | 4 | 5 |

**SUSTAIN5**

[NPS SITE] currently uses living history programs and encampments, including weapons and clothing, to interpret the history. If you were to visit in the future, which of the following options would you prefer? Please select 🗵 **one.**

* Not interested in living history programs
* Continue current program
* Stop using living history programs, including weapons and clothing
* Offer more living history programs

**SUSTAIN6**

In your opinion what problems or threats do you feel national parks and wilderness areas will be faced with in the next 25 years?

## TRUST IN THE NPS

**TRUST1**

Do you trust [NPS SITE] to manage the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** |
| [study specific options, e.g., safety, trails, fires, water quality, etc.] | □ | □ | □ |

**TRUST2**

Over time, how has your level of trust in the [NPS SITE] staff changed? Please select 🗵 only one.

|  |  |  |  |
| --- | --- | --- | --- |
| **Worsened** | **Has Not changed** | **Improved** | **Don’t know** |
| □ | □ | □ | □ |

**TRUST3**

How much do you trust the National Park Service to manage and protect natural resources?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **A little** | **Some** | **A lot** | **Don’t know** |
| At the national level? | □ | □ | □ | □ | □ |
| At [NPS SITE]? | □ | □ | □ | □ | □ |

**[NEW QUESTION--—question variation that was requested over the last 3 years]  
TRUST4**

I trust the National Park Service to manage [specific population/issue, e.g., bats, rock climbers, etc.] effectively:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Moderately Disagree | Slightly Disagree | Neutral | Slightly Agree | Moderately Agree | Agree | Strongly Agree |
| □ | □ | □ | □ | □ | □ | □ | □ | □ |

## WILDERNESS AREAS

**WILD1**

How do you feel about designating more of the federal lands in your state as wilderness?

* Strongly favor
* Somewhat favor
* Neither favor nor oppose
* Somewhat oppose
* Strongly oppose
* Don't know

**WILD2**

If you were to visit a wilderness area, how important would it be to not hear or see other people?

* Extremely important
* Very important
* Moderately important
* Slightly important
* Not important at all

**WILD3**

While visiting wilderness areas, would seeing a wilderness ranger station, an administrative cabin or other structure detract from your experience?

* Very much
* Somewhat
* A little
* Not at all
* Don't know

**WILD4**

There are XXX legally designated wilderness areas that make up the National Wilderness Preservation System which contain over X percent of the United States total land area, including Alaska. Each of these designated areas is protected to keep it as wild and natural as possible.

Do you think that the amount of land the Congress has designated as wilderness is: not enough, about the right amount, or too much?

* Not enough
* About the right amount
* Too much
* Don't know

**WILD5**

Please tell us your level of agreement with the following statements about wilderness.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **agree** | **Somewhat agree** | **Neither agree nor disagree** | **Somewhat disagree** | **Strongly disagree** | **Don't**  **know** |
| [study specific options, e.g. I enjoy reading about and viewing pictures, videos, TV shows and movies featuring wilderness areas; I enjoy knowing that other people are currently able to visit wilderness, etc.] | 1 | 2 | 3 | 4 | 5 | □ |

## CLIMATE CHANGE

|  |
| --- |
| This subsection and its accompanying questions are new. These questions were added to respond to agency identified needs, as well as laws and policies, including Executive Order 14008, highlighting the importance of climate change and agency response. Including this subsection in the Pool of Known Questions is a vital step in addressing the NPS’s need for social science data regarding visitor experience and perceptions of climate change to inform educational offerings, messaging, and response. Park staff have expressed a need to maintain up-to-date information, as visitor perceptions of climate change and climate change response are constantly evolving, and current data allows for improved management and visitor engagement on this important topic. |

**CC1**Do you think climate change is happening?

* Extremely sure it is happening
* Very sure it is happening
* Somewhat sure it is happening
* Not sure
* Somewhat sure it is not happening
* Very sure it is not happening
* Extremely sure it is not happening

**CC2**Assuming climate change is happening, do you think it is caused by: (select one of the following)…

* human activities
* natural changes in the environment
* both human activities and natural changes in the environment
* None of the above because climate change isn’t happening
* Don’t know
* Other

**CC3**  
Personally, how well informed do you feel about the different causes of climate change?

* Extremely informed
* Very informed
* Somewhat informed
* Slightly informed
* Not informed

**CC4**  
Personally, how well informed do you feel about the different consequences of climate change?

* Extremely informed
* Very informed
* Somewhat informed
* Slightly informed
* Not informed

**CC5**  
Personally, how well informed do you feel about the different ways in which we can reduce climate change?

* Extremely informed
* Very informed
* Somewhat informed
* Slightly informed
* Not informed

**CC6**What do you think is the greatest threat to [National Parks or specific NPS unit]? (Please select one.)

* [site specific options, e.g., climate change, natural disasters, overuse, invasive species, etc.]

**CC7**  
How worried are you about climate change?

* Extremely worried
* Very worried
* Somewhat worried
* Slightly worried
* Not worried

**CC8**  
How important is the issue of climate change to you personally?

* Extremely important
* Very important
* Somewhat important
* Slightly important
* Not important

**CC9**  
How often do you think about climate change?

* All the time
* Frequently
* Occasionally
* Rarely
* Never

**CC10**How much do you think climate change will harm you personally?

* A great deal
* A moderate amount
* Only a little
* Not at all
* Don’t know

**CC11**  
When do you think climate change will start to harm people in the United States?

* Now
* In 10 years
* In 25 years
* Don’t know
* In 50 years
* In 100 years

**CC12**Please rate the importance of the following to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Important | Important | Neutral | Unimportant | Very Unimportant |
| [study specific options, e.g., NPS, NPS sites, etc.] |  |  |  |  |  |

**CC13**How concerned are you about the future of the following? (Please select one for each statement.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Concerned | Concerned | Neutral | Unconcerned | Very Unconcerned |
| [study options, e.g., NPS, specific sites, etc.] |  |  |  |  |  |

**CC14**  
How much time per year would you be willing to volunteer at [NPS site] to support conservation efforts related to climate change? (If none, write 0.)

\_\_\_\_\_\_\_\_\_\_ # of days  
 **CC15**When do you think climate change will start to impact this park? (Please select one.)

* It is being impacted now
* In 10 years
* In 25 years
* In 50 years
* In 100 years
* Never

**CC16**  
How willing are you to change your behaviors in [NPS site] to help reduce the impacts of climate change?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely Willing | Willing | Neutral | Unwilling | Extremely Unwilling |
|  |  |  |  |  |

**CC17**How have you received information about climate change at [NPS site]? (Select all that apply.)

* [site specific options, e.g., visitor center exhibits, roadside exhibits, [park] website, etc.]
* I have not received any information on climate change from this park.

**CC18**How much do you agree with the following statement?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| [study specific options, e.g., I would like to learn more about climate change impacts in our national parks, etc.] |  |  |  |  |  |

**CC19**What specific effects of climate change have you seen at [NPS site]?

* [site specific options, e.g., increasing ocean temps, loss of snow/ice, rising sea level, etc.]
* None
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**CC20**What specific efforts to reduce the impacts of climate change [have you seen/would you like to see] employed at [NPS site]?

* [site specific options, e.g., use of EVs, LEED buildings, recycling, etc.]
* None
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**CC21**Please rate your level of satisfaction with the climate change educational offerings at [NPS site]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Good | Good | Average | Poor | Very Poor |
|  |  |  |  |  |

**CC22**In the future, how would you like to learn about climate change impacts and solutions at [NPS site]? Check all that apply.

* [site specific options, e.g., indoor exhibits, ranger talks, self-guided tours, etc.]
* I do not want to learn about climate change impacts and solutions.
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

# TOPIC AREA 9: EXPENDITURES

*Visitor expenditure and income information is needed to calculate the economic impact and benefit of park visitation. Economic impact measures how much the money people spend visiting parks and surrounding areas contributes to the local economy in terms of jobs and income. Accurate impact assessment requires identification of those portions of expenditures that occur in the local region and inside the park.*

|  |
| --- |
| **PLEASE NOTE**: The information in this section is not intended to generate consumer surplus estimates nor to generalize beyond the sample population. |

## ECONOMIC IMPACT AND BENEFIT

**ECON1**

Do you live within the highlighted area shown on the enclosed map?

* YES
* NO

**ECON2**

Approximately how many hours and miles from home did you travel one way to get to [NPS SITE]?

\_\_\_\_\_ number of hours AND \_\_\_\_\_ number of miles

**ECON3**

Was this trip to [NPS SITE]: (Please select one.)

* Your primary or sole purpose of your trip away from home?
* One of several equally important destinations on your trip away from home?
* Was one or more of the other equally important destinations located within the nearby area (within the highlighted area of the enclosed map)?
* YES
* NO
* A spur of the moment stop on your trip away from home?
* Was your primary destination located within the nearby area (within the highlighted area of the enclosed map)?
* YES
* NO

**ECON4**

On this trip, how much total time did you spend within [NPS SITE]?

Number of hours, if less than 1 day \_\_\_\_\_\_\_\_Number of days, if greater than 1 day

**ECON5**

Did you visit any other National Parks on your trip away from home?

* NO
* YES (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* [or specific options of nearby parks/sites]

**ECON6**

On this trip to [NPS SITE] and the nearby area, did you stay overnight away from your **permanent residence** either inside [NPS SITE] or within the nearby area (within the highlighted area of the enclosed map)?

* YES
* NO

If **YES**, please list the number of nights you stayed in [NPS SITE] and/or in the nearby area (within the highlighted area of the enclosed map).

|  |  |
| --- | --- |
| **Accommodation** | **Number of nights:** |
| [site specific options, e.g., backcountry camping in [NPS SITE], lodging outside [NPS site], etc.] |  |

**ECON7**

For you and any members of your personal group with whom you shared expenses, please record any additional money spent outside of the map area during your trip away from home (for example, travel or food expenditures).

$

**OR**

* Don’t know/Not sure

**ECON8**

Including yourself, how many people in your personal group were covered by the expenses for this trip away from home?

Number of adults (18 years or over)

Number of children (under 18 years)

Including yourself, how many people in your group split these trip expenses?

\_\_\_\_\_\_\_ Number of people

**ECON9**

How many people are in your household? \_\_\_\_\_\_\_ Number of people

**ECON10**

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

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Less than $25,000 | □ | $75,000 to $99,999 |
| □ | $25,000 to $34,999 | □ | $100,000 to $149,999 |
| □ | $35,000 to $49,999 | □ | $150,000 to $199,999 |
| □ | $50,000 to $74,999 | □ | $200,000 or more |

**ECON11**

Did your household take any unpaid vacation or take unpaid time off from work to come on this trip?

* YES
* NO

**ECON12**

How much income did your household forgo to make this trip? $\_\_\_\_\_\_\_\_\_\_

**ECON13**

Please estimate how much you [and your personal group those with whom you shared expenses (e.g., other family members, traveling companions)] spent both inside [NPS SITE] and within the nearby area (within the highlighted area of the enclosed map) during your time in the nearby area.

If you no longer have your receipts, estimate as closely as you can how much you and you [your group] spent. Please enter 0 (zero) if you did not spend any money in a particular category.

OR

* + Select here if you don’t know how much money was spent in the local area.

**NOTE**: Residents living within the highlighted area of the map should only include expenditures that were directly related to this trip to [NPS SITE].

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Amount spent in [NPS SITE] and nearby area** | **Don’t know** |
| [site specific options, e.g., Park entrance fee, rental cars, groceries and convenience foods, restaurants and bars, etc.] | $ \_\_\_ | □ |

**ECON14**

How many people do the above expenses cover?

Adults (18 years or over) Children (under 18 years)

**ECON15**

What was the total cost of your personal group’s trip to [NPS SITE] from when you left home until you returned?

$ \_\_\_\_\_\_\_\_\_\_\_\_

**ECON16**

If you had to replace the [activity] equipment that you currently own with similar equipment of similar value, how much would it cost to replace? (Include only equipment that is directly used during [activity]; exclude supplemental items like boats, trailers, etc.)

$\_\_\_\_\_\_\_\_\_\_\_\_ Amount to replace [activity] equipment

**ECON17**

Did you pay an entrance fee?

* YES
* NO
* I purchased and used a separate pass

**ECON18**

On this visit, which one of the following entrance fees applied to you [and your personal group]? Please select🗵one.

|  |  |
| --- | --- |
| □ | [site specific options, e.g., did not pay a fee or use a pass, fee included in tour, 7-day entrance fee, etc.] |
| □ | DON'T KNOW |
| □ | OTHER (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**ECON19**

People purchase Federal Recreational Land Passes for many reasons. Please look at the list of possible reasons below and select as many as apply to you.

* [study specific options, e.g. I purchased the pass to save money; I purchased the pass because it is convenient to use; etc.]
* Other reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ECON20**

Did you or anyone in your personal group purchase any package tours that included at least some meals, some lodging, and/or some transportation while on this trip?

* YES
* NO

**ECON21**

What was the total length of your package tour(s)? #\_\_\_\_\_\_\_\_\_\_\_\_days

**ECON22**

What was the total cost per person for the package tour(s)? $\_\_\_\_\_\_\_\_\_\_\_per person

**ECON23**

On how many days during this trip did you enter or re-enter [NPS SITE]? If you were on a day trip or if you camped or lodged inside the park and did not leave the park boundaries for the entire length of your stay, then answer 1 day.

\_\_\_\_\_\_\_\_ Number of days entering or re-entering [NPS SITE]

**OR**

* Don’t Know/Not sure

**ECON24**

How many people in your personal group were on the package tour(s)? #\_\_\_\_\_\_\_\_\_\_\_\_people

**ECON25**

Which of the following were included in the package tour(s) as part of your visit to [NPS SITE] and the nearby area (within the highlighted area of the enclosed map)? Please select 🗵 **all** that apply.

|  |  |
| --- | --- |
|  | Items included in your package tour(s) as part of your visit to [NPS SITE] and nearby area |
| [study specific options, e.g., local Air transportation, local lodging, meals, etc.] | □ |
| Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ |

## LOCAL SERVICES

**LOCALSERV1**

On this visit, did you or anyone in your personal group eat in the [NPS SITE] restaurant/snack shop or shop in the gift shop?

□ YES

□ NO

**LOCALSERV2**

In the nearby towns [communities] listed below, where did you [and your personal group] obtain support services (e.g., information, gas, food, or lodging) during this visit to [NPS SITE]? Please select all that apply.

|  |  |
| --- | --- |
| □ | Service #1 |
| □ | Service #2 |
| □ | Service #3 |
| □ | Service #4 |

**LOCALSERV3**

Were you [and your personal group] able to obtain all the services that you needed in these communities?

□ YES

□ NO-- If NO, what needed services were not available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCALSERV4**

When visiting [NPS SITE], were you on a fixed schedule set up by cruise ship tours or other tours, business meeting (etc.)?

□ YES

□ NO

**LOCALSERV5**

Was your trip to [NPS SITE] part of a packaged tour (package tours commonly include transportation, meals, lodging, and activities sold as a pre-set itinerary from a single company)? You may have purchased a package tour directly from the company providing the service, or you may have worked with a travel agent who booked you on a package tour.

□ NO

□ YES

If YES, what was the name of the company (not travel agency) that provided the package tour?

**LOCALSERV6**

Did you stay in [NPS SITE] lodges or campgrounds?

□YES

□ NO - Why not? Please select all that apply

* [study specific options, e.g., costs were too high, location not convenient, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**LOCALSERV7**

If the campgrounds lacked desired camp site types or facilities, what is it that you [and your personal group] needed that was not available? Please be specific. [open ended]

**LOCALSERV8**

Please tell us if you were able to use the following support services during this visit..

→ In **column A -** Please select only the services you used in [nearby town] that were specifically related to this visit.

→ In **column B -** Please select the services you would have used if they had been available.

* Did not use any services on this visit.

|  |  |  |
| --- | --- | --- |
| **a)**  **Used on this visit** | **Services** | **b)**  **Would have used if available** |
| □ | [study specific options, e.g., Purchased gasoline, purchased groceries, etc.] | □ |
| □ | Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_) | □ |

# TOPIC AREA 10: ENVIRONMENTAL JUSTICE

*This topic area explores viewpoints pertaining to diversity, equity, and inclusion, accessibility, traditional ecological knowledge, and constraints and barriers to visitation. Research within this space is needed to develop a better understanding of non-visitors, including lapsed and invisible visitors. Information collections within this topic area will inform park management and planning in both the physical and virtual space to target decision-making for inclusivity and equity with a focus on meeting the needs of under-served groups.*

|  |
| --- |
| Topic Area 10 was renamed Environmental Justice (formerly Constraints and Barriers). Constraints and Barriers is now a subsection of this Topic Area and populated with questions from the existing Pool of Known Questions (previous question identifiers are in parentheses next to each question). This change was made to broaden the topic area and respond to laws and policies, including Executive Order 13985, focusing on equity and environmental justice. The subsection Accessibility (previously located in Topic Area 1) was relocated under this Topic Area. The subsections Diversity, Equity, and Inclusion (DEI), and Traditional Ecological Knowledge (TEK) were newly added to this Topic Area. The DEI questions were taken from the existing Pool of Known Questions (previous question identifiers are in parentheses next to each question). The questions under TEK are new and noted as such. |

## CONSTRAINTS AND BARRIERS

**COBAR1 (VIRVIS17)**

What is the closest National Park to your home?

* [open-ended or site-specific options with Don’t Know option]

**COBAR2 (VIRVIS18)**

How familiar or unfamiliar are you with the NPS SITE closest to your home [location, operating hours, and amenities]?

* Very familiar
* familiar
* unfamiliar
* Very unfamiliar
* Don’t know/Not sure

**COBAR3 (VIRVIS19)**

What, if anything, would encourage you to visit public lands in [County]?

* [study specific options, e.g., If public lands were closer to where I live; If I had someone to come with me; If I knew where the lands were located; etc.]
* Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**COBAR4 (USMIN3)**

In general, what are your reasons for not visiting National Parks? Select 🗵 all that apply.

* [site specific options, e.g., too busy, distance, lack interest, units are unsafe, etc.]

**COBAR5 (VIRVIS16)**

Have you visited any federally managed public lands in the past [timeframe]?

* Yes (skip to question X)
* No ---What are some of the reasons you haven’t visited any federally managed public lands during the past two years? Public lands refer to governmental owned land, often used for recreational activities. [SELECT ALL THAT APPLY]
* [study specific options, e.g. I’m not interested; I’d rather spend time in other ways; It’s too expensive; I don’t feel comfortable, etc.]
* Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Don’t know/Not sure
* No Answer

**COBAR6 (VIRVIS15)**

What do you think is the most important environmental issue facing our federally managed public lands in [area]?

* [study specific options, e.g., littering, vandalism, pollution, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Don’t know/Not sure

**COBAR7 (USMIN16)**

What are some of the constraints that keep you from taking a vacation to a National Park?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g. I don’t have the time to visit a National Park, the cost is too high, too far to drive, etc.] | 1 | 2 | 3 | 4 | 5 |

**COBAR8 (USMIN21)**

Please tell us about an experience you may have had during any visit to a National Park.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g. I spent too much money; I felt safe; I was disappointed in this trip, etc.] | 1 | 2 | 3 | 4 | 5 |

**COBAR9 (USMIN25)**

What, if anything, would encourage you to visit [NPS SITE]?

* [study specific options, e.g. If public lands were closer to where I live, if I had someone to come with me, etc.]
* Other (specify)
* Nothing

## DIVERSITY, EQUITY, & INCLUSION

**DEI1 (USMIN1)**

Have you ever visited a National Park?

□ Yes

□ NO

**DEI2 (USMIN5)**

In thinking about your visit(s) to public lands in [specific area], would you say that informational signs are easy or difficult to understand?

* Very easy
* Somewhat easy
* Neutral (neither easy nor difficult)
* Somewhat difficult
* Very difficult

**DEI3 (USMIN13)**

How important are the following factors that would encourage you to visit a National Park?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all Important** | **Low Importance** | **Slightly Important** | **Moderately Important** | **Considerably Important** | **Very Important** | **Extremely Important** |
| [study specific options, etc. Free transportation to the [NPS site], organized activities for children, etc.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**DEI4 (USMIN14)**

In your opinion what are the values you think you would gain by visiting natural areas such as a National Park?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| [study specific options, e.g., Spending time in natural settings (woods, mountains, desert, lakes, ocean) would improve my spiritual wellbeing; I would be a part of nature, not separate from it; etc.] | 1 | 2 | 3 | 4 | 5 |

**DEI5 (USMIN15)**

Have you ever visited a public area with a [cultural] heritage interpretation? *[Prompts: Museum, NPS SITE(S), parks, visitor centers, public art exhibits]*

* NO
* YES
  + - 1. What NPS SITE did you visit?
      2. When did you visit?
      3. Why did you visit?
      4. Did you/others in your party enjoy your visit?

**DEI6 (USMIN23)**

Have you ever visited a national park for a cultural program?

* NO
* YES--which one?

Why did you visit? Would you visit that [NPS SITE] again?

**DEI7 (USMIN9)**

Please tell us how comfortable you are with these things that might happen when **spending time in nature/outdoors**. Select the number that best captures how you feel about each statement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very**  **Uncomfortable** | **Uncomfortable** | **Neither Uncomfortable**  **nor Comfortable** | **Comfortable** | **Very**  **Comfortable** |
| [study specific options, e.g., getting itchy, walking on non-paved trails, etc.] | 1 | 2 | 3 | 4 | 5 |

**DEI8 (USMIN11)**

When you last visited [NPS SITE] did you…

* [study specific options, e.g., visit alone, visit with friends/family, etc.]
* Don’t know/Not sure

**DEI9 (USMIN2)**

To the best of your recollection, when was the last time you visited any local parks, recreation or natural areas?

* [study specific, e.g., Never, within the past week, etc.]
* Don’t know/Not sure

**DEI10 (USMIN4)**

For each statement below, please select the number that best reflects how you felt about the [NPS SITE] in general.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **agree** |
| [study specific options, e.g. I felt well-prepared for the [NPS SITE], I was very excited about going to [NPS site], etc.] | 1 | 2 | 3 | 4 | 5 |

**DEI11 (USMIN5)**

In thinking about your visit(s) to public lands in [specific area], did you feel positive or negative about your experiences overall?

* Very Positive
* Somewhat positive
* Neutral (neither positive nor negative)
* Somewhat negative
* Very negative
* Refused/No answer

**DEI12 (USMIN6)**

What specifically caused you to have negative experience?

**DE13 (USMIN10)**

What would you say were the two or three main reasons for visiting [specific site]?

* [site specific options, e.g. It was an opportunity to interact with nature, to feel relaxed and peaceful, etc.]
* Other (specify)
* Don’t know/Not sure

**DEI14 (USMIN12)**

What is the likelihood that you would visit a National Park within the next [timeframe]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Definitely** | **Probably** | **Possibly** | **Probably not** | **Definitely not** | **Don’t**  **know** |
| □ | □ | □ | □ | □ | □ |

**DEI15 (USMIN18)**

In your opinion, what are some things that park managers can do to encourage you and people from your community to visit national parks?

**DEI16 (USMIN19)**

How much would it influence your decision to visit [NPS SITE] if you knew it had [cultural] heritage NPS SITE(S) and interpretation? Why or why Not?

**DEI17 (USMIN20)**

If a national park had special events that focused on [cultural] heritage would you go? Why?

## ACCESSIBILITY

**ACC1 (USMIN26)**

In what language do you prefer to get your information about national parks?

* English
* Spanish
* Either English or Spanish
* Don’t know/Not sure
* Other language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACC2 (LANG1)**

When visiting an area such as [NPS SITE], what languages do you and most members of your personal group prefer to use for the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **Speaking** | □ English | □ [language] | □ Other (Specify: \_\_\_\_\_\_\_\_\_\_\_) |
| **Reading** | □ English | □ [language] | □ Other (Specify: \_\_\_\_\_\_\_\_\_\_\_) |

**ACC3 (LANG2)**

In your opinion, what services in the park need to be provided in languages other than English? Please specify a service or select none.

□ [site specific options]

□ Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ None

**ACC4 (USMIN24)**

If you had to pick one, on which day of the week would you most likely consider visiting [NPS SITE]?

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday
* Don’t know/Not sure

**ACC5 (GROUP6)**

Does anyone in your personal group have physical conditions that made it difficult to access or participate in park activities or services?

□ NO

□ YES

**→** If **YES**, on this visit what activities or services did the person(s) have difficulty accessing or participating in?

(Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**→**Because of the physical condition, which specific difficulties did the person(s) have? Please select **all** that apply.

* Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff even with hearing aid)
* Visual (difficulty in seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)
* Mobility (difficult in accessing facilities, services, or programs even with walking aid and/or wheelchairs)
* Other (Please specify)

**ACC6 (GROUP9)**

If [NPS SITE] were to have [specific equipment] available for visitors, is there anyone in your group who would be likely to use it?

□ NO

□ YES

**ACC7 (GROUP 7 & 8)**

Did you and your personal group use any of the accessibility equipment available at [NPS Site]?

□ NO

□ YES

**→** If **YES**, did you find the equipment easy to use?

□ NO □ YES

## TRADITIONAL ECOLOGICAL KNOWLEDGE

|  |
| --- |
| The questions in this section are new to the Pool of Known Questions. They represent examples of the types of questions that may be asked in a qualitative study in which the NPS is working with Indigenous groups to understand their experiences, knowledge, and opinions. Results from such studies help inform tribal partnerships, access issues, management strategies and park communication efforts. |

**TEK1**

Have you or anyone in your family ever [use of NPS site, e.g., hunted caribou, etc.] in the [NPS site]?

**TEK2**

Please describe how you feel about [wildlife species] in [NPS site].

**TEK3**

Which [use area] within park/preserve do you spend the most time?

**TEK4**

Please describe the area and [the wildlife species] known to inhabit the area.

Describe any common physical and behavioral characteristics of [wildlife species] in the area. How are these characteristics like or different than [other herds/species]?

**TEK5**

Please describe [current condition] with [past condition].

**TEK6**

By what means do you typically access [NPS site] when [use of NPS site, e.g. hunting, etc.]?

**TEK7**

Please describe your concerns accessing traditional [use] lands in [NPS site]. How have these challenges changed over time?

**TEK8**

How has reduced availability of [wildlife species, specific activity] affected your community?

# TOPIC AREA 11: SAFETY AND RISK MANAGEMENT

*This topic area explores visitor awareness, knowledge and perception of safety and injury prevention measures. Questions are tailored to cover aspects of individual activities and behaviors, and the acceptability of current safety practices. Understanding the factors associated with visitor behavior and perceptions for public risk management are critical to enforcement, education and emergency services that can be successfully implemented to reduce injuries in parks.*

## PERSONAL SAFETY

**PERSAFE1**

Prior to this visit, did you seek out or obtain any information regarding safety at [NPS site]?

* NO
* YES

**PERSAFE2**

After you obtained safety information about [NPS site], did you change the activities you planned to engage in?

* NO
* YES - please specify:

**PERSAFE3**

Did you have any safety concerns prior to visiting [NPS SITE]?

* NO
* YES

If **YES**, what were the concerns?

**PERSAFE4**

Did you or your personal group encounter any safety issues during your visit to [NPS SITE]?

* NO
* YES

If **YES**, where was the problem?

**PERSAFE5**

Is there any additional safety information you wish you had obtained [or learned or received] before your visit?

* NO
* YES

If **YES**, where was the problem?

**PERSAFE6**

On this visit, did you [and your personal group] feel prepared for common safety situations (such as exposure to sun, heat, access to drinking water, flash floods, lack of proper footwear, etc.) that you encountered in the [NPS PARK]?

* NO
* YES
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE7**

Did you check the weather conditions prior to your departure?

* + NO
  + YES

If **YES**, did the weather conditions alter your travel plans? □ YES □NO

**PERSAFE8**

If offered, would you attend a safety presentation at [NPS site] today?

* + YES
  + NO

**PERSAFE9**

Have you informed anyone of your travel plans if you have altered them since your arrival?

* + NO
  + YES--Please specify

**PERSAFE10**

During your [activity], did you experience any of the following safety concerns listed below during your visit to [NPS site]? Please mark 🗵 **all** that apply.

* [site specific options, e.g., wildlife encounters, bad weather, got lost, etc.]
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE11**

There are many ways that [NPS site] could try to keep people from [activity injury]. Which of the following methods do you think would work best for visitors like you? Please mark 🗵 **all** that apply.

* [study specific options, e.g., put up signs explaining why it is discouraged, put up a fence or rail, etc.]
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE12**

Select the items you are currently carrying? Please mark 🗵 **all** that apply.

* [study specific options, e.g., paper map, compass, GPS device, etc.]

**PERSAFE13**

What methods of communication did you use to inform someone about your new itinerary? Please mark 🗵 **all** that apply.

* [study specific options, e.g., email, text, etc.]
* Other (please specify):

**PERSAFE14**

How safe did you feel during your visit to [NPS SITE] on this trip? Please mark 🗵 **one for each row**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety Issue** | **Very**  **safe** | **Somewhat safe** | **Neither safe nor unsafe** | **Somewhat unsafe** | **Very**  **unsafe** |
| [site specific options, e.g., personal property—from crime; personal safety—from crime, etc.] | □ | □ | □ | □ | □ |

**PERSAFE15**

Did you get safety information about this [activity] from any of the following sources? *(Please check all that apply)*

* [study specific options, e.g., friend or family member, another visitor, NPS staff member, guidebook, etc.]
* Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No new information, I was already familiar with [activity]

**PERSAFE16**

Did you receive any safety advice before starting out on this [activity]?

What was it? (Select as many as apply.)

* [study options, e.g. To bring water, to wear hiking shoes, etc.]
* YES
* NO

**PERSAFE17**

Did you feel like crowding increased your risk or other people’s risk of being injured at any point during your [activity] today? (Check all that apply.)

* [site specific options, e.g., yes, crowding increased the risk of injuries on the trail, etc.]
* NO

**PERSAFE18**

To what extent do you agree or disagree with each of the following statements? Please select 🗵 one response for each row.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither** | **Disagree** | **Strongly Disagree** | **Don’t Know/ Not Sure** |
| [site specific options, e.g. I felt unsafe near rivers or waterfalls in the park, etc.] | □ | □ | □ | □ | □ | □ |

**PERSAFE19**

Did you go off the designated trail during your hike?

* NO
* YES **→** If YES- when did you make the decision to go off the trail?
* Before starting out on our hike
* While we were hiking
* Once we arrived at the [location]

**PERSAFE20**

Since the beginning of your [activity], please tell us the types and amount of fluids you consumed during your hike. *(Mark all that apply)*

|  |  |
| --- | --- |
| Types of Fluids | How much did you *drink* (liters)? |
| * [study specific options, e.g., water, sports drink, etc.] | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * None |  |

**PERSAFE21**

Did the posted safety guidelines at [NPS site] cause any change to your planned activity?

* + NO
  + YES--Please specify what you did differently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE22**

How fatigued did you consider yourself to be at the end of your [activity]?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No fatigue** | **Minimal fatigue** | **Mild fatigue** | **Moderate fatigue** | **Strong fatigue** | **Severe fatigue** | **Worst possible fatigue** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

**PERSAFE23**

How prepared for this [activity] did you consider yourself to be?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Under prepared** | **Somewhat under prepared** | **Adequately prepared** | **Somewhat over prepared** | **Over prepared** |
| 1 | 2 | 3 | 4 | 5 |

**PERSAFE24**

How difficult was your [activity]?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Much easier than expected** | **Somewhat easier than expected** | **About what you expected** | **Somewhat harder than expected** | **Much harder than expected** |
| 1 | 2 | 3 | 4 | 5 |

**PERSAFE25**

What was your main reason for going [specific spot, e.g., down to the rocks by the river/ behind the fence]?

* [site specific options, e.g. To rest, to have my picture taken, to look at scenery, etc.]
* Other reason (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE26**

Please indicate how safe you felt [at location off the trail]?

* Very safe
* Somewhat safe
* Neither safe nor unsafe

What were your concerns?

* Somewhat unsafe
* Very unsafe

**PERSAFE27**

To your knowledge, does [NPS SITE] have any rules about visitors going off the trail [restricted areas]? Please select one response.

* YES, visitors are not supposed to go off the trail [restricted areas]?
* NO, visitors are allowed to go off the trail [restricted areas]?
* I'm not sure if there is a rule about going off the trail [restricted areas]?

**PERSAFE28**

There are many ways that the Park could try to keep people from going [specific location]. Which of the following methods do you think would work best?

* [site specific options, e.g., put up signs explaining why it is discouraged; install more places to get clean water; provide more places for visitors to sit, etc.]

**PERSAFE29**

Do you have any other suggestions for how to stop visitors from going off the trail [into a restricted area]? [open ended]

**PERSAFE30**

Did you encounter any safety issues during [activity] in [NPS site]?

* + NO
  + YES--Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE31**

During your visit, did the signs posted inside [NPS site] provide adequate safety information?

* + YES
  + NO - Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSAFE32**

How satisfied are you with the amount of safety information provided for [activity] during your experience at [NPS site]? Please mark **[X]** only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very**  **Dissatisfied** | **Somewhat**  **Dissatisfied** | **Neutral** | **Somewhat**  **Satisfied** | **Very**  **Satisfied** |
| □ | □ | □ | □ | □ |

**PERSAFE33**

Compared to other trips, please indicate how much you prepared for this visit.

* [study specific options, e.g., no preparation, more than normal, etc.]

**PERSAFE34**

Did you check the weather conditions for today?

* + NO
  + YES—If yes, how were you made aware of the weather conditions? Select **all** that apply.

□ [site specific options, e.g., app, visitor center display, printed weather forecast, etc.]

**PERSAFE35**

During your [activity at NPS SITE] today, did you feel prepared for the following common safety situations that you may have encountered? Please mark **one for each row.**

|  |  |  |
| --- | --- | --- |
| **Did you feel prepared for…** | **Yes** | **No** |
| [study specific options, e.g., exposure to sun; hot, humid weather, etc.] | O | O |

**PERSAFE36**

Did you worry about any of the following risks during your [activity] at [NPS SITE] today? Please mark **one for each row**.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| [site specific option, e.g., slipping and having a bad fall while hiking on the trail, being injured while hiking the trail, etc.] | O | O |

**PERSAFE37**

Would you find it valuable for any of the following reasons to have internet access? (Check all that apply)

* [study specific options, e.g. To communicate with other members of your party, to access emergency medical services, to navigate the trail, etc.]

**PERSAFE38**

For future visits, what would be the best way for you to obtain safety information? Please mark 🗵 **all** that apply.

* [study specific options, e.g., website, signs, ranger, etc.]

**PERSAFE39**

Do you feel pressure from the group you are traveling with to do activities you are not comfortable doing?

* + YES - Please specify, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + NO - Please specify, why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## RECREATIONAL SAFETY

**RECSAFE1**

Who do you believe is responsible for your safety during your visit?

□ You

□ Park staff

□ Shared responsibility

**RECSAFE2**

Before [or during] [recreational activity], how did you obtain information about safety precautions [or safety measures]? Please mark **[X]** **all** that apply.

* Did not obtain any safety information
* [area specific list of information options]
* Other (please specify)

**RECSAFE3**

To your knowledge, does [NPS SITE] have any rules about [specific activities]?

* + NO
  + YES--Please explain how you learned about the rules and regulations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECSAFE4**

How did you obtain information about the [specific activity] safety regulations? Please mark **[X]** **all** that apply.

□ Did not obtain any safety information

□ [area specific list of information options]

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECSAFE5**

Do you have prior experience hiking on unpaved trails?

* + NO
  + YES

**RECSAFE6**

What types of safety equipment did you bring on this [recreation] trip? Please mark 🗵 **all** that apply.

□ [site specific options, e.g., lifejackets, navigation lights, fire extinguishers, etc.]

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Did not have any safety equipment

**RECSAFE7**

During your [activity], did you receive any safety information?

* + YES
  + NO

**RECSAFE8**

Did you experience or see any unsafe conditions while [activity] on [NPS site location]?

* + NO
  + YES--Please specify those conditions:

**RECSAFE9**

Did you have a life jacket for every person on your boat today?

* + YES
  + NO
  + I don’t know

**RECSAFE10**

While doing [activity], did you wear/use [safety equipment]?

* + YES
  + NO--Please specify why you did not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Note to reviewer: RECSAFE11-RECSAFE15 were questions previously included under the former Hunting and Fishing subcategory (Topic Area 5). Their former question labels are included in parentheses next to each question below. |

**RECSAFE11 (HUNTFISH21)**

Did you receive safety information regarding [recreational activity] conditions prior to [activity]?

* + YES
  + NO

**RECSAFE12 (HUNTFISH18)**

How close did you come to having a collision with another boat on the [NPS site location] today because of crowded conditions? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Close** | **Not Very**  **Close** | **Moderately**  **Close** | **Very**  **Close** | **Extremely**  **Close** |
| □ | □ | □ | □ | □ |

**RECSAFE13 (HUNTFISH20)**

Did your river guide provide information on safety?

* + YES
  + NO
  + No River Guide

**RECSAFE14 (HUNTFISH17)**

Did you experience or see any unsafe conditions while [doing recreation activity, e.g., boating] at [NPS site location]?

* + NO
  + Yes🡪 Please specify those conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECSAFE15 (HUNTFISH22)**

The next set of questions is about [site specific item, e.g., life jacket, sunscreen, etc.] safety. Please answer YES or NO and if you respond NO to any of the questions, please explain your response.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Don’t Know |
| [site specific options, e.g. Did you have a life jacket for every person on your boat today? Did you apply sunscreen today? Etc.] | □ | □ | □ |
| If **NO**, please specify why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

## SAFETY PREPARATION

**SAFPREP1**

Prior to your visit, did you leave your travel plans (including activities and your expected return time) with a trusted person who knew what to do in case of an emergency?

* + YES
  + NO--Please specify why you did not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFPREP2**

If you informed a reliable person of your travel plans, what method of communication did you use? Please mark **[X]** all that apply.

|  |  |
| --- | --- |
| □ | [study specific options, e.g., e-mail, text message, etc.] |

**SAFPREP3**

Prior to your visit, did you have any general safety concerns about visiting [NPS site]?

* + NO
  + YES – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFPREP4**

Did you have any activity specific safety concerns prior to visiting [NPS site]?

* + NO
  + YES - Describe your concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFPREP5**

Prior to your visit, how prepared did you feel for the expected activity and environment? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All Prepared** | **Not Very**  **Prepared** | **Moderately**  **Prepared** | **Very**  **Prepared** | **Extremely**  **Prepared** |
| **□** | **□** | **□** | **□** | **□** |

**SAFPREP6**

In preparing for this visit to [NPS site], what safety measures did you take? Please mark 🗵 all that apply.

* [study specific options, e.g., bringing more than enough drinking water, using sunscreen, wearing proper clothing, etc.]
* None

**SAFPREP7**

In preparing for this visit to [NPS site], what types of safety equipment do you have in your vehicle? Please mark 🗵 all that apply.

* [study specific option, e.g., jumper cables, small tool set, etc.]
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* None

**SAFPREP8**

Prior to this visit, how did you obtain information about keeping safe at [NPS site]? Please mark 🗵 **all** that apply.

* [site specific options, e.g., travel agency, friends/family, etc.]

**SAFPREP9**

Did you check the weather conditions prior to your activity?

* + NO
  + YES

**SAFPREP10**

Are you prepared in case the weather conditions changed during [activity]?

* + YES
  + NO

**SAFPREP11**

Did you check the weather conditions prior to your departure?

* + NO
  + YES---If **YES**, did the weather conditions alter your travel plans?
    - YES □ NO

## SAFETY AND INJURY PREVENTION

**SIP1**

During the [activity], how prepared did you feel for [common safety situations] in [NPS site]? Please mark 🗵 only one response for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not At All Prepared** | **Not Very Prepared** | **Moderately**  **Prepared** | **Very**  **Prepared** | **Extremely**  **Prepared** |
| [site specific options, e.g., exposure to direct sunlight, exposure to heat, etc.] | □ | □ | □ | □ | □ |

**SIP2**

Did you encounter any safety issues during [activity] in [NPS site]?

* + NO
  + YES - please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIP3**\*[*only asked during an activity*]

How tired do you consider yourself to be? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Tired** | **Not Very**  **Tired** | **Moderately**  **Tired** | **Very**  **Tired** | **Extremely**  **Tired** |
| **□** | **□** | **□** | **□** | **□** |

**SIP4**

Did you make a hiking route plan complete with noted elevation change, calculated distance, and the estimated time to complete your hike before getting started?

* + NO
  + YES

**SIP5**

Did you complete the [activity]?

* + NO
  + YES

**SIP6**

What reason(s) were you unable to complete your [activity] safely? Please mark 🗵 all that apply.

□ [study specific options, e.g., injury, exhaustion, trail conditions, etc.]

□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIP7**

If you became seriously injured or sick during your backcountry hike, what do you think is a reasonable response time to expect the first professional rescuers or medical personnel?

□ [site specific options, e.g., less than 10 minutes, 10-30 minutes, etc.]

**SIP8**

At the completion of your hike, did you feel that you were completely prepared for your hike - did you have enough food and water, the right clothing and footwear, directions, flashlight, etc.?

* + NO
  + YES

**SIP9**

Was the effort of the hike what you expected?

□ More strenuous

□ Less strenuous

□ About what I expected

**SIP10**

Is there anything [NPS site] can do to make your [activity] safer?

* + NO
  + YES - please specify

**SIP11**

Did you observe signs with information about [specific, e.g. sun] safety around [NPS site location]?

* + YES
  + NO

**SIP12**

While [RECREATIONAL ACTIVITY] during your visit at [NPS site], did you get a sunburn?

* + NO
  + YES

**SIP13**

Was there a sufficient amount of shade around [NPS site location]?

* + NO
  + YES - please specify

**SIP14**

Were the shaded areas at [NPS site location] accessible?

* + NO
  + YES - please specify

**SIP15**

In the past [time frame], has your skin been sunburned? (Sunburned skin is red and/or painful as a result of exposure to the sun, not from exposure to wind and cold.)

* + NO
  + YES - please specify

**SIP16**

In the past [time frame], how many times did you have a red OR painful sunburn that lasted a day or more? Please mark 🗵 only one response.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Zero times | □ | More than 4 times |
| □ | 1- 2 times | □ | Not at all |
| □ | 3-4 times |  |  |

**SIP17**

During your visit to [NPS site], how many hours were you exposed to direct sunlight between 10 am and 4pm each day? Please mark 🗵 only one response.

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Under an hour | □ | 5-6 hours |
| □ | 1-2hours | □ | I only stay in shaded areas |
| □ | 3-4 hours |  |  |

**SIP18**

During your visit to [NPS site], have you done any of the following? Please mark 🗵 all that apply.

* [Study specific options, e.g., wear sunscreen, wear a hat, wear sunglasses, etc.]

**SIP19**

Which of the following items are you using while [activity] to keep hydrated today? Please mark 🗵 all that apply.

□ [study specific options, e.g., bottled Water, refillable water bottle, etc.)

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None of these

**SIP20**

Since [time] yesterday, please tell us the types and amount fluids you consumed. Please mark 🗵 all that apply.

|  |  |  |
| --- | --- | --- |
|  | **Types of Fluids** | **How much did you drink (liters)?** |
| **□** | [study specific options, e.g., Water, sports drink, etc.] | \_\_\_\_\_\_ |
| **□** | Other (please specify): | \_\_\_\_\_\_ |

**SIP21**

Considering all visits you have made to [specific area], have you ever been involved in any kind of safety incident that caused or potentially caused injury. Please mark 🗵 only one for each item.

|  |  |  |
| --- | --- | --- |
| **Yes** | **Activity** | **If Yes, please specify where and when the injury occurred** |
| **□** | [study specific options, e.g., drowning, vehicle crash, fall/slip, etc.] |  |

**SIP22**

Please indicate how safe you felt from the following. Please mark 🗵 only one for each response.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not At All**  **Safe** | **Not Very**  **Safe** | **Moderately**  **Safe** | **Very**  **Safe** | **Extremely**  **Safe** |
| [study specific options, e.g., crime, accidents, etc.] | **□** | **□** | **□** | **□** | **□** |

**SIP23**

While [RECREATIONAL ACTIVITY], please indicate how much you agree or disagree with the following statements regarding hydration. Please mark 🗵only one for each item.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly  Disagree | Disagree | Neutral | | Agree | Strongly  Agree |
| [study specific options, e.g. I want to stay well hydrated and always drink the maximum amount of fluids I can tolerate at a time, etc.] | **□** | **□** | | **□** | **□** | **□** |

## SAFETY AWARENESS

**SAW1**

Would you be willing to watch a safety video on YouTube prior to next visit?

□ Yes

□ No

**SAW2**

How would you rate the clarity of visitor safety guidelines posted within the park? Please mark 🗵 only one response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Clear** | **Not Very**  **Clear** | **Moderately**  **Clear** | **Very**  **Clear** | **Extremely**  **Clear** |
| **□** | **□** | **□** | **□** | **□** |

**SAW3**

In your opinion, what could managers at [NPS site] do to communicate the safety hazards associated with certain activities?

**SAW4**

Were you informed of the [description of safety specific regulation] regarding [activities]?

* + YES
  + NO - please specify why not

**SAW5**

Overall, how useful were the sources that provide the safety information you needed? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All** | **Not Very** | **Moderately** | **Very** | **Extremely** |
| **□** | **□** | **□** | **□** | **□** |

**SAW6**

During your [activity], did you receive any safety information?

* + YES
  + NO - please specify why not

**SAW7**

During your [activity], how did you obtain information about the [activity specific safety rules/regulations/safety measures]? Please mark 🗵 all that apply.

□ Did not obtain any safety information

□ [area specific list of information options]

□ Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAW8**

Were posted signs regarding safety information easy to locate?

* + YES
  + NO

**SAW9**

Please indicate how much you agree or disagree with the following statements about your experience in the park today. Please mark 🗵 only one for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **Agree** |
| [site specific options, e.g. The amount of information provided by the park to properly prepare for a visit to the area was sufficient, etc.] | **□** | **□** | **□** | **□** | **□** |

**SAW10**

On this visit, did the signs posted inside [NPS site] provide safety information?

* + YES
  + NO - please specify why not

**SAW11**

How satisfied are you with the amount of safety information provided for [activity] during your experience at [NPS site]? Please mark 🗵 only one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very**  **Dissatisfied** | **Somewhat**  **Dissatisfied** | **Neutral** | **Somewhat**  **Satisfied** | **Very**  **Satisfied** |
| **□** | **□** | **□** | **□** | **□** |

**SAW12**

Did the posted safety guidelines at [NPS site] cause any change to your planned activity?

* + NO
  + YES - please specify what you did differently

**SAW13**

Did you use the NPS.gov website to search for [activity] specific safety information at [NPS site]?

□ NO

□ YES

**SAW14**

Was there any information pertaining to safety that you looked for but could not find on NPS.gov?

□ I found all the safety information I was looking for on NPS.gov

□ I didn’t look for safety information on NPS.gov

□ I didn’t find what I was looking for on NPS.gov   
(Please specify the safety information you were seeking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SAW15**

If you used NPS.gov, how easy was it to find safety information about [activity] at [NPS site]? Please mark 🗵 only one response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not At All**  **Easy** | **Not Very**  **Easy** | **Moderately**  **Easy** | **Very**  **Easy** | **Extremely**  **Easy** |
| □ | □ | □ | □ | □ |

**SAW16**

Did you use an online source other than NPS.gov to obtain your safety information?

* + NO
  + YES - Please specify the online source(s):

**SAW17**

Concluding your visit to [NPS site], did you learn something new about the safety precautions that were relevant to your activity?

* + YES - please specify
  + NO please specify

**SAW18**

If you learned something new about safety precautions, will this impact your participation in future visits?

* + YES
  + NO - please specify why not

**SAW19**

Is there anything you wish you had known to make your visit safer?

* + NO
  + YES - please specify

**SAW19**

If you used an online source other than NPS.gov, did you find the safety information easy to understand [or incomplete]?

* + YES
  + NO (Please specify why you found the information difficult to understand [or incomplete])

**SAW20**

During your visit, did you receive any [SPECIFIC ACTIVITY] safety information?

* + NO
  + YES - how was the information provided? Please mark 🗵 **all** that apply.

□ [sites specific options, e.g., shuttle stop, campground, etc.]

**SAW21**

From how many locations did you receive safety information? Please mark **[X]** only one.

□ 1-2 location(s)

□ 3-4 locations

□ More than 4 locations

□ I was not given any safety information

**SAW22**

Was there any information pertaining to safety that you looked for but could not find on NPS.gov?

□ I found all the safety information I was looking for on NPS. gov.

□ I didn’t look for safety information on NPS.gov.

□ I did not find what I was looking for (Please specify safety information you were seeking): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAW23**

Is there anything you [or the NPS] could have done to make your visit safer?

* + NO
  + YES - please specify

**SAW24**

Did you feel there was a risk to your safety at any time during your visit to [NPS site]?

* + NO
  + YES - please explain