

National Park Service U.S. Department of the Interior

Programmatic Clearance for NPS-Sponsored Public Surveys

Pool of Known Questions

JANUARY 2023



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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 <u>inside park</u>		Number of nights <u>outside park within</u> <u>(n-hour drive/n</u> <u>miles)</u>
_____	[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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="checkbox"/>	<input type="checkbox"/>	[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?

<input type="checkbox"/>		National Park Service NPS Sites [list specific NPS SITES]
<input type="checkbox"/>		Bureau of Land Management NPS Sites [list specific NPS SITES]
<input type="checkbox"/>		U.S. Fish and Wildlife Service NPS Sites [list specific NPS SITES]
<input type="checkbox"/>		U.S. Forest Service NPS Sites [list specific NPS SITES]
<input type="checkbox"/>		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	<input type="checkbox"/>
Other (Specify: _____)	1	2	3	3	4	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	

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.]	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

INFOSOURCE9

During your 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[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.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>

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/\[NPS SITE\]](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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

- | |
|--|
| <input type="checkbox"/> Provide a list of specific locations within the [NPS SITE]
<input type="checkbox"/> 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** 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],

a) 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.

	Strongly Disagree	Disagree	Somewhat	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
Activities [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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

[site specific options, e.g., commercial traffic is a problem, scenery on roads increases your enjoyment, etc.]

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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?	1	2	3
[other study/site specific options]			

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.]

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING3

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

- a. How long did you spend looking for parking in [NPS site] today?
[site specific options]
- b. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

<i>Where I parked is [was]...</i>	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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,
 - a. How did you first become aware that you were driving through [NPS SITE]?

- b. 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.

[site specific options, e.g. One-way traffic flow in selected areas of park, vehicle limit, ramps, guardrails, etc.]

Not At All Important	Not Very Important	Moderately Important	Very Important	Extremely Important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 or 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	<input type="checkbox"/>
	1	2	3	4	5	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]?

[site specific options, e.g., use of green technology, frequency of service, ability to access trailheads, etc.]

Not at all important	Slightly important	Moderately Important	Very Important	Extremely Important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

[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.]

Very Bad Idea	Bad Idea	No Opinion	Good Idea	Very Good Idea
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)

- a. Where did you [recreation options (e.g., camp, hike, climb)]?
[park specific options]
- b. 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

b) 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:

- (A) which one of these activities is your primary activity during your most recent visit?
- (B) which of these activities have you participated in on your most recent visit?
- (C) which of these activities you have participated in during the past XX months/years?

	(A) Primary Activity (Check <u>only</u> one)	(B) Participated in on your <u>MOST RECENT VISIT</u> (Check all that apply)	(C) Participated in during the <u>PAST XX</u> <u>MONTHS</u> (Check all that apply)
[area specific activities e.g., fishing, snorkeling, camping, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACT19

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

- 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.
- 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**.
- On this visit, in which activities did you participate? Please select **all** that apply in **column C**.
- 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 <u>past visits</u>	B Activities <u>expected to</u> <u>include</u>	C Activities <u>on this</u> <u>visit</u>	D Activities <u>on future</u> <u>visit</u>
[site specific activity options]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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>I walked off the marked/signed trails ...</i>	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
0	0	0	0	0

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.

		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)
Did not participate	Activity						
<input type="checkbox"/>	List of area-specific list of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ACTIVITIES]. 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
----------------------	--------------------	----------------------	----------------	---------------------	-------------------------

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.]	○	○	○

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 visit any 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.]	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	4	5

understand of what I can do, encouraging and teaching others, etc.].

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].

Location	Desirability				
	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]]	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please specify:</i> _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've never participated in stargazing activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1	2	3	4	5

number of lights in the park, etc.]					
-------------------------------------	--	--	--	--	--

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 <u>this</u> park	In <u>other parks</u> or recreation areas	In <u>other places</u>	How many times <u>per year</u> in total?
[study specific, e.g., night photography, stargazing, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[area-specific list of cultural/historical sounds]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

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]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOUND14

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

If the amount of human-made sound...	My likelihood of visiting would be...					
	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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOUND15

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

Amount of time you heard	How did it compare to your expectations?					
	I had no expectation	A lot less than expected	Less than expected	About as expected	More than expected	A lot more than
[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 that all 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/> YES	-2	-1	0

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

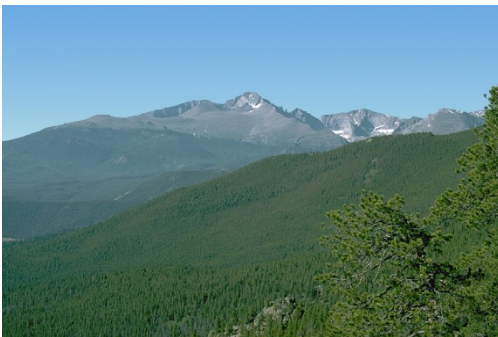
How concerned are you about human-caused haze in [study area]? (Select one response)

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

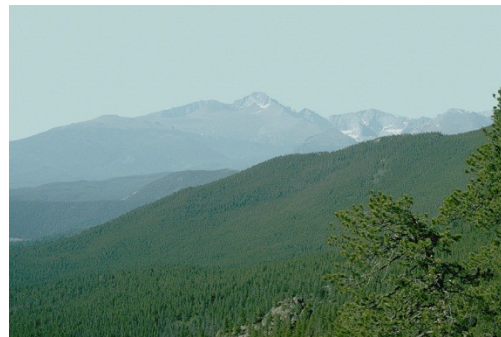
VISIBILITY3

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



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 managers. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)

Reason for Limit	Should the number of hikers per day be limited?		
	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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <u>experience solitude</u> 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

<u>15 minutes</u> without seeing other people	1	2	3	4	5	DK/NS
<u>30 minutes</u> without seeing other people	1	2	3	4	5	DK/NS
<u>1 hour</u> without seeing other people	1	2	3	4	5	DK/NS
<u>2 hours</u> without seeing other people	1	2	3	4	5	DK/NS
<u>3 hours</u> 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
○	○	○	○	○

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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).

<u># of other people participating in the same activity</u>	<u>Extremely Unacceptable</u>	<u>Unacceptable</u>	<u>Not Sure</u>	<u>Acceptable</u>	<u>Extremely Acceptable</u>
[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
<input type="checkbox"/> [area-specific list of places]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CROWD31

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

	Experienced during a <u>previous visit</u> to the park	Experienced <u>during current</u> visit to the park
Chose not to visit <u>the park</u> because there were too many visitors	<input type="checkbox"/>	
[other site-specific options, e.g., chose not to visit your desired <u>places in the park</u> because there were too many visitors, etc.]	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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].

Please 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	<input type="checkbox"/>	1	2	3	4	5	6	7

groups, etc.]								
---------------	--	--	--	--	--	--	--	--

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 <u>compare to your expectations</u> ?					
	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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 [SPECIFIC 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	VERY 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]?

[site specific options, e.g., internet access, wifi, etc.]

Other (Please specify)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>

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.

TEACHER EVAL1

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

- Public
- Private
- Home School

TEACHER EVAL2

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

- Urban
- Suburban
- Rural
- Other (please specify) _____

TEACHER EVAL3

Is your school considered Title 1?

- Yes
- No

TEACHER EVAL4

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.]

TEACHER EVAL5

What grade do you teach? _____ grade

TEACHER EVAL6

Which classroom do you teach? (Choose one)

- General Education
- Special Education

TEACHER EVAL7

How much time is spent on outdoor instruction a week?

- [study specific options OR open-ended]

TEACHER EVAL 8

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

- | | |
|---|--|
| <input type="checkbox"/> Science | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Math | <input type="checkbox"/> PE |
| <input type="checkbox"/> Social Studies/History | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | |

TEACHER EVAL 9

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

- None OR open-ended _____

TEACHER EVAL 10

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]

TEACHER EVAL 11

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.]

TEACHER EVAL 12

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) _____

TEACHER EVAL 13

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**

c) 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) _____

d) If **YES**, please rate the quality of the teachers' preparatory material. Please mark (●) **one**.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very poor | Poor | Average | Good | Very good |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<p><i>My participation in the [EDUCATION PROGRAM] at [NPS SITE]...</i></p> <hr/> <p>[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.]</p>	1	2	3	4	5

TEACHEREVAL16

What are three things you learned from participating in 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
Other:	1	2	3	1	2	3	<input type="checkbox"/>

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				
	Very Uncomfortable	Uncomfortable	Neither	Comfortable	Very Comfortable
[Before/AFTER] participating in the program, _____ was _____ to me.					
[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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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	1	2	3	4	5

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.]

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	1	2	3	4	5	1	2	3	4	5

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.]										
---	--	--	--	--	--	--	--	--	--	--

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
Other (Please specify)	1	2	3	4	5	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES6

a) Is there any [service, facility, activity] or another aspect of your visit that could have been enhanced by [specify management action]?

- YES
- NO

b) What would you [and your personal group] recommend to improve current [services, programs, activities, etc.] provided at the park? Please be specific.

SERVICES7

a) Please select **all** the [visitor, information, concession] services and facilities that you [and your personal group] used during this visit to [NPS SITE].

b) For only those services and facilities that you [and your personal group] used, please rate their **importance** from 1-5.

c) For only those services and facilities that you [and your personal group] used, please rate their **quality** from 1-5.

(a)	(b)					(c)				
SERVICE/FACILITY USED?	IMPORTANCE					QUALITY				
	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely					1=Very poor 2=Poor 3=Average 4=Good 5=Very good				
<input type="checkbox"/> [area-specific] list of services/facilities	1	2	3	4	5	1	2	3	4	5
<input type="checkbox"/> [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

a) On this visit, how satisfied were you with [service, facility, program, activity] in [NPS SITE]?

Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) 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

a) In your opinion, were there any stories presented at [NPS SITE] that needed to be emphasized or strengthened?

- NO
- YES

b) 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?		(b) Length?			(c) Lighting?		(d) Understandable?	
	YES (Y)	NO (N)	1=Too short	2=About right	3=Too long	YES (Y)	NO (N)	YES (Y)	NO (N)
	Select one		Select one			Select one		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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	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

a) Please rate how satisfied you were with your [site specific service] experience. Please select **only one response**.

Very Poor	Poor	Average	Good	Very Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) 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)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I am satisfied with the ...						
[site specific options, e.g. recreational activities and opportunities, services provided by employees or volunteers, etc.]	1	2	3	4	5	<input type="checkbox"/>

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					
1	2	3	4	5		1	2	3	4	5	
Very Unimportant	Somewhat Unimportant	Neither	Somewhat Important	Very Important		Very Unsatisfied	Somewhat Unsatisfied	Neither	Somewhat Satisfied	Very Satisfied	Not Applicable
					Park Services and Facilities						
					[site specific options, e.g., Availability of employees or volunteers, signs with rules/regs, informational kiosks/displays about park and its resources, well-						<input type="checkbox"/>

maintained restrooms, etc.]

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 AREA 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?

For me to accept a management decision, it is important that:	How important?				
	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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

[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.]

Values Point

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:

[site specific options, e.g., park managers are doing a good job; park managers listen to people's opinions, etc.]

Strongly disagree	Disagree	Neither	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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HDW2

Please rate your overall level of approval of visitors feeding wildlife in [PARK NAME]:

<u>Strongly Disapprove</u>	<u>Moderately Disapprove</u>	<u>Slightly Disapprove</u>	<u>Neither</u>	<u>Slightly Approve</u>	<u>Moderately Approve</u>	<u>Strongly Approve</u>
1	2	3	4	5	6	7

HDW3

Please rate your overall level of approval of visitors taking “selfies” with wildlife [NPS SITE]:

<u>Strongly Disapprove</u>	<u>Moderately Disapprove</u>	<u>Slightly Disapprove</u>	<u>Neither</u>	<u>Slightly Approve</u>	<u>Moderately Approve</u>	<u>Strongly Approve</u>
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]

- a. 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.]
- b. 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
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	disagree				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 WILDLIFE 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.]	<input type="checkbox"/>	<input type="checkbox"/>

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].

Please select one number for each item.	NPS SITE		
	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.

Please select one number for each item.	IN YOUR TOWN/COMMUNITY		
	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...

[photo specific options, e.g. My personal safety, the welfare of [wildlife], etc.]

Strongly disagree	Disagree	Slightly disagree	Neither	Slightly agree	Agree	Strongly agree
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 <u>most</u> 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.]	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>

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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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
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[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
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KNOW13

How interested are you in the topic of [ex. invasive species]?

Not at all Interested	Somewhat Interested	Extremely Interested
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOW14

How important is the topic of (ex. Invasive species) to you?

Very Important	Somewhat Important	Not at all Important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

- o 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	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PARTNER/FRIENDS GROUP	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF PARTNER/FRIENDS GROUP	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: ENVIRONMENTAL 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.

ENVIRONMENTAL 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LNT8

Please indicate how appropriate or inappropriate you think each of the following activities is for a visitor to do in [NPS SITE].

[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.]

Very Inappropriate	Inappropriate	Neutral	Appropriate	Very Appropriate
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
1	2	3

[study specific options, e.g., never approaching, feeding, or following wildlife, taking breaks away from the trail and other visitors, etc.]

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.)

	Never	Rarely	Occasionally	Usually	Always
Participating in the following activities in [NPS SITE] would reduce impact.					
[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 <u>times</u> 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?
·
·
·

[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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>

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					[site specific options, e.g., Surface conditions of roads, condition of bridges, etc.]	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		1	2	3	4	5	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At [NPS SITE]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

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.]	\$_____	<input type="checkbox"/>

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.]	<input type="checkbox"/>
Other (please specify: _____)	<input type="checkbox"/>

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	Services	b) Would have used
--------------------	----------	-----------------------

visit		if available
<input type="checkbox"/>	[study specific options, e.g., Purchased gasoline, purchased groceries, etc.]	<input type="checkbox"/>
<input type="checkbox"/>	Other (Please specify: _____)	<input type="checkbox"/>

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
 - a) What NPS SITE did you visit?
 - b) When did you visit?
 - c) Why did you visit?
 - d) 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?

DEI13 (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 | <input type="checkbox"/> English | <input type="checkbox"/> [language] | <input type="checkbox"/> Other (Specify: _____) |
| Reading | <input type="checkbox"/> English | <input type="checkbox"/> [language] | <input type="checkbox"/> 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]?

- YES →

What was it? (Select as many as apply.)

 - [study options, e.g. To bring water, to wear hiking shoes, etc.]
- 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <i>drink</i> (liters)?
<input type="checkbox"/> [study specific options, e.g., water, sports drink, etc.]	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> 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	Much harder than
---------------------------	-------------------------------	-------------------------	----------------------	------------------

			expected	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
- Somewhat unsafe
- Very unsafe



What were your concerns?

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="radio"/>	<input type="radio"/>

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.]	<input type="radio"/>	<input type="radio"/>

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 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 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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Zero times | <input type="checkbox"/> More than 4 times |
| <input type="checkbox"/> 1- 2 times | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> 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.

- | | |
|--|--|
| <input type="checkbox"/> Under an hour | <input type="checkbox"/> 5-6 hours |
| <input type="checkbox"/> 1-2hours | <input type="checkbox"/> I only stay in shaded areas |
| <input type="checkbox"/> 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)? |
|--|----------------------------------|
| <input type="checkbox"/> [study specific options, e.g., Water, sports drink, etc.] | _____ |
| <input type="checkbox"/> 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
<input type="checkbox"/>	[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
 Not Very
 Moderately
 Very
 Extremely

	Safe	Safe	Safe	Safe	Safe
[study specific options, e.g., crime, accidents, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 **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