

National Park Service
U.S. Department of the Interior

Programmatic Clearance
for NPS-Sponsored Public Surveys

Pool of Known Questions

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Maurice Sullivan and the National Park Service Mobile "Naturevan". Rock Creek Park: "Naturevan" is a unique, mobile, audiovisual unit used in the 1950-60s for interpretive presentations at various locations in the Park and for evening movies under the stars. NPS Catalog Number: HPC-001308

Table of Contents

TOPIC AREA 1: RESPONDENT CHARACTERISTICS.....	4
AGE.....	4
EDUCATION.....	4
EMPLOYMENT STATUS.....	4
GENDER.....	5
GROUP CHARACTERISTICS.....	5
LANGUAGE.....	8
RACE/ETHNICITY.....	8
RESIDENCY.....	9
TOPIC AREA 2: TRIP PLANNING.....	11
ACCOMODATIONS.....	11
BACKCOUNTRY ACCOMODATIONS.....	13
ITINERARY.....	15
INFORMATION SOURCES.....	22
TRIP PURPOSE.....	29
TOPIC AREA 3 TRIP CHARACTERISTICS.....	30
CURRENT VISIT.....	30
FUTURE VISITS.....	32
DESTINATIONS.....	35
PLACE ATTACHMENT.....	42
TOPIC AREA 4: TRANSPORTATION.....	44
MANAGEMENT.....	44
MODE.....	47
PARKING.....	50
TRAFFIC.....	58
SERVICES.....	63

TOPIC AREA 5: VISTOR USE AND RECREATION MANAGEMENT.....	71
BACKCOUNTRY.....	90
HUNTING AND FISHING.....	95
NIGHT VISITS AND STARGAZING.....	101
SOUNDSCAPES.....	107
VISABILITY.....	118
CROWDING.....	119
EXPECTATIONS.....	131
USE OF TECHNOLOGY.....	138
Visitor Experience and Resource Protection (VERP).....	142
VIRTUAL VISITORS.....	144
TOPIC AREA 6: EVALUATION OF PROGRAMS AND SERVICES.....	151
PROGRAM EVALUATION.....	151
TEACHER EVALUATION.....	156
STUDENT EVALUATIONS.....	165
FACILITIES AND SERVICES.....	171
TOPIC AREA 7: HUMAN DIMENSIONS.....	181
ATTITUDES/BELIEFS/VALUES.....	181
HUMAN-WILDLIFE INTERACTIONS.....	189
KNOWLEDGE.....	203
PUBLIC PARTICIPATION.....	208
PREFERENCES.....	212
TOPIC AREA 8: ENVIROMENTAL HEALTH AND RESOURCE MANAGEMENT.....	217
LEAVE NO TRACE.....	220
MANAGEMENT OPTIONS.....	230
SUSTAINABILITY.....	241
TRUST IN THE NPS.....	243
WILDERNESS AREAS.....	244

TOPIC AREA 9: EXPENDITURES.....	246
ECONOMIC IMPACT AND BENEFIT.....	246
LOCAL SERVICES.....	253
TOPIC AREA 10: CONSTRAINTS AND BARRIERS.....	256
STAKEHOLDERS.....	256
UNDER SERVED MINORITIES.....	259
TOPIC AREA 11: SAFETY AND RISK MANAGEMENT.....	269
PERSONAL SAFETY.....	269
RECREATIONAL SAFETY.....	281
SAFETY PREPARATION.....	283
SAFETY AND INJURY PREVENTION.....	286
SAFETY AWARENESS.....	292

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 attributes of individual park visitors or visitor groups, potential visitors or groups, and residents of communities near parks. 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

AGE 1

What is your age? _____

AGE 2

What is your age?

- | | |
|---|--|
| <input type="checkbox"/> Under 12 years old | <input type="checkbox"/> 45-54 years old |
| <input type="checkbox"/> 12-17 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 75 years or older |
| <input type="checkbox"/> 35-44 years old | |

EDUCATION

EDUC1

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

- | | |
|---|--|
| <input type="checkbox"/> Less than high school Some high school | <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA etc.) |
| <input type="checkbox"/> Vocational/trade school certificate | <input type="checkbox"/> Professional degree (MD, DDS, DVM, LLB, JD, etc.) |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctorate degree (PhD, EdD, etc.) |
| <input type="checkbox"/> Associate degree (AA, AS, etc) | |

EMPLOYMENT STATUS

EMP1

Employment Status: Are you currently...?

- | | |
|---|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> A homemaker |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> A student |
| <input type="checkbox"/> Out of work and looking for work | <input type="checkbox"/> Military |
| <input type="checkbox"/> Out of work but not currently looking for work | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Unable to work |

EMP 2

What kind of work do you do?

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice, or farm
- Self-employed in own incorporated business, professional practice, or farm
- Working without pay in family business or farm

GENDER

GEND 1

What is your gender? Please select one.

- Male
- Female

GROUP CHARACTERISTICS

GROUP1

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

- | | |
|---|---|
| <input type="checkbox"/> Individual Traveling alone | <input type="checkbox"/> Preschoolers (less than 5 years old) |
| <input type="checkbox"/> Family only | <input type="checkbox"/> Teen agers (12-19) |
| <input type="checkbox"/> Friends only | <input type="checkbox"/> Adults (20-64) |
| <input type="checkbox"/> Family plus friends | <input type="checkbox"/> Anyone over 65 |
| <input type="checkbox"/> Tour or other group | <input type="checkbox"/> With pets |

GROUP2

For your personal group on this trip to [NPS SITE], please provide the following information. (If you don't know the answer, enter "DK.")

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Current age							
U.S. ZIP code or name of country other than U.S.	_____	_____	_____	_____	_____	_____	_____
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<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"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK

GROUP3

Which one of the following best describes the group you are traveling with?

- Myself (alone)
- Myself with family (including spouse/partner/ and/or other family members/relatives)
- Myself with family and friends
- Myself with friends
- Commercial guided tour group
- Outfitter/guide
- Club/organization/school
- Other organized group (such as business group, scout group, etc.)

Other

GROUP4

How many people were in your [personal, organized, tour] group, including you?

___ Number of people

GROUP5

Do you consider yourself to be the leader or organizer for your group?

- NO
 YES

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) _____

GROUP7

Did you and your personal group use any of the special needs equipment available at [NPS Site]?

- YES
 NO

GROUP8

If you or any one in your group used any of the special needs equipment available at [NPS Site] did you find the equipment easy to use?

- YES

NO

GROUP9

If [NPS SITE] were to have [special needs equipment, e.g., electric golf cart] available for visitors, is there anyone in your group who would be likely to use it?

YES

NO

LANGUAGE

LANG1

When visiting an area such as [NPS SITE], what languages do you and most members of your personal group prefer to use for the following?

Speaking English Other (Specify)
Reading English Other (Specify)

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.

Other Language (Specify) _____
 None

LANG3

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

For you only, 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

RACE/ETH4

What is the race of each member of your personal group on this trip to [NPS SITE]? Please select one or more for each group member, including you. (If you don't know the answer, select "DK.")

	Yoursel f	Membe r #2	Membe r #3	Membe r #4	Membe r #5	Membe r #6	Membe r #7
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<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"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK	<input type="checkbox"/> DK

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

Are you a permanent resident or citizen of the United States?

- NO - What is your country of origin? _____
- YES - What is your zip code and state of residence
State _____ Zip code _____

RES3

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

_____ miles

RES4

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 _____

RES5

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)

RES6

In which of the following kinds of places did you spend the most time while growing up, up to age 18? (Please select one response)

- on a farm or ranch
- rural or small town (under 1000 population)
- town (1000 to 5000 population)
- small city (5000 to 50,000 population)
- medium city (50,000 to 1 million population)
- in a major city or metropolitan area (over 1 million population)

RES7

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

- on a farm or ranch
- rural or small town (under 1000 population)
- town (1000 to 5000 population)
- small city (5000 to 50,000 population)
- medium city (50,000 to 1 million population)
- in a major city or metropolitan area (over 1 million population)

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 overnight in the park?

- YES
- NO

ACCOM2

On this trip, what type of accommodations do you expect to use? (Please check all that apply)

- Lodge, hotel, motel, cabin, rented condo/home, or bed & breakfast
- In Park lodging
- RV/trailer camping
- Tent camping
- Campground, Commercial
- Campground, NPS
- Campground, other park
- Backcountry camping
- Personal seasonal residence
- Residence of friends or relatives
- Other site-specific NPS SITE 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 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 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>
_____	Lodge, hotel, motel, cabin, rented condo/home, or bed & breakfast	_____
_____	RV/trailer camping	_____
_____	Tent camping	_____
_____	Campground, NPS, Commercial, other park	_____
_____	Backcountry camping	_____
_____	Personal seasonal residence	_____
_____	Residence of friends or relatives	_____
_____	Other accommodations (Please specify below)	_____

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
Equipment rentals	1	2	3	4	5
Scheduled tours	1	2	3	4	5
Wifi connections	1	2	3	4	5
Availability to lodge at [NPS SITE]	1	2	3	4	5

BACKCOUNTRY ACCOMODATIONS

BACCOM1

Where did you receive your backcountry permit? [Example Location = YELLOWSTONE]

- Bechler
- Bridge Bay
- Canyon
- Grant Village
- ETC

BACCOM2

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

- YES
- NO →What additional information did you feel you needed but did not receive?

BACCOM3

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

- YES
- NO

BACCOM4

Did you get a camp site in your preferred area?

- YES
- NO → how did this affect your backcountry experience?

BACCOM5

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?

BACCOM6

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?

BACCOM7

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

<input type="checkbox"/> Foot	<input type="checkbox"/> Motorized Vehicle
<input type="checkbox"/> Horse	<input type="checkbox"/> Non-motorized Vehicle
<input type="checkbox"/> Llama	<input type="checkbox"/> OTHER

BACCOM8

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

BACCOM9

Please select area or areas you traveled during your recent backcountry trip. [Example Location = YELLOWSTONE]

Traveled	[NPS SITE]
<input type="checkbox"/> Lamar	
<input type="checkbox"/> Old Faithful	
<input type="checkbox"/> Pebble Creek	
<input type="checkbox"/> OTHER	

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 visit [NPS SITE]? (Please select only one response)

- On the same day of the visit
- A week before the visit
- 1 month before the visit
- 2-6 months before the visit
- More than 6 months but less than a year before the visit
- A year or more before the visit
- Don't Know/can't recall
- Other

ITIN3

About how many hours did you spend planning your visit to [NPS site]? Please mark **[X]** only one.

- 0 hours—no prior planning for the visit
- 0 hours—someone else did the planning
- less than 2 hours
- 2 to 5 hours
- More than 5 hours planning

ITIN4

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

- This park is my primary destination
- This park is one of several destinations
- I am passing through the park to my primary destination
- I did not plan to visit this park

ITIN5

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

- YES
- NO Please specify you did not

ITIN6

How do you typically plan a vacation? (Please circle one number for each response)

	Always	Often	About half the time	Seldom	Never
I look at travel magazines	1	2	3	4	5
I ask my friends for advice	1	2	3	4	5
I have difficulty deciding where to go for vacation	1	2	3	4	5
I travel to places where I will meet new people	1	2	3	4	5
I plan my vacation around my favorite recreational activity	1	2	3	4	5
I look for educational activities for my family	1	2	3	4	5
The location must be kid and family friendly	1	2	3	4	5
OTHER	1	2	3	4	5

ITIN7

Before your most recent visit to [NPS SITE], which mode(s) of transportation did you plan to use when you 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"/>	Personal Vehicle(car, RV, Motorcycle)
<input type="checkbox"/>	<input type="checkbox"/>	Rented Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	Visitor Shuttle/Bus
<input type="checkbox"/>	<input type="checkbox"/>	Bicycle
<input type="checkbox"/>	<input type="checkbox"/>	Walking/Hiking
<input type="checkbox"/>	<input type="checkbox"/>	Tour Bus
<input type="checkbox"/>	<input type="checkbox"/>	Personal recreational equipment - [NPS SITE specific],
<input type="checkbox"/>	<input type="checkbox"/>	Rented Recreational equipment - [NPS SITE specific]
<input type="checkbox"/>	<input type="checkbox"/>	Other [NPS SITE specific]

ITIN8

Were you aware of the tour reservations system at [NPS SITE]?

- YES → Did you use it to make reservations prior to your visit?
 - YES
 - NO
- NO → How did you learn about the tours?

ITIN9

If you responded YES to the question above, did use the tour reservation toll-free telephone number, National Park Service reservation website or [another NPS SITE specific system]?

- Calling phone number
- Online
- List other NPS SITE specific systems

ITIN10

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)

- | | |
|---|--|
| <input type="checkbox"/> Day or Night Hikes/Walking Tours | <input type="checkbox"/> Stargazing |
| <input type="checkbox"/> Auto Tour | <input type="checkbox"/> Wildlife Viewing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Kids Programs/Field Trips |
| <input type="checkbox"/> Ranger Programs | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Picnicking | <input type="checkbox"/> [Other NPS SITE specific activities] |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other _____ |

ITIN11

Which statement best describes your participation in planning for the visit?

- I planned or was involved in planning the visit to the [NPS SITE].
- I did not plan or was not involved in planning the visit to [NPS SITE] (e.g., a friend or family member planned the trip).

ITIN12

About how long ago did you plan your visit to [NPS site]?

- Within the past month
- 2-3 months ago
- 4-5 months ago
- 6 months ago or more

ITIN13

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

- National Park Service website or other materials
- Commercial tour group
- [NPS SITE] tickets website
- Travel agent
- Hotel concierge
- Word-of-mouth
- Other (please specify): _____

ITIN14

What resource would have been most valuable to you in planning your visit? Please select no more than two.

- Map of [NPS SITE]
- List of things to do while visiting [NPS SITE]
- Downloadable app about [NPS SITE]
- General information in a language other than English
- Historic information about the [NPS SITE]
- Other (please specify): _____

ITIN15

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

- It did not affect my plans
- I planned to visit on a day and time I thought would be less crowded
- I planned to visit [NPS SITE] on a day of the week I thought would be less crowded
- I planned to visit during the off-season when I thought would be less crowded
- Other [NPS SITE specific]

ITIN16

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

ITIN18

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

- Annual Pass
- Senior Pass
- Access Pass
- No, did not plan to use a Pass

ITIN17

Please indicate whether (and if so, how often) you have ever done each of the following in any [NPS SITE].

	Ever Done?		If YES, how often				
	NO	YES	Rarely	Occasionally	Often	Usually	Always
Visit earlier or later in the season to avoid seeing other people	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Visit on weekdays to avoid weekend crowds	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Go to trails that are less crowded	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Avoid places that have limits on the amount of use	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Go to other areas where you are less likely to see other people	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Avoid attractions that are crowded	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5

ITIN18

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

- Annual Pass
- Senior Pass
- Access Pass
- No, did not plan to use a Pass

ITIN19

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

- Just one NPS site
- Two different NPS sites
- 3-5 different NPS sites
- 6-10 different NPS sites
- More than 10 different NPS sites

ITIN20

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

- 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.
- I was passing through the area and had planned to also visit the [NPS SITE].
- I learned about the NPS SITE while in the area and decided to visit it.
- Other reason _____

ITIN21

Which area managed by each of the federal land management agencies below do 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]

ITIN22

When planning your trip were you aware of the agencies managing [NPS SITES] where you use your Annual Pass the most? Which of the following statements best describes your knowledge of the managing agency? (Please select one response)

- I was very aware which agency managed [NPS SITES] when I planned my visit
- I was somewhat aware of which agency managed [NPS SITES] when I planned my visit
- I was not at all aware of which agency managed [NPS SITES] when I planned my visit

ITIN23

How would you describe the destinations of the trip you were on when you were contacted at [NPS SITE]? Select one response.

- [NPS SITE] was the sole destination of that trip
- [NPS SITE] was the most important destination of that trip
- [NPS SITE] was only one of several equally important destinations on that trip
- [NPS SITE] was just an incidental stop on the way to some other destination
- [NPS SITE] was a spur of the moment stop on a trip taken to other destinations

ITIN25

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 at all Important	Slightly Important	Moderately Important	Extremely Important	Not Applicable
Recreational fishing	1	2	3	4	<input type="checkbox"/>
Snorkeling	1	2	3	4	<input type="checkbox"/>
SCUBA Diving	1	2	3	4	<input type="checkbox"/>
Camping	1	2	3	4	<input type="checkbox"/>
Nature/wildlife observation	1	2	3	4	<input type="checkbox"/>
Kayaking	1	2	3	4	<input type="checkbox"/>
Historic tours	1	2	3	4	<input type="checkbox"/>
[other NPS Site specific activities]	1	2	3	4	<input type="checkbox"/>
Other (Specify	1	2	3	4	<input type="checkbox"/>

INFORMATION SOURCES

INFOSOURCE1

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

- YES
- NO→ why not? Please be specific.

INFOSOURCE2

Did you find the information that you needed on the park website?

- YES
- NO

INFOSOURCE3

How would you rate the quality of information provided on the park 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"/>

INFOSOURCE4

If you used [www.nps.gov/\[NPS SITE\]](http://www.nps.gov/[NPS SITE]) 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"/>

INFOSOURCE5

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

INFOSOURCE6

Prior to your trip, how did you and your personal group obtain information to plan the transportation and travel-related details of your trip? (Check all that apply) For each source used, how helpful was the information you received? (Please select one response for each source used or check the box if you did not use any of the sources to plan your trip)

	Not at all	Almost no use	A little use	Some use	A lot of use
Recreation magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservation organization publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized recreation shops/companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online/internet resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with park personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in an interpretive activity led by park personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting an information center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFOSOURCE7

When planning your trip to [NPS SITE], which information source did you use **most** to find information about viewing [specific feature at [NPS SITE]? (Please select one)

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Brochure/map | <input type="checkbox"/> Ranger/employee | <input type="checkbox"/> Other visitors | <input type="checkbox"/> I did not use any of these |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Interpretive program | <input type="checkbox"/> Social media | |
| <input type="checkbox"/> Website | <input type="checkbox"/> Signs | <input type="checkbox"/> Educational groups | |

INFOSOURCE8

How likely would you have been to use each of the following sources of information to plan your trip to [NPS SITE], if you could have gotten information about parking and crowding conditions at [NPS SITE]? (Check one box for each item).

	Likely	Not Likely	Don't Know/Not Sure
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g., Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text updates on cellular phone/smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM radio station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone information line (message updated daily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourist information center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFOSOURCE9

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

- Did not obtain information prior to this visit
- Previous visits
- Friends/relatives/word of mouth
- Park staff/volunteer at an event in my community
- Walking/driving by and saw park signs
- Travel guides/tour books/brochures
- Television/radio/newspapers/magazines
- Telephone/e-mail/written inquiry to park
- [NPS SITE] website
- Other Website (Please specify) _____
- Social media
- Mobile app
- School class or program
- Other (Please specify) _____

INFOSOURCE10

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

	Before arriving in the park	In the park	Most Preferred Source
Tour Book/visitor guides	<input type="checkbox"/>	<input type="checkbox"/>	
[NPS SITE] website	<input type="checkbox"/>	<input type="checkbox"/>	
Internet access/WiFi	<input type="checkbox"/>	<input type="checkbox"/>	
Friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>	
Previous visits	<input type="checkbox"/>	<input type="checkbox"/>	
Visitor/Tourist Information centers	<input type="checkbox"/>	<input type="checkbox"/>	
Printed materials (books, brochure, map, park newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Park radio	<input type="checkbox"/>	<input type="checkbox"/>	
Ranger-led tours/programs	<input type="checkbox"/>	<input type="checkbox"/>	
Roving rangers/volunteers available to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	
Trailhead bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	
Self-guided materials (Quests, Junior Ranger activity books)	<input type="checkbox"/>	<input type="checkbox"/>	
Roving rangers/volunteers available to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	
Hotel information kiosks - computer terminal	<input type="checkbox"/>	<input type="checkbox"/>	
Phone inquiry to [park]	<input type="checkbox"/>	<input type="checkbox"/>	
Smartphone, Blackberry (to access current data)	<input type="checkbox"/>	<input type="checkbox"/>	
Newspaper/magazine articles	<input type="checkbox"/>	<input type="checkbox"/>	
Talked to people in local communities	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

INFOSOURCE11

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

INFOSOURCE12

Please indicate by checking the boxes of following travel information sources that you were aware of or you used during your most recent trip to [NPS SITE]?

	AWARE	USED
Parking availability (Park staff/signs)	<input type="checkbox"/>	<input type="checkbox"/>
Park traveler information (telephone system)	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE] Website	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Arrival Signs	<input type="checkbox"/>	<input type="checkbox"/>
Automated Annunciator	<input type="checkbox"/>	<input type="checkbox"/>
Social Media [specific page]	<input type="checkbox"/>	<input type="checkbox"/>
OTHER NPS SITE specific sources	<input type="checkbox"/>	<input type="checkbox"/>

INFOSOURCE13

During your trip, did you [and your personal group] use any of the following electronic devices to obtain transportation or travel-related information? For each device, check one box.

	<u>Used</u>	<u>Did not Use</u>
Laptop	<input type="checkbox"/>	<input type="checkbox"/>
Tablet computer (e.g., iPad)	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (e.g., iPhone, Android, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone (not web-enabled)	<input type="checkbox"/>	<input type="checkbox"/>
Global Positioning System (GPS)	<input type="checkbox"/>	<input type="checkbox"/>
Other portable electronic device	<input type="checkbox"/>	<input type="checkbox"/>

INFOSOURCE14

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

INFOSOURCE15

What type of information would you want to see on the signs or receive via mobile device/park app?

- No opinion
- OR (check all that apply)
- Road work/construction
- Transit/shuttle info
- Whether parking areas are full
- Weather at park
- Park hours and fees
- Activities at park
- Directions to tune to park radio
- Other (please list) _____

INFORM16

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Mobile devices enhance my personal life	-2	-1	0	1	2
Mobile devices help me connect with friends and family	-2	-1	0	1	2
Mobile devices enhance my work life	-2	-1	0	1	2
Mobile devices enable me to stay connected to work wherever I am	-2	-1	0	1	2
Staying connected to work allows me more time away from the office	-2	-1	0	1	2
Mobile devices enhance my outdoor experiences	-2	-1	0	1	2
I use mobile devices to search for information about my outdoor experiences	-2	-1	0	1	2
I like being constantly connected	-2	-1	0	1	2
Being constantly connected decreases my enjoyment of outdoor experiences	-2	-1	0	1	2
Mobile devices distract me from immersing myself in an outdoor experience	-2	-1	0	1	2

INFORM17

Please tell us about your preferences for WiFi access at Theodore Roosevelt NP.

How important to you is it that there is:	Extremely Unimportant	Unimportant	Neutral	Important	Extremely Important
WiFi in all buildings	-2	-1	0	1	2
WiFi in all campgrounds	-2	-1	0	1	2
WiFi park-wide	-2	-1	0	1	2
Cell service park-wide	-2	-1	0	1	2
Cell service park-wide in all national parks	-2	-1	0	1	2

INFORM18

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 6 = least important.

- ____ To stay connected to friends/family
- ____ To use as a camera
- ____ Sharing important moments during my visit
- ____ To feel safe
- ____ To get information about places I am visiting
- ____ To find local businesses/restaurants I might want to visit

TRIP PURPOSE

TPURPOSE1:

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

#1	#2	#3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To visit a National Park Service site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To escape from urban setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To spend time with friends/family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To view wildlife or natural scenery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To get physical exercise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasure trip or vacation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This was a school related trip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This was the primary purpose or sole destination of my trip

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	Slightly Important	Not at All Important
To visit NPS SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To escape from urban setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To spend time with friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To view wildlife or natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasure or vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TPURPOSE3

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

- This park is my primary destination
- This park is one of several destinations
- I am passing through the park to my primary destination
- I did not plan to visit this park

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

CVIS3

Over the past twelve months, how many visits have you made to [NPS SITE]? _____ Number of Visits

CVIS4

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

-
- Far fewer visits
 - Fewer visits
 - Remained about the same
 - More visits
 - Many more visits
 - This is my first visit to [NPS SITE]
-

CVIS5

What other National Parks have you visited in the last three years?

- None
- Not Sure
- Please specify: _____

CVIS6

How often do you generally visit National Parks or National Monuments?

- Not at all
- Once or twice per year
- Several times per year
- Not sure

CVIS7

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

- This park is my primary destination
- This park is one of several destinations
- I am passing through the park to my primary destination
- Resident of area (within x miles/x-hour drive of the park)
- Passing through—unplanned visit
- Business
- Other (Please specify) _____

CVIS8

On this visit to [NPS SITE], which of the following locations did you visit? 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 mark (●) **one**.

- Less than 1 hour
- About 1 hour
- Between 1 and 2 hours
- About 2 hours
- More than 2 hours

FUTURE VISITS

FVIS1

Would you consider visiting [NPS SITE] again?

- Yes, likely
- No, unlikely
- Not Sure

Why or why not? _____

FVIS2

If you were to visit [NPS SITE] in the future, what would encourage you to attend a ranger-led activity/program?

- Nothing
- Programs scheduled more often
- Greater variety of program topics
- Greater variety of types of activities
- Other reasons (Please specify)

FVIS3

If you were to visit [NPS SITE] in the future, would you be interested in taking a guided tour or attending special lectures [or other NPS site specific opportunities]?

Guided tour

- NO
- YES

If YES, where would you like to take a guided tour?

Special lecture

- NO
- YES

If YES, what subjects would you like to learn about?

FVIS6

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) _____

FVIS7

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, including interpretive media]
- Other (Please specify) _____

FVIS8

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) _____

FVIS9

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

- Yes, likely
- No, unlikely
- 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)
-

FVIS11

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 the [tour]?

- YES
- NO

FVIS12

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 [NPSSITE] website
- [area-specific list of information]

FVIS13

If you were to visit [NPS SITE] in the future, if a transit (bus) service existed, with service to the park’s major destinations, how likely would it be that you would use such a service? (*check only one*)

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

Please list the number of nights you [and your personal group] stayed in [NPS SITE] and in the area (within n-hour drive/n miles of the park).

_____ Number of nights inside the park

_____ Number of nights in the **area** outside the park

DEST3

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

_____ number of people(including yourself)

DEST4

On how many days during this trip did you enter or re-enter [NPS site]?

_____ Number of days entering or re-entering [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 of the following.

- Day Trip only
- Stayed inside park boundaries and did not leave
- Don't know / Not sure how many times I entered and exited the park

DEST5

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

- YES
- NO

DEST6

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

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Before 8 am | <input type="checkbox"/> 2-4 pm |
| <input type="checkbox"/> 8-10 am | <input type="checkbox"/> 4-6 pm |
| <input type="checkbox"/> 10am-12 noon | <input type="checkbox"/> 6-7 pm |
| <input type="checkbox"/> 12-2 pm | <input type="checkbox"/> After 7 pm |

(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.

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Before 8 am | <input type="checkbox"/> 2-4 pm |
| <input type="checkbox"/> 8-10 am | <input type="checkbox"/> 4-6 pm |
| <input type="checkbox"/> 10am-12 noon | <input type="checkbox"/> 6-7 pm |
| <input type="checkbox"/> 12-2 pm | <input type="checkbox"/> After 7 pm |

DEST7

In what town/city did you and your personal group stay on the night before your arrival at [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 _____

DEST8

In what town/city did you and your personal group stay on the night after your departure from [NPS SITE]? If you stayed overnight at home, please select 'Stayed at home' and write the name of your hometown and state in the space provided.

- Stayed overnight and away from home
NEAREST TOWN CITY _____ STATE _____
- Stayed overnight at home
CITY _____

DEST9

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

- Yes, I found my destination easily
- Yes, I found my destination but it took some time
- No, I was unable to find my destination with road sign and maps
- No, didn't use road signs and/or posted maps

DEST10

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

- YES
- NO

DEST11

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

- YES
- NO

DEST12

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

- Not enough time
- Trail closure
- Road closure
- Inadequate display of safety information
- Bad weather
- Inadequate display of road / map signs
- Unsafe road
- Traffic at site
- Traffic at entrance gate
- Travel time in park greater than expected
- Other (please specify): _____

DEST13

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] |
|--|

DEST14

On this trip, if you [and your personal group] had not chosen to visit [NPS SITE], what other NPS SITE would you have visited instead? _____

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

DEST15

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

- YES
- NO

If YES, how many days did you visit [NPS SITE]?

If NO, how many hours did you visit [NPS SITE]?

_____ Number of days

_____ Number of hours

(Please list partial days/hours as 1/4, 1/2, or 3/4)

DEST16

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

_____ Number of entries **OR** O Don't know

DEST17

On this visit, how long did you [and your personal group] stay at [NPS SITE]? Please list partial hours as 1/4, 1/2, or 3/4.

_____ Number of **hours**, if less than 24 hours

OR

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

DEST18

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

- Didn't have a planned amount of time
- Spent longer time than planned
- Spent about the time planned
- Spent less time than planned

DEST19

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.

- Fewer things to do/see than expected
- More things to do/see than expected
- Longer wait at [important area/NPS SITE] than expected
- Shorter wait at [important area/NPS SITE] than expected
- Unable to obtain a ticket for [important area/NPS SITE]
- Other (Please specify) _____

DEST20

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

OR

- Would not stay longer

DEST21

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

- NO
- YES
If YES, what was the problem? _____

DEST22

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) __

DEST23

On this visit to [NPS SITE],

- a) which park entrance did you use to enter the park?

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

DEST24

What time of day did you arrive at the [NPS SITE or SPECIFIC PARK LOCATION] on the first day of your visit? Please select **only one** response.

Early Morning Before 8 a.m.	Morning (8 a.m. to 10 a.m.)	Mid-day (10 a.m. to 2 p.m.)	Late afternoon (2 p.m. to 4 p.m.)	Early Evening (4 p.m. to 6 p.m.)	Evenings (After 6 p.m.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEST25

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

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

DEST26

For **today only**, Please select **all** the park locations that you and your personal group 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
- Location #3
- Location #4

DEST27

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

	Very uninterested	Somewhat uninterested	Neither	Somewhat interested	Very interested
Monuments and memorials	1	2	3	4	5
Historic houses, buildings	1	2	3	4	5
Beaches	1	2	3	4	5
History museums	1	2	3	4	5
Parks, preserves, and reserves	1	2	3	4	5
Science museums/ centers and natural history museums	1	2	3	4	5
Amusement Parks	1	2	3	4	5

PLACE ATTACHMENT

PA1

Please indicate how strongly you DISAGREE or AGREE with the following statements.
 (Select the number of your response for each statement)

	Strongly Disagree	Disagree	Somewhat	Neither Agree or Disagree	Somewhat Agree	Agree	Strongly Agree
Activities							
Being able to [RECREATION ACTIVITY] in [NPS SITE] means a lot to me	1	2	3	4	5	6	7
I enjoy [RECREATION ACTIVITY] in [NPS SITE] more than any other place	1	2	3	4	5	6	7
I feel no commitment to [NPS SITE]	1	2	3	4	5	6	7
I am very attached to [NPS SITE]	1	2	3	4	5	6	7
[RECREATION ACTIVITY] in [NPS SITE] is more important to me than [RECREATION ACTIVITY] in any other place	1	2	3	4	5	6	7
I identify strongly with [NPS SITE]	1	2	3	4	5	6	7

PA2

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

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

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 or disagreement with each of the statements.
Please select **only one** response for each item.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
[NPS SITE] means a lot to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy [activity] in [NPS SITE] more than in any other park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very attached to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't substitute any other [similar place] for the [activity] I do in [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify strongly with [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get more satisfaction out of visiting [NPS SITE] than from visiting any other [similar] area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Activity] in [NPS SITE] is more important than [activity] in any other place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel no commitment to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No other place can compare to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I can really be myself at [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel [NPS SITE] is part of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Few people know [NPS SITE] like I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting [NPS SITE] says a lot about who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of pride in my heritage when I am at [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE] is a special place for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many important family memories are tied to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE] contributes to the character of my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community's history is strongly tied to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE SPECIFIC EXAMPLES].	<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 [site]. (Please select one response for each item)

	Strongly support	Slightly support	Neither	Slightly oppose	Strongly oppose
Provide additional pull-outs for scenic views / attraction	1	2	3	4	5
Temporarily close congested [park] roads	1	2	3	4	5
Develop more parking at key attraction	1	2	3	4	5
Divert visitor traffic away from congested roads or attractions	1	2	3	4	5
Require day-use reservation for vehicles to enter [park]	1	2	3	4	5
Offer more frequent park shuttle bus service (free)	1	2	3	4	5
Increase hours of operation for [park] shuttle	1	2	3	4	5
Limit the number of private vehicles entering the [park]	1	2	3	4	5
Add [park] shuttle bus service (free) to more areas of the park	1	2	3	4	5
Require use of park-and-ride shuttle system with automobile parking inside [park]	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
Trails for hiking, biking, or horseback riding	1	2	3
Trails for All Terrain Vehicles or snow machines	1	2	3
Roads for passenger vehicle	1	2	3
Primitive roads that require high clearance	1	2	3
Accessible-friendly (e.g., for wheelchairs) sites and facilities	1	2	3
Other (please specify) _____	1	2	3
[include list of NPS SITE relevant facilities/services]	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
Traffic congestion on roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic congestion at entrance stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking congestion/shortages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic congestion at roadside pullouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowding at scenic overlooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of shuttle service/options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable shuttle wait times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Add NPS SITE relevant impacts]	<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 if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement. You may also indicate that you don't know. (Check one box for each statement.) Select DK if you don't know the answer.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Traffic law enforcement is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Commercial traffic is a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
There are adequate pull-offs to stop and enjoy the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Traveling through a park on this road makes your drive more enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
The scenery on this road increases your enjoyment while traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
You choose to drive through the park because it is more enjoyable than other ways to get to your destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
You choose to drive through the park because it is the most direct or fastest route to your destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Some roads in this park should be managed for scenic driving by having lower speed limits, less stops, and fewer signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK

MODE

TRANSMODE1

Did you drive to [NPS SITE]?

- YES → How much time did you spend driving one-way?

TOTAL HOURS OF DRIVING _____

- NO

TRANSMODE2

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

-
- | | |
|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> All-Terrain Vehicle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Off-Highway Vehicle |
| <input type="checkbox"/> Shuttle | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Personal Vehicle | <input type="checkbox"/> Other (please specify): _____ |
-

TRANSMODE3

Select transportation you used during your most recent [hunting] trip to [NPS SITE] (defined as time in the field *and* traveling to/from the [NPS SITE])? (Mark all that apply)

- Charter Airplane (big game air transporter or air taxi)
 Private plane
 ATV
 Motorized Boat
 Raft
 Kayak/Canoe
 Other: _____
 Hiked in/out of the Preserve--did not use other transportation

TRANSMODE5

On this visit, did you and your group drive a recreational vehicle to [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
Travel information would have made it easier for me to get to the attractions I wanted to visit	1	2	3	4	5
It was easy for me to avoid traffic congestion in [NPS SITE]	1	2	3	4	5
It was easy to plan trips inside [NPS SITE] using my personal vehicle	1	2	3	4	5
I know the area well enough so I don't need travel information	1	2	3	4	5
I had some worry about driving and parking along busy roads with my personal vehicle	1	2	3	4	5
Overall, I was pleased with travel conditions using my personal vehicle on this trip (such as traffic, parking availability, safe roads)	1	2	3	4	5
It was easy for me to find parking in [NPS SITE]	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 PARKS 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

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
Scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand held devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road congestion	<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
...allowed to enter [NPS SITE] and drive around until a parking space opens up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...stopped at the entrance station until some parking spaces open up and only then allowed to enter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to park at the lot near the entrance station and ride a shuttle bus into [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to a park-and-ride lot outside of [NPS SITE] and ride a shuttle bus into [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to other recreation areas instead of visiting [NPS SITE] that day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING3

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"/>

PARKING 4

Please rate the importance of parking conditions at scenic overlooks to your overall enjoyment of [NPS SITE]. (Please select one response below.)

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

PARKING 5

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

PARKING 6

If you thought that it might be difficult to find parking when you planned this trip to [NPS SITE], how would it affect your trip plans? (Check all that apply.)

- It would not affect my plans
- I would visit at a time of day I thought would be less crowded
- I would visit on a day of the week I thought would be less crowded
- I would avoid places here I thought would be crowded today
- Other (Please specify): _____

PARKING7

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]

PARKING 8

How likely would you be to use each of the following sources for information about parking and crowding 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
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone app	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g., Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text updates on cellular phone/smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone information line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourist information center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING9

Do you agree or disagree 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
Safe	1	2	3	4	5
Convenient	1	2	3	4	5
Easy to find	1	2	3	4	5
Close to my destination(s)	1	2	3	4	5
Well marked (e.g., paint striping)	1	2	3	4	5
My preferred parking location	1	2	3	4	5
In a congested parking area	1	2	3	4	5

PARKING10

How satisfied were you with your parking location today? If NO, please list reasons

Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING11

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

- YES
- NO

PARKING 12

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

PARKING13

What reasons best explain why you parked in the lot near the entrance station? (Check all that apply.)

I parked in the lot near the entrance station because...

- I knew I wouldn't have to pay the fee to visit [NPS SITE] if I parked here.
- I tried parking closer to my destination, but couldn't find a parking place.
- I assumed parking lots closer to my destination would be full.
- This parking lot is the closest parking to my destination.
- I wanted to hike or bike from this parking lot to my destination.
- OTHER [NPS SITE SPECIFIC]

PARKING 14

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)

- Waited until a parking spot opened near my intended destination
- parked some distance away from my intended destination and walked
- experienced at least once, went to an alternate destination
- Other site specific parking issues or alternatives

PARKING15

How much did each of the following issues affect your visit to [NPS SITE]? (Please select one number for each issue.)

	No Affect	Minor Affect	Neutral	Moderate Affect	Major Affect
Too many cars were on the road	1	2	3	4	5
Too many large vehicles (e.g., buses, campers) were on the road	1	2	3	4	5
Too many bicycles were on the road	1	2	3	4	5
It was difficult to find a parking place at scenic overlooks	1	2	3	4	5
It was difficult to find a parking place at [list parking locations]	1	2	3	4	5
Too many people walking on, across, or along the road	1	2	3	4	5
Too many people at scenic overlooks	1	2	3	4	5
Not enough signs with directions to parking at [list parking locations]	1	2	3	4	5
Cars parked illegally (on road shoulders, in "no parking" areas)	1	2	3	4	5

PARKING16

What reasons best explain why you parked in the lot near the entrance station? (Check all that apply.)

- I parked in the lot near the entrance station because...[NPS SITE SPECIFIC]
- I knew I wouldn't have to pay the fee to visit [X] if I parked here.
- I tried parking closer to my destination, but couldn't find a parking place.
- I assumed parking lots closer to my destination would be full.
- This parking lot is the closest parking to my destination.
- I wanted to hike or bike from this parking lot to my destination.
- Hiking or biking on trails from this parking lot was my primary reason for visiting [NPS SITE].
- Other (please specify): _____

PARKING17

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

- Parking is available at all overlooks.
- Parking is available at many overlooks, but lots at the more popular areas, such as [Specific NPS ON-SITE Location], are full.
- Parking lots at all overlooks are full, and the more popular areas are over capacity, with traffic congestion due to cars waiting to park.
- Parking lots at all overlooks are over capacity, with traffic congestion due to cars waiting to park.

OR

- Don't know/Not sure

PARKING18

Do you agree or disagree with each of the following statements about parking in the lot near the entrance station? (Please select one response for each statement.)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
It's worth it to park here to avoid paying the entrance fee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be better if I could ride a shuttle from here to my destination(s) in [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would not have come today, if I knew I would park this far from my destination(s) in [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER [NPS SITE SPECIFIC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING19

Imagine that when you were about 1/2 hour 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.)

- Drive to [NPS SITE] and look for parking anyway
- Park there and take the 30 minute shuttle bus ride into [NPS SITE]
- Go somewhere else until later in the day when you could find parking in [NPS SITE]
- Go to a different recreation area instead (Please specify) _____
- Other (Please specify)

PARKING20

Imagine that when you arrived at the entrance station, a road sign notified you that parking lots in [SPECIFIC NPS SITE] were full, but you could park at the lot near the entrance station and ride a shuttle bus into [SPECIFIC NPS SITE]. What would you do? Check one box.

- Drive into [SPECIFIC NPS SITE] and look for parking anyway
- Park in the lot near the entrance station and ride the shuttle bus into [SPECIFIC NPS SITE]
- Leave and come back later in the day when you could find parking in [SPECIFIC NPS SITE]
- Go to a different recreation area instead (Please specify) _____
- Other (Please specify) _____

PARKING21

Did you obtain any parking availability or traffic conditions information provided at [NPS] visitor centers or campgrounds? (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)
 - Visitor Center
 - Ranger Station
 - NPS SITE--specific locations
 - Gift Shop
 - Other - NPS SITE SPECIFIC
 - Other (Specify) _____

PARKING23

Do you agree or disagree with each of the following statements about potential actions when parking lots in [NPS SITE] are full? (Check one box for each item.)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
<i>When parking lots in [NPS SITE] are full people should be...</i>					
...allowed to enter [NPS SITE] and drive around until a parking space opens up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...stopped at the entrance station until some parking spaces open up and only then allowed to enter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to park at the lot near the entrance station and ride a shuttle bus into [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to a park-and-ride lot outside of [NPS SITE] and ride a shuttle bus into BLRA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...directed to other recreation areas instead of visiting [NPS SITE] that day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARKING24

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

	Strongly Agree	Agree	Neither agree or Disagree	Disagree	Strongly Disagree
I found the information to be accurate	1	2	3	4	5
It was easy for me to use the information	1	2	3	4	5
The information saved me time	1	2	3	4	5
The information helped me avoid parking problems	1	2	3	4	5
I would plan to use this information source the next time I visit	1	2	3	4	5
The information helped me change my mind on what attractions to visit	1	2	3	4	5
[OTHER]	1	2	3	4	5

TRAFFIC

TRAFFIC1

Do you agree or disagree with each of the following statements about driving on the [NPS SITE] from the entrance station to here today? (Please select one number for each statement)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The number of cars on the road made driving conditions unsafe.	1	2	3	4	5
I enjoyed driving on the [NPS SITE] today.	1	2	3	4	5
I would prefer to ride a van or shuttle than drive on the narrow, winding roads myself.	1	2	3	4	5
The number of bicycles on the road made driving conditions unsafe.	1	2	3	4	5
I like the challenge and adventure of driving conditions on this road.	1	2	3	4	5

TRAFFIC2

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

	Not a problem	Small problem	Moderate problem	Big problem
At the park entrance/exit	0	1	2	3
Driving on park roads	0	1	2	3
In parking areas at primary destinations	0	1	2	3
At scenic overlooks.	0	1	2	3

TRAFFIC3

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
Stress and Conflict	1	2	3	4	5
You experience conflict with visitors using other kinds of transportation	1	2	3	4	5
You feel stressed while traveling through [the park]	1	2	3	4	5
You feel crowded by other visitors	1	2	3	4	5
You have trouble finding parking	1	2	3	4	5

TRAFFIC4

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

	Not a Problem	Small Problem	Moderate Problem	Big Problem
Condition of Roads	1	2	3	4
Availability of parking	1	2	3	4
People walking on, across, or along the road/ conflicts between vehicles and pedestrians	1	2	3	4
Too many people	1	2	3	4
Road traffic noise that interferes with enjoyment of natural sounds and quiet	1	2	3	4
Lack of transportation options to the sites I want to visit	1	2	3	4
[Other]	1	2	3	4

TRAFFIC5

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

TRAFFIC6

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

- Waited patiently to get to my intended destination
- at least once, went to an alternative destination
- made a complaint at the visitor center

TRAFFIC7

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

- Yes, but there was only one vehicle ahead of me
- Yes, there were less than four vehicles ahead of me
- Yes, and there were more than five vehicles ahead of me
- Yes, There were at least 10 vehicles ahead of me
- No, I did not have to wait behind any other vehicles to enter today

TRAFFIC8

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

- Parking lot
- On side of the road
- In a pull-out further away and walked

TRAFFIC9

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

- I have not been delayed.
- Less than 5 minutes
- 5-10 minutes
- 11-20 minutes
- 21-30 minutes
- 31-44 minutes
- 45-60 minutes
- More than 1 hour

TRAFFIC10

During your recent visit, how much of a problem, if any, do you think the following travel issues were on [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
Not enough travel and traffic information to help visitors plan for trips in the [NPS SITE]	0	1	2	3
Too many autos in the [NPS SITE] that impacts my experience	0	1	2	3
Ability to fully access desired recreation opportunities and attractions in the [NPS SITE]	0	1	2	3
Too many recreational vehicles in the [NPS SITE] that impacts my experience	0	1	2	3
Too many tour buses in the [NPS SITE] that impacts my experience	0	1	2	3
Seeing electronic bus signs in the [NPS SITE].	0	1	2	3
Vehicles parked along main roads causing unsafe conditions	1	2	3	4
Too many autos outside the [NPS SITE] that impacts my experience	1	2	3	4

TRAFFIC11

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

<input type="checkbox"/> 9:00 am	<input type="checkbox"/> 1:00 pm
<input type="checkbox"/> 10:00 am	<input type="checkbox"/> 2:00 pm
<input type="checkbox"/> 11:00 am	<input type="checkbox"/> 3:00 pm
<input type="checkbox"/> Noon	Other _____

TRAFFIC12

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

- NO
 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?

TRAFFIC13

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

	Not At All Important	Not Very Important	Moderately Important	Very Important	Extremely Important
One-way traffic flow in selected areas of park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved parking area (e.g. paving, designated parking areas, railings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and number of entrance roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails along roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in shoulder width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[other NPS site specific road modifications]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

- To avoid driving in traffic
- To avoid looking for parking
- Saw a sign that [NPS SITE] parking was full
- Thought this was the only way to get to [NPS SITE]
- Better for the environment
- Saves time
- Save 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

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

- Listening to a short educational program on my phone (i.e. call a ranger)
- Watching a short educational video on a kiosk
- Talking to Park Service staff onsite
- Relaxing
- Other (Please explain _____)

TRANSERV8

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]

TRANSERV9

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

- Excellent
- Good
- Fair
- Poor
- Very Poor

TRANSERV10

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

TRANSERV11

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

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 viewpoints?

- 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 THREE improvements would make you more likely to use this shuttle again in the future?

(Select ONLY 3)

- More frequent bus shuttle service
- Improved connections between this shuttle and in-[park] shuttles
- Earlier morning service
- Later evening service
- Better visitor information at pass sales outlets, at bus stops, on buses
- More parking/better defined parking [at specific NPS SITE]
- Better amenities at bus stops (i.e., shelters, restrooms)
- Other (specify) _____

TRANSERV15

Please rate the [shuttle service(s)]. For each service, please select one response for each item. If the service not available, select "N/A."

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied	Not Available
Your overall experience with the shuttle service	1	2	3	4	5	NA
NPS SITE(S) covered by service	1	2	3	4	5	NA
Reliability (on-time)	1	2	3	4	5	NA
Ability to find a seat	1	2	3	4	5	NA
Courtesy/helpfulness of the bus driver	1	2	3	4	5	NA
Services for the disabled	1	2	3	4	5	NA
Ease of finding shuttle stops	1	2	3	4	5	NA
Ability to hear the audio programming on the bus	1	2	3	4	5	NA
Ease of bringing a bicycle	1	2	3	4	5	NA
Usefulness of the audio programming in providing background information on the visitor NPS SITE(S)	1	2	3	4	5	NA

TRANSERV16

Please indicate how strongly you agree or disagree with the following statements about the [NPS TRANSPORTATION SERVICE]?

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The shuttle schedule is confusing	1	2	3	4	5
The shuttle saved me time	1	2	3	4	5
The shuttle does not run frequently enough for my needs	1	2	3	4	5
Getting on and off the shuttle is physically challenging for me or someone in my group	1	2	3	4	5
I had to switch shuttles too many times to get to my desired destination	1	2	3	4	5
The shuttle does not have sufficient room for my gear	1	2	3	4	5
It seems difficult to travel with children on the shuttle	1	2	3	4	5
I enjoyed my experience using the shuttle	1	2	3	4	5
I would use the shuttle again	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
on-time performance	1	2	3	4	5	<input type="checkbox"/>
frequency	1	2	3	4	5	<input type="checkbox"/>
frequency of service	1	2	3	4	5	<input type="checkbox"/>
ability to access trailheads	1	2	3	4	5	<input type="checkbox"/>
OTHER NPS SITE SPECIFIC list of services/features	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
Information on where to board shuttle	1	2	3	4	5
Clear signage and directions to shuttle parking area	1	2	3	4	5
Clear route information displayed on each shuttle	1	2	3	4	5
Easy, convenient parking for shuttle	1	2	3	4	5
Frequency of shuttle service	1	2	3	4	5
Increased hours of shuttle operation	1	2	3	4	5
Shuttle is free	1	2	3	4	5
Information available about park; tour guides on buses	1	2	3	4	5
Comfort, not crowded	1	2	3	4	5
Space for personal items (i.e., gear, strollers, coolers)	1	2	3	4	5
Shuttle stops at facilities for food and drink	1	2	3	4	5
Knowing amount of reduced air pollution from not driving in [park]	1	2	3	4	5
Increased wait times for parking (NPS SITE SPECIFIC)	1	2	3	4	5
Knowing you are reducing traffic congestion in [park]	1	2	3	4	5
[NPS SITE SPECIFIC OPTIONS]	1	2	3	4	5

TRANSERV19

Overall, what level of support would 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 three things you enjoyed most.)

- 1. _____
- 2. _____
- 3. _____

TRANSERV21

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

- 1. _____
- 2. _____
- 3. _____

TRANSERV22

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

	Not at all important	Slightly important	Moderately Important	Very Important	Extremely Important
Use of green technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
frequency of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to access trailheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ability to bring along gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSERVE23

If you were to visit [NPS SITE] in the future, how important would the following services on a shuttle bus be? Please select one for each characteristic.

Shuttle characteristic	Not at all important	Slightly important	Moderately important	Very important	Extremely important
frequency of shuttle service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on-board orientation by employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
area-specific list shuttle characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSERV24

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

	Very Bad Idea	Bad Idea	No Opinion	Good Idea	Very Good Idea
Buses leave as early as 4:00 a.m.	1	2	3	4	5
The buses facilitate hiking by stopping on demand to drop off and pick up hikers	1	2	3	4	5
The bus provides “express” service to specific locations along the road without stopping to view wildlife	1	2	3	4	5
The bus provides “specialty” tours (e.g., birding, geology, “family oriented”)	1	2	3	4	5
Buses would be designed to provide more passenger comfort than existing buses	1	2	3	4	5
OTHER [SITE SPECIFIC QUESTIONS]	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

ACT1

On this visit, did you [and your personal group] take a tour with an independent guide (not a park ranger)?

- YES
- NO

ACT2

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

ACT3

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

ACT4

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

ACT5

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

- YES
- NO

ACT6

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

- YES
- NO

ACT7

Did you [and your personal group] enjoy watching [SPECIFIC ACTIVITY]?

- YES
- NO

ACT8

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

- YES
- NO

ACT9

Did you hike with a guide/ranger?

- With a guide/ranger
- Without a guide/ranger

ACT10

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)

- Inclement weather
- Bus tour did not provide an opportunity
- Some members of my party were not interested
- Some members of my party were not able
- Concerned for my safety

- [LIST OTHER NPS SITE SPECIFIC ACTIVITY]
- Other (Please specify: _____)

ACT11

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 twelve months

	(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 12 MONTHS</u> (Check all that apply)
Recreational fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature/wildlife observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historic tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[LIST OTHER NPS SITE SPECIFIC ACTIVITIES]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify: _____			

ACT12

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

- None → Skip to next question
- Canoe
- Kayak
- Raft
- Boat
- Other (please specify): _____
- OTHER SITE SPECIFIC Equipment
- OTHER SITE SPECIFIC Equipment
- OTHER SITE SPECIFIC Equipment
- OTHER SITE SPECIFIC Equipment
- OTHER SITE SPECIFIC Equipment

ACT13

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

- YES
- NO

ACT14

Please rate your current experience level in [activity]. Please mark [X] only one.

Beginner	Novice	Intermediate	Advanced	Expert
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACT15

Have you taken courses in [ACTIVITY]?

- YES
- NO Please specify how you learned:

ACT16

How prepared did you feel for [activity] on [location] at [NPS site]? Please mark [X] 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"/>

ACT17

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Too many other hikers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate information and signs at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate information about trails before arriving at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate signs marking the trail route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The actions or behaviors of other hikers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail surface quality (too deeply eroded, muddy, rough, uneven, too wide, too narrow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter on the trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal (visitor-created) trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails that go to the places I want to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails too difficult (too many hills/too steep)	<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"/>

ACT18

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

- a) On past visits, in which activities did you [and your personal group] participate? Please select **all** that apply in **column A**. If you did not participate in an activity in the past, please leave this column blank.
- b) As you were planning your trip, which activities did you [and your personal group] expect to include on this visit? Please select **all** that apply in **column B**.
- c) On this visit, in which activities did you participate? Please select **all** that apply in **column C**.
- d) If you were to visit in the future, which activities do you [and your personal group] expect to include on your visit? Please select **all** that apply in **column D**.

	<u>A</u> Activities on past visits	<u>B</u> Activities expected to include	<u>C</u> Activities on this visit	<u>D</u> Activities on future visit
list area-specific activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
list area-specific activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
list area-specific activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACT19

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

- Didn't have a planned amount of time
- Spent longer time than planned
- Spent about the time planned
- Spent less time than planned

ACT20

Please tell us if you DO each activity listed by *circling* NEVER, SOMETIMES, or ALWAYS.

	Do You Do This Now?		
	Never	Sometimes	Always
Prepare for all types of weather, hazards, or emergencies before I get on the trail	Never	Sometimes	Always
Schedule my visit to avoid times of high use	Never	Sometimes	Always
Stay on designated or established trails	Never	Sometimes	Always
Walk single file in the middle of the trail, even when wet or muddy	Never	Sometimes	Always
Carry out all litter, even crumbs, peels, or cores	Never	Sometimes	Always
Leave all natural objects in the area, even small items like rocks, plants, sticks, or feathers	Never	Sometimes	Always
Avoid approaching, feeding, or following wildlife	Never	Sometimes	Always
Take breaks away from the trail and other visitors	Never	Sometimes	Always

ACT21

In the past 12 months, what areas have you used off-highway vehicles inside [NPS site] boundaries?
Please mark **all** that apply.

- | | |
|--|---|
| <input type="checkbox"/> Motorized single track trails | <input type="checkbox"/> NPS information station |
| <input type="checkbox"/> Motorized dual track trails | <input type="checkbox"/> Visitor Center or Museum |
| <input type="checkbox"/> Designated off-road vehicle area | <input type="checkbox"/> Swimming area |
| <input type="checkbox"/> Scenic byways | <input type="checkbox"/> Developed fishing site or Dock |
| <input type="checkbox"/> Roadways that require high clearance vehicles | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> None of these | |

ACT22

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

	Definitely	Probably	Possibly	Probably Not	Definitely Not
Prepare for all types of weather, hazards, or emergencies before I get on the trail	1	2	3	4	5
Schedule my visit to avoid times of high use	1	2	3	4	5
Stay on designated or established trails	1	2	3	4	5
Walk single file in the middle of the trail, even when wet or muddy	1	2	3	4	5
Leave all natural objects in the area, even small items like rocks, plants, sticks, or feathers	1	2	3	4	5
Avoid approaching, feeding, or following wildlife	1	2	3	4	5
Take breaks away from the trail and other visitors	1	2	3	4	5

ACT23

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
to move past or out of the way of others hiking on the trail	1	2	3
to move out of the way of a horseback riding group	1	2	3
to "go to the bathroom"	1	2	3
to explore an area that looked interesting	1	2	3
to get around a difficult part of the marked/signed trail	1	2	3
to see an attraction or feature up close	1	2	3
to shortcut a portion of the marked/signed trail	1	2	3
accidentally because the trails were poorly marked	1	2	3
to use river water to fill a water bottle	1	2	3

for another reason (please specify)

1

2

3

ACT24

Which trails did you or will you use during your longest hike? (Please check all that apply)

- [insert name of trail]
- [insert name of trail]
- [insert name of trail]
- [insert name of trail]
- [insert name of trail]

Other (Please specify) _____

ACT25

If using Off-Highway Vehicles/All-Terrain Vehicles, 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

ACT26

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

- YES
- NO

ACT27

On this visit to [NPS site], please indicate how long you spent in each activity that you participated in,. 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	<input type="checkbox"/>						
	<input type="checkbox"/>						
	Activity						
	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"/>
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ACT28

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 trails 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
Remoteness	1	2	3	4	5	DK
Solitude	1	2	3	4	5	DK
Primitive recreation/few facilities	1	2	3	4	5	DK
Pristine natural environment	1	2	3	4	5	DK
Physically challenging/ demanding	1	2	3	4	5	DK
Unconfined recreation/free from rules and regulations	1	2	3	4	5	DK
Requiring self-reliance	1	2	3	4	5	DK
Fostering a sense of humility toward nature	1	2	3	4	5	DK
Fostering intimacy/connection with others in your group	1	2	3	4	5	DK
Fostering spiritual connection	1	2	3	4	5	DK
Fostering immersion in nature	1	2	3	4	5	DK

ACT29

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Too many other hikers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate information and signs at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate information about trails before arriving at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate signs marking the trail route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking at the trailhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The actions or behaviors of other hikers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail surface quality (too deeply eroded, muddy, rough, uneven, too wide, too narrow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter on the trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal (visitor-created) trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails that go to the places I want to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails too difficult (too many hills/too steep)	<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"/>

ACT30

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

- Beginner
- Novice
- Intermediate
- Advanced
- Expert

ACT31

Did you encounter any of the following on your hike today? Please mark **one for each row**.

	No	Yes, Some	Yes, A Lot
Graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visible human or dog waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human or dog waste odor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dangerous behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falling rocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals you believe were unprepared for the hike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals walking off-trail/creating their own trail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals cutting switchbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dogs on the trail or summit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drone usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loud noise or music created by other visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACT32

Who taught you to [RECREATIONAL ACTIVITY]? (*check one*)

- Family members (informally)
- Climbing club (informally)
- Took a course from outfitter/guide (formal instruction)
- Friends (informally)
- Took a course from University/College (formal instruction)
- Other: _____

ACT33

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

- SPECIFIC NPS SITE
- OTHER [NPS SITE]
- OTHER [NPS SITE]
- OTHER [NPS SITE]

ACT34

What skill level [RECREATION ACTIVITY] would you consider yourself to be? (Please select one).

- Beginner
- Novice
- Intermediate
- Advanced
- Expert

ACT35

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

	IMPORTANCE					
	Very Important	Important	Moderately Important	Slightly Important	Not Important	Not Applicable
List NPS Site-specific recreational activities	1	2	3	4	5	N/A
List "planned" recreational activities	1	2	3	4	5	N/A

ACT36

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

	At THIS NPS SITE	At ANOTHER NPS SITE
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>
Sightseeing or scenic driving by automobile	<input type="checkbox"/>	<input type="checkbox"/>
Overnight backpacking	<input type="checkbox"/>	<input type="checkbox"/>
Tent camping in developed campgrounds	<input type="checkbox"/>	<input type="checkbox"/>
RV camping in developed campgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Photography/painting/drawing	<input type="checkbox"/>	<input type="checkbox"/>
Nature study	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>
Ranger-led programs and activities	<input type="checkbox"/>	<input type="checkbox"/>
Other NPS SITE-SPECIFIC ACTIVITES	<input type="checkbox"/>	<input type="checkbox"/>

ACT37

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

	Very Frequently	Frequently	Occasionally	Rarely	Never
Activity 1	1	2	3	4	5
Activity 2	1	2	3	4	5
Activity 3	1	2	3	4	5
Activity 4	1	2	3	4	5

ACT38

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
Recreational fishing	1	2	3	4	5	N/A
Snorkeling	1	2	3	4	5	N/A
SCUBA Diving	1	2	3	4	5	N/A
Camping	1	2	3	4	5	N/A
Nature/wildlife observation	1	2	3	4	5	N/A
Kayaking	1	2	3	4	5	N/A
Historic tours	1	2	3	4	5	N/A
Other (Specify)	1	2	3	4	5	N/A

ACT39

Imagine that you discovered that you could not participate in your primary activity in your most preferred zone during your next planned trip to [NPS SITE]. What would you do?

- 1 I would still participate in my primary activity, but elsewhere in [NPS SITE]
- 2 I would still participate in my primary activity, but outside of [NPS SITE]
- 3 I would temporarily participate in a different activity in [NPS SITE]
- 4 I would temporarily participate in a different activity, but outside of [NPS SITE]

ACT40

Imagine that you discovered that you could not participate in your primary activity in your most preferred zone for the next five years. What would you do?

- 1 I would still participate in my primary activity, but elsewhere in [NPS SITE]
- 2 I would still participate in my primary activity, but outside of [NPS SITE]
- 3 I would permanently participate in a different activity in [NPS SITE]
- 4 I would permanently participate in a different activity, but outside of [NPS SITE]

ACT41

Did any of your [RECREATIONAL ACTIVITY] occur on back-country roads, trails, or cross country, riding a mountain bike or hybrid bike?

- YES Number of Days _____
- NO
- Don't know

ACT24

On how many different days did you [Recreational Activity] in the back country? [Count any part of a day as a whole day]

- Number of Days _____
- None
- Don't know

ACT43

Did you visit an outdoor nature center, a nature trail, a visitor center, or a zoo?

- YES Number of Days _____
- NO
- Don't know

ACT44

Did you visit prehistoric structures or archaeological NPS sites?

- YES Number of Days _____
- NO
- Don't know

ACT45

Did you visit any historic NPS sites, buildings, or monuments?

- YES Number of Days _____
-
- NO

ACT46

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

- NO
- YES - What type
 - Developed
 - Primitive
 - Both
 - Not sure

ACT47

On how many different days did you camp at a developed or primitive camping area? Count any part of a day as a whole day.

- Number of Days _____
- None
- Don't know

ACT48

Did you go mountain (or rock) climbing?

- YES Number of Days _____
- NO

ACT49

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

- Yes Number of Days _____
- No
- Don't know

ACT50

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

ACT51

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

ACT52

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

- Beginner
- Novice
- Intermediate
- Advanced
- Expert

ACT53

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

- Indoors at a rock gym
- Outdoors
- OTHER RELATED TO NPS SITE SPECIFIC ACTIVITIES
- OTHER

ACT54

Who taught you to [RECREATIONAL ACTIVITY]? (*check one*)

- Family members (informally)
- Climbing club (informally)
- Took a course from outfitter/guide (formal instruction)
- Friends (informally)
- Took a course from University/College (formal instruction)
- Other: _____

ACT55

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

- SPECIFIC NPS SITE
- OTHER [NPS SITE]
- OTHER [NPS SITE]
- OTHER [NPS SITE]

ACT56

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

	IMPORTANCE					
	Very Important	Important	Moderately Important	Slightly Important	Not Important	Not Applicable
List NPS Site-specific recreational activities	1	2	3	4	5	N/A
List "planned" recreational activities	1	2	3	4	5	N/A

ACT57

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

	At THIS NPS SITE	At ANOTHER NPS SITE
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>
Sightseeing or scenic driving by automobile	<input type="checkbox"/>	<input type="checkbox"/>
Overnight backpacking	<input type="checkbox"/>	<input type="checkbox"/>
Tent camping in developed campgrounds	<input type="checkbox"/>	<input type="checkbox"/>
RV camping in developed campgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Photography/painting/drawing	<input type="checkbox"/>	<input type="checkbox"/>
Nature study	<input type="checkbox"/>	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>	<input type="checkbox"/>
Ranger-led programs and activities	<input type="checkbox"/>	<input type="checkbox"/>
Other NPS SITE-SPECIFIC ACTIVITES	<input type="checkbox"/>	<input type="checkbox"/>

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 particular 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.

- Hiked, carrying own equipment
- Hiked, leading pack stock animal(s)
- Hiked with a commercial guide without pack stock animals
- Hiked, with an outfitter dropping off gear
- Rode on horses provided by an outfitter and was dropped off to camp
- Rode on horses provided by an outfitter who remained with the group
- Rode on privately owned (visitor-owned) horses
- Other _____

BACK4

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

- Fishing
- Hiking on trails
- Speed hiking
- Hiking in a trail-less area (i.e., cross-country)
- Technical mountain climbing (i.e., using ropes and special gear)
- Non-technical mountain climbing (i.e., without using ropes and special gear)
- Kayaking
- Trail running

BACK5

If you hiked in a trail-less area, how many nights did you camp in trail-less areas?

_____ nights

BACK6

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

- Wood
- Liquid (e.g., white) gas
- Propane or similar fuel in a pressured canister
- Other fuel _____
- Didn't cook on this trip

BACK7

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? _____

BACK8

How did you store your food on this trip? Check all that apply, but if more than one, underline or select the primary method of storage.

- In a portable bear resistant food storage canister
- In a NPS-installed bear resistant food storage locker
- Counterbalanced in a tree
- Hidden or buried
- Sitting out
- Kept in tent
- In a pack stock-carried pannier or drum
- Other (describe) _____

BACK9

If you **did** use canisters, how many canisters did your group carry on this trip into the [NPS SITE] wilderness?

_____ Canisters

BACK10

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

- 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

BACK11

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

BACK12

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

BACK13

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

- to follow a described or downloaded route cross-country (off-trail)
- to locate a "way-pointed" campsite
- to locate a specific waypoint, destination or landmark
- to determine your exact location
- general trail navigation
- to create a log or record of your route
- didn't use GPS

BACK18

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?

_____ number of people in hiking-only groups (no pack animals) on trails

_____ number of people in hiking-only groups traveling cross-country in trail-less areas

_____ number of people in groups with pack animals on trails

_____ number of people in groups with pack animals traveling cross-country in trail-less areas

BACK15

Please select the number that best describes the degree to which you agree or disagree 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
Technology creates a genuine sense of safety for wilderness users	1	2	3	4	5
I would feel safer by having technology with me on a wilderness trip	1	2	3	4	5
I would be more likely to use technology to request rescue when I could make it out on my own but the process of self-rescue would be long and uncomfortable	1	2	3	4	5
I would be more likely to take chances that could increase risk if I had technology with me in the wilderness.	1	2	3	4	5
Technology creates a false sense in safety for wilderness users.	1	2	3	4	5
Technology in the wilderness makes people feel that their safety is not their personal responsibility.	1	2	3	4	5
Technology in the wilderness can successfully substitute for skill/ experience/ knowledge.	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?

- Hikers with day packs
- Hikers with backpacks (overnight campers)
- Groups with pack animals
- People using electronic devices
- Trail runners
- 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
overall trail conditions	1	2	4	5
rutted trails	1	2	4	5
horse manure on the trail	1	2	4	5
too many stock animals on the trail	1	2	4	5
stock damage to vegetation	1	2	4	5
trampled meadows, damaged trees	1	2	4	5
human damage to vegetation	1	2	4	5
groups with too many horses	1	2	4	5
litter	1	2	4	5
improper human waste disposal	1	2	4	5
too many fire rings	1	2	4	5
not enough campsite privacy	1	2	4	5
helicopter noise	1	2	4	5
too many rules and regulations	1	2	4	5

HUNTING AND FISHING

HUNTFISH1

Below is a list of seven factors that can contribute to a successful fishing experience. Please rank the factors in order of importance (1 being the most important, 7 being the least important).

Rank Factor

- _____ Size of fish caught
- _____ Number of fish caught
- _____ Type/species of fish caught
- _____ Number of legal sized fish you brought home
- _____ Number of other fishermen encountered while fishing
- _____ Boat ramp/launching conditions (degree of crowding, etc.)
- _____ OTHER [NPS SITE SPECIFIC]
- _____ Other (Specify)

HUNTFISH2

Below is a list of reasons why people fish in saltwater in general. Please select the number that indicates how important each item is to you as a reason for going saltwater fishing. (

Activity	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
For family recreation	1	2	3	4	5
To be outdoors	1	2	3	4	5
To experience new and different things	1	2	3	4	5
To obtain fish for eating, not for sport	1	2	3	4	5
For the experience of the catch	1	2	3	4	5
To develop my skills	1	2	3	4	5
To catch a trophy fish.	1	2	3	4	5
For the challenge of the catch	1	2	3	4	5
For the sport of fishing, not to obtain food to eat	1	2	3	4	5

HUNTFISH3

How many years have you been saltwater fishing? How many years have you been salt water fishing in [NPS SITE].

_____ Total number of years

_____ Number of years fishing in [NPS SITE]

HUNTFISH4

When I go hunting/ fishing, I feel like:

- 1 a beginner. I don't really feel like I am part of the saltwater fishing scene.
- 2 an occasional or irregular participant in the saltwater fishing. Sometimes it is fun, entertaining or rewarding to fish in saltwater.
- 3 a habitual and regular participant in the saltwater fishing.
- 4 an insider to the sport. Saltwater fishing is an important part of who I am

HUNTFISH5

When HUNTING/FISHING, 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
Being unsure about how to do certain things when I go.	1	2	3	4	5
Becoming more familiar and comfortable with the saltwater fishing.	1	2	3	4	5
Having a good understanding of what I can do, and how to do it.	1	2	3	4	5
Encouraging, teaching and enhancing opportunities for others who are interested in saltwater fishing	1	2	3	4	5

HUNTFISH6

Please list the three species of fish you typically fish for when fishing inside [NPS SITE].

- 1. _____
- 2. _____
- 3. _____

HUNTFISH7

Please list the three species of fish you would prefer to catch when fishing inside [NPS SITE].

- 1. _____
- 2. _____
- 3. _____

HUNTFISH8

If you could not participate in your primary activity, in your most desirable location, which other area in [NPS SITE] do you think can offer just as good an experience as your most preferred location? Please refer to the enclosed map and rank the zones in order of desirability. If no other location is just as good, check "None".

Location	Desirability				
	Very desirable	Desirable	Neutral	Undesirable	Very Undesirable
AREA 1					
AREA 2					
AREA 3					

HUNTFISH9

We would like to know how many fishing boats 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 fishing boats in an area. Please look at the photographs on Poster 3. Please rate each photograph by indicating how acceptable you think it is based on the number of fishing boats shown. A rating of "-3" means the number of boats is very unacceptable, and a rating of "+3" means the number of boats is very acceptable. (Select one number for each photograph.)

	Very unacceptable	Moderately unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Moderately 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
Photo 5	-3	-2	-1	0	1	2	3
Photo 6	-3	-2	-1	0	1	2	3
Photo 7	-3	-2	-1	0	1	2	3

HUNTFISH10

Which photograph shows the number of boats you think is so unacceptable you would no longer fish 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.

HUNTFISH11

Which photograph shows the highest number of boats you think should be allowed at fishing areas at the park? In other words, at what point should visitors be restricted from fishing 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 fishing at the park.

OR

Fishing should not be restricted at the park.

HUNTFISH12

Which photograph looks most like the number of fishing boats you typically see at the park?

Photo number: _____

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 12 months, did you participate in...	Do you have an interest in future participation in...
[Activity 1]	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
[Activity 2]	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No
[Activity 3]	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

HUNTFISH14

Please estimate the percentage of your overall time spent hunting (fishing) during the past year that occurred within [NPS SITE].

_____ Percent

HUNTFISH15

Including this visit, how many times have you visited [NPS SITE] in the last five years to hunt [fish]?

_____ Times

HUNTFISH16

What are the reasons you choose to hunt [fish] in [NPS SITE]? (Check all that apply.)

- Close proximity to home
- Limited opportunities for hunting (fishing) elsewhere
- Availability of game (fish)
- Limited pressure from other hunters (anglers)
- Know the area
- Like the area
- Other (please specify): _____

HUNTFISH17

Did you experience or see any unsafe conditions while boating on [NPS site location]?

- NO
- YES - Please specify those conditions:

HUNTFISH19

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

Not At All Likely	Not Very Likely	Moderately Likely	Very Likely	Extremely Likely
○	○	○	○	○

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

HUNTFISH20

Did your river guide provide information on safety?

- YES
- NO
- No River Guide

HUNTFISH21

Did you receive safety information regarding [NPS site body of water type] conditions prior to [water activity]?

- YES
- NO

HUNTFISH22

The next set of questions is about life jacket safety. Please answer YES or NO and if you respond NO to any of the questions please explain your response below.

	YES	NO	Don't Know
Did you have a life jacket for every person on your boat today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While doing [water activity], did you wear a life jacket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you buckle all buckles and fasten all available straps after you put your life jacket on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your life jacket U.S. Coast Guard certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **NO**, please specify why not:

NIGHT VISITS AND STARGAZING

NSKIES1

Have you spent time in this park at night?

- YES
- NO

NSKIES2

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

1. _____
2. _____
3. _____

NSKIES3

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

1. _____
2. _____
3. _____

NSKIES4

Please check all of the following things you've done in this park after dark on this trip.

(Check all that apply.)

- Attended a ranger program
- Camped
- Walked/hiked somewhere in the park other than the campground
- Stargazed/viewed the night sky
- [LIST OTHER NPS SITE SPECIFIC ACTIVITIES]
- Other (Please specify):

- a. _____
- b. _____
- c. _____

I've never visited this park after dark.

NSKIES5

Have you spent time in [NPS SITE] at night?

- YES
- NO

NSKIES6

What things do you like most about the nighttime environment in [NPS SITE]?

NSKIES7

What things do you like least about the nighttime environment in [NPS SITE]?

NSKIES8

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

- YES
- NO

NSKIES9

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

NSKIES10

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

NSKIES11

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

- Attended a ranger program
- Camped
- Walked/hiked somewhere in the park other than the campground
- Stargazed/viewed the night sky
- Other (Please specify):
- I've never visited this park after dark.

NSKIES12

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

	<u>In this park</u>	<u>In other parks or recreation areas</u>	<u>In other places</u>
During a full moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there is no moonlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During special celestial events (e.g., meteor shower, comets, Northern Lights, eclipse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify):	<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"/>

NSKIES13

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

	<u>In this park</u>	<u>In other parks or recreation areas</u>	<u>In other places</u>
During a full moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there is no moonlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During special celestial events (e.g., meteor shower, comets, Northern Lights, eclipse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<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"/>

NSKIES14

If management actions were taken to improve stargazing at this park, how concerned would you be about the following? (Select one number for each item.)

	Not all concerned	Slightly concerned	Moderately concerned	Very concerned	Extremely concerned
Light restrictions may make the park less safe.	1	2	3	4	5
Light restrictions may increase the risk of crime.	1	2	3	4	5
Light restrictions may make it more difficult for me to do other nighttime activities in the park.	1	2	3	4	5
The management actions may divert the park's budget from addressing other issues that I care about.	1	2	3	4	5

NSKIES15

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

	In this park	In other parks or recreation areas	In other places	How many times per year in total?
Attending educational programs at night or about night, including park ranger programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Night photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stargazing <u>with</u> telescopes or binoculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stargazing <u>without</u> telescopes or binoculars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visiting planetariums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visiting observatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hiking or walking at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NSKIES16

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
Viewing the night sky (“stargazing”) is important to me.	-2	-1	0	1	2
One of the reasons I chose to visit this park is to view the night sky.	-2	-1	0	1	2
This park has a good reputation as a place to view the night sky.	-2	-1	0	1	2
I expected to see a “starry night” in this park.	-2	-1	0	1	2
Observing the night sky is an important part of my experience in this park.	-2	-1	0	1	2
The night sky in this park is pristine (i.e., free of light pollution).	-2	-1	0	1	2

NSKIES17

Is there anything you would like to see changed in the way this park manages its activities, visitors’ activities, stargazing/viewing the night sky, lighting or park resources at night?

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

NSKIES18

Stargazing or viewing the night sky can be affected by human-caused light. For example, the lights of cities and street lights 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.

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

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"/>

SOUND4

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

Pleasing: _____
Annoying: _____

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
Traffic noise	<input type="checkbox"/>	<input type="checkbox"/>
Mowing machine	<input type="checkbox"/>	<input type="checkbox"/>
Airplanes, helicopters	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>
Insects	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
OTHER [PARK SPECIFIC SOUNDS]	<input type="checkbox"/>	<input type="checkbox"/>

SOUND7

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	No effect	Moderately Peaceful	Extremely Peaceful
Propeller-driven airplanes	1	2	3	4	5
Traffic Noise	1	2	3	4	5
People shouting or speaking loudly	1	2	3	4	5
Loud music	1	2	3	4	5
Someone's ringing cell phone	1	2	3	4	5
[OTHER NPS SITE SPECIFIC SOUNDS]	1	2	3	4	5
Other _____					

SOUND8

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

SOUND9

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

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

- YES
- NO

SOUND10

Please indicate how your experience of 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 expected
Aircraft	0	1	2	3	4	5
Ranger talks	0	1	2	3	4	5
Sounds of nature	0	1	2	3	4	5
Motor vehicles	0	1	2	3	4	5
Running Water	0	1	2	3	4	5
Bird Song/Chatter	0	1	2	3	4	5
Park Maintenance (Trail Repair, etc.)	0	1	2	3	4	5
Explosion	0	1	2	3	4	5
Wind	0	1	2	3	4	5
Large Mammal (e.g., Deer, etc.)	0	1	2	3	4	5
Small Mammal (e.g. Squirrel)	0	1	2	3	4	5
Children	0	1	2	3	4	5
Electronic Devices (e.g., Cell Phone)	0	1	2	3	4	5

SOUND11

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

- Amount of man-made sound was lower than I expected
- Amount of man-made sound was about what I expected
- Amount of man-made sound was more than I expected
- I had no expectations related to amount of man-made sound
- Don't know

SOUND12

How pleased or annoyed are you with the amount of natural sounds you have experienced at [NPS SITE] during this visit?

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

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

SOUND13

How pleased or annoyed are you with the amount of man-made sound you have experienced at [NPS SITE] during this visit?

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

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

SOUND14

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

YES

➔ What did you do differently? (Please check all that apply)

- I made my visit shorter
- I moved to quieter parts of the park
- I chose more remote areas
- I hiked longer trails to avoid crowds
- I chose a camp site farther away from sound sources
- I planned my visit for times early or late in the day
- Other _____

SOUND15

Please indicate how strongly you agree or disagree with each of the following statements. (Please check one box for each row)

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
Hearing man-made sound interferes with my enjoyment of the outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I can hear man-made sound in an outdoor area, it makes the place seem less natural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can only experience solitude in quiet places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOUND16

Please rate the PLEASANTNESS or UNPLEASANTNESS of the overall sound that you heard along this past segment of the trail. Mark your single choice with an X.

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"/>

SOUND17

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

If the amount of man-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
increased substantially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
increased moderately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
decreased moderately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
decreased substantially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOUND18

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
Enhance your visitor experience	0	1	2	3	4
Increase your understanding of traditional cultures here in [NPS SITE]	0	1	2	3	4
Increase your understanding of [NPS SITE] significance	0	1	2	3	4
Increase your understanding of [NPS SITE] mission	0	1	2	3	4
Increase your appreciation of [NPS SITE]	0	1	2	3	4

SOUND19

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
birds	1	2	3	4	5
wildlife	1	2	3	4	5
water	1	2	3	4	5
wind	1	2	3	4	5
insects	1	2	3	4	5
[OTHER NPS SITE SPECIFIC SOUNDS]	1	2	3	4	5
Other	1	2	3	4	5

SOUND20

How desirable it would 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
Sign(s) informing you about the park's concerns with human-caused noise	-2	-1	0	1	2
Sign(s) informing you that you may hear traditional cultural sounds (e.g., drumming, singing, chanting)	-2	-1	0	1	2
Traditional cultural sounds (e.g., drumming, singing, chanting)	-2	-1	0	1	2
Park rangers stationed along the trail quieting visitors.	-2	-1	0	1	2

SOUND21

Today we are conducting a visitor survey that includes a listening portion which directs your attention to the sounds of the park. If you are interested in participating, you will be asked to fill out a checklist to identify sounds you heard today. This survey will be used to help the National Park Service (NPS) understand the effects of natural and human sounds in the park. This exercise is voluntary and anonymous. It will take approximately 15 minutes to complete.

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: The scale is on a continuum from: - 2 as very unacceptable, - 1 as unacceptable, 0 as neutral, +1 as acceptable, and + 2 as very acceptable.

Sounds	DID YOU HEAR THIS SOUND?	ACCEPTABILITY OF SOUNDS AT THIS LOCATION				
		Very Unacceptable	Unacceptable	Neutral	Acceptable	Very Acceptable
Wind	<input type="checkbox"/> YES	-2	-1	0	1	2
Rain	<input type="checkbox"/> YES	-2	-1	0	1	2
Running Water	<input type="checkbox"/> YES	-2	-1	0	1	2
Small Mammal	<input type="checkbox"/> YES	-2	-1	0	1	2
Large Mammal (e.g., Deer, etc.)	<input type="checkbox"/> YES	-2	-1	0	1	2
Park Maintenance	<input type="checkbox"/> YES	-2	-1	0	1	2
sounds of nature	<input type="checkbox"/> YES	-2	-1	0	1	2
People talking	<input type="checkbox"/> YES	-2	-1	0	1	2
Other NPS SITE specific sounds	<input type="checkbox"/> YES	-2	-1	0	1	2

SOUND22

We are seeking to help park managers understand visitor perception of natural and man-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 the 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 man-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.

- | | |
|--|--|
| <input type="checkbox"/> Wind | <input type="checkbox"/> Yelling |
| <input type="checkbox"/> Thunder | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Insect | <input type="checkbox"/> Running water |
| <input type="checkbox"/> Walking sounds | <input type="checkbox"/> Helicopter |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Jet plane |
| <input type="checkbox"/> Bird | <input type="checkbox"/> Propeller plane |
| <input type="checkbox"/> 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)

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

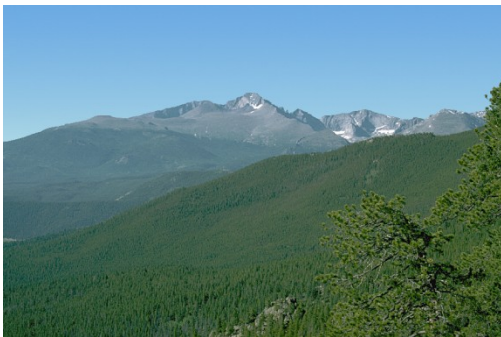
On a scale of 1 to 5, where 1 is not concerned at all and 5 is very concerned, how concerned are you about human-caused haze in National Parks and Wilderness Areas? (Select one response)

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

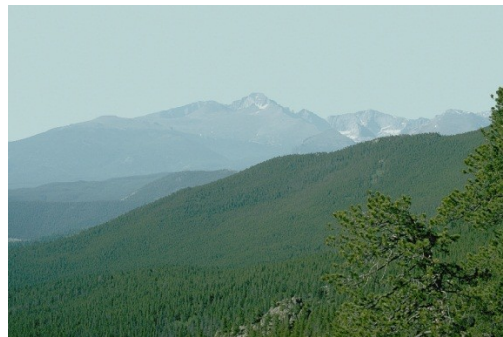
VISIBILITY3

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

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 ever done each of the following in any [NPS SITE], including wilderness or backcountry recreation area.

	Ever Done		If so how often?				
			Never	Rarely	Sometimes	Very Often	Always
Visit earlier or later in the season to avoid seeing other people	NO	YES →	1	2	3	4	5
Visit on weekdays to avoid weekend crowds	NO	YES →	1	2	3	4	5
Go to trails that are less crowded	NO	YES →	1	2	3	4	5
Go to trails that are less crowded	NO	YES →	1	2	3	4	5
Go to trails that are less crowded	NO	YES →	1	2	3	4	5
Avoid places that regulate the use of horseback riders	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? (Check one box.)

- YES
 NO

CROWD3

How did the number of people you saw bouldering 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

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"/>

CROWD5

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

CROWD6

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

- Not interested in camping inside the park
- First come, first served until the campground is full
- Use a reservation system
- Raise camping fees
- Other (Please specify) _____

CROWD7

Should the number of people allowed to hike on the [NPS SITE] each day be limited if it is needed for any of the following reasons, even if it limits when you can hike the trail? (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
To protect the quality of visitors' experiences (i.e., prevent crowding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To protect visitors' safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce environmental impacts	<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

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

CROWD10

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
If people feel crowded, use limits should be imposed	1	2	3	4	5	DK/NS
If visitor-caused resource impacts are high, use limits should be imposed	1	2	3	4	5	DK/NS
Use limits should never be imposed, even if use is high	1	2	3	4	5	DK/NS
If solitude is lost, use limits should be imposed	1	2	3	4	5	DK/NS
More trails should be added to reduce the number of people seen	1	2	3	4	5	DK/NS
The number of trails that allow horseback riding should be reduced	1	2	3	4	5	DK/NS
The number of trails that allow horseback riding should be increased	1	2	3	4	5	DK/NS
More trailheads should be added to disperse use away from busy areas	1	2	3	4	5	DK/NS

CROWD11

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

CROWD12

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

- I would make an exception and still participate in my primary activity in this zone
- I would still participate in my primary activity, but elsewhere in [NPS SITE]
- I would temporarily participate in a different activity in [NPS SITE]
- I would temporarily participate in a different activity, but outside [NPS SITE]

CROWD13

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

CROWD14

The number of other people I saw during my [area-specific activity] today interfered with my sense of solitude. (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

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 or disagree 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
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.	1	2	3	4	5
Even if I see several other people while [activity], I can still <u>experience solitude</u> if most of the other people I see are near the trailhead at the beginning and end of my trip.	1	2	3	4	5
Even if I see several other people while [activity], I can still have a <u>sense of being in wilderness</u> if there are extended periods when I see no other people.	1	2	3	4	5
Even if I see several other people while [activity], I can still have a <u>sense of being in wilderness</u> if most of the other people I see are near the trailhead at the beginning and end of my trip.	1	2	3	4	5

CROWD17

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

- YES
- NO

CROWD18

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 or disagree 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

CROWD19

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

CROWD20

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

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

CROWD21

How did the number of other [RECREATIONAL ACTIVITY] 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

CROWD22

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"/>

CROWD23

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)

YES → How many times? _____

What specific sites were you trying to visit? _____

NO

CROWD24

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

Not At All Likely	Not Very Likely	Moderately Likely	Very Likely	Extremely Likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CROWD25

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
On trails	1	2	3	4	5	N/A
At the swimming area	1	2	3	4	5	N/A
At the picnic area	1	2	3	4	5	N/A
At a developed campground campsite	1	2	3	4	5	N/A
At a rustic river-side campsite	1	2	3	4	5	N/A
While boating	1	2	3	4	5	N/A
At waterfalls	1	2	3	4	5	N/A
During your entire visit	1	2	3	4	5	N/A

CROWD26

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

CROWD27

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

CROWD28

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="radio"/> [area-specific list of places]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CROWD29

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.

[The list below is an example of items. The lists of items in individual surveys will depend on the characteristics relevant to that park's backcountry/wilderness.]

How did it affect your sense of being in wilderness?

	Added greatly	Added somewhat	Had no effect	Detracted somewhat	Detracted greatly
The amount of time you were able to hike without seeing other hiking groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of horseback riding groups you saw while you were hiking on the trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not hearing or seeing other groups staying overnight while at your camp NPS SITE/cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time during the trip you heard aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to see dark night skies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The extent to which you were able to see built structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CROWD30

The size of groups using [NPS SITE] and associated rivers in the park can vary. We would like to know how you feel about different group sizes. Please rate the acceptability of the following number of boats [RECREATION VEHICLES] for a group of visitors to the park. (Select one number for each group size.)

Group size	Very unacceptable	Moderately unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Moderately acceptable	Very acceptable
1 boat	-3	-2	-1	0	1	2	3
2 boats	-3	-2	-1	0	1	2	3
3 boats	-3	-2	-1	0	1	2	3
4 boats	-3	-2	-1	0	1	2	3
5 boats or more	-3	-2	-1	0	1	2	3

CROWD31

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># 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>
Zero	1	2	3	4	5
1-5	1	2	3	4	5
6-10	1	2	3	4	5
11-15	1	2	3	4	5
16-20	1	2	3	4	5
More than 20	1	2	3	4	5

CROWD32

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

	<i>Not a problem</i>	<i>Small problem</i>	<i>Moderate problem</i>	<i>Big problem</i>
Availability of parking	1	2	3	4
People walking on, across, or along the road	1	2	3	4
Too many people	1	2	3	4
Traffic congestion	1	2	3	4
Other people acting unsafe around thermal features	1	2	3	4
Other people acting unsafe around wildlife	1	2	3	4
Feeling safe on boardwalks around other people	1	2	3	4
Availability of restrooms	1	2	3	4
Cleanliness of restrooms	1	2	3	4

CROWD33

Please indicate if you have experienced any of the following during this visit or a previous visit to Theodore Roosevelt National Park.

	Experienced during a <u>previous visit</u> to the park	Experienced during <u>current visit</u> to the park
Chose not to visit <u>the park</u> because there were too many visitors	<input type="checkbox"/>	
Chose not to visit your desired <u>places in the park</u> because there were too many visitors	<input type="checkbox"/>	<input type="checkbox"/>
Chose not to engage in your <u>desired activities</u> because there were too many visitors	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>times or days</u> that you visited the park because there were too many visitors	<input type="checkbox"/>	<input type="checkbox"/>

EXPECTATIONS

EXP1

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
Too many other [recreationist/users]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Large groups boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Finding a place to [recreational activity] on the river	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Adequate facilities/amenities at campsites (e.g., restrooms, lantern hooks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Informal (visitor-created) campsites and fire rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Vegetation loss due to visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Erosion due to visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
The actions or behaviors of other [recreationist/users]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Adequate information about river conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Adequate number of boat ramps and put-ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Condition or maintenance of boat ramps and put-ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK

EXP2

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

EXP3

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

EXP4

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.)

[The list below is an example of items. The lists of items in individual surveys will depend on the characteristics relevant to that park's backcountry/wilderness.]

	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
The number of hiking groups you saw while you were hiking on the trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of horseback riding groups you saw while you were hiking on the trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of groups staying overnight that you could hear or see from your camp NPS SITE/cabin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time during the trip you heard aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXP5

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

- Very Poor
- Poor
- Fair
- Good
- Excellent

EXP6

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

- Definitely Not
- Probably Not
- Unsure
- Probably Yes
- Definitely Yes

EXP7

Visitors have different reasons for visiting [NPS SITE] How important to you was each of the following reasons for your visit? (Select one number per item)

	Not at all important	Slightly important	Moderately important	Very important	Extremely Important
Appreciate the scenic beauty	1	2	3	4	5
Experience solitude	1	2	3	4	5
Spend time with family/friends	1	2	3	4	5
Get some exercise	1	2	3	4	5
Experience the sounds of nature	1	2	3	4	5
Experience cultural sounds	1	2	3	4	5
Experience a sense of connection with nature	1	2	3	4	5
Enjoy peace and quiet	1	2	3	4	5
Experience a sense of challenge	1	2	3	4	5
Appreciate the archeological and cultural at [NPS SITE]	1	2	3	4	5
Experience [NPS SITE] in an air-tour overflight	1	2	3	4	5

EXP8

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
During a full moon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there is no moonlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During special celestial events (e.g., meteor shower, comets, Northern Lights, eclipse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____	<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"/>

EXP9

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
Opportunities to Learn (e.g., learning about history, conservation)	1	2	3	4	5
Experiencing Nature (e.g., scenic beauty, natural quiet)	1	2	3	4	5
Wildlife Viewing (e.g., viewing wildlife in nature)	1	2	3	4	5
Resting and Relaxation (e.g., experiencing solitude and calmness)	1	2	3	4	5
Maintaining Physical Health (e.g., exercising and improving physical health)	1	2	3	4	5
Spending Time with Family (e.g., spending time with family and friends)	1	2	3	4	5

EXP10

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

Quality of...	QUALITY					
	Not at all	VERY POOR	POOR	AVERAGE	GOOD	VERY GOOD
Opportunities to Learn (e.g., learn about history, plants, and conservation)	0	1	2	3	4	5
Experiencing Nature (e.g., view scenic beauty, enjoying natural quiet)	0	1	2	3	4	5
Wildlife Viewing (e.g., view wildlife in nature)	0	1	2	3	4	5
Resting and Relaxation (e.g., experience solitude and calmness)	0	1	2	3	4	5
Maintaining Physical Health (e.g., exercise and improve physical health)	0	1	2	3	4	5
Spending Time with Family (e.g., spend time with family and friends)	0	1	2	3	4	5

EXP11

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
Recreational fishing	1	2	3	4	5	N/A
Snorkeling	1	2	3	4	5	N/A
SCUBA Diving	1	2	3	4	5	N/A
Camping	1	2	3	4	5	N/A
Nature/wildlife observation	1	2	3	4	5	N/A
Kayaking	1	2	3	4	5	N/A
Historic tours	1	2	3	4	5	N/A
Other (Specify)	1	2	3	4	5	N/A

EXP12

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.

[This is a representative list of commonly used Recreation Experience Preference scale items]

Experience:	IMPORTANCE				
	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
To be in control of things that happen	1	2	3	4	5
To be with respectful people	1	2	3	4	5
To experience solitude	1	2	3	4	5
To be close to nature	1	2	3	4	5
To be alone	1	2	3	4	5
To be my own boss	1	2	3	4	5
To be where things are fairly safe	1	2	3	4	5
To be near considerate people	1	2	3	4	5
To avoid the unexpected	1	2	3	4	5
To see wildlife	1	2	3	4	5
To get away from noise	1	2	3	4	5
To be away from crowds of people	1	2	3	4	5
To get away from the clatter and racket of home	1	2	3	4	5
To know others are nearby	1	2	3	4	5
To view scenic beauty	1	2	3	4	5
To be near others who could help if you needed them	1	2	3	4	5
To feel my independence	1	2	3	4	5
To learn about things at [NPS SITE]	1	2	3	4	5
To view scenery	1	2	3	4	5
To see a specific species of wildlife	1	2	3	4	5
To photograph wildlife	1	2	3	4	5
To think about your personal values	1	2	3	4	5

USE OF TECHNOLOGY

USETECH1

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	
<input type="checkbox"/>	None
<input type="checkbox"/>	Laptop computer
<input type="checkbox"/>	Cell phone
<input type="checkbox"/>	MP3/MP4 player (audio tour)
<input type="checkbox"/>	Other portable electronic device (iPhone, Blackberry, PDA, etc.)
<input type="checkbox"/>	Handheld Global Positioning System receiver (navigation)

USETECH2

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	
<input type="checkbox"/>	None
<input type="checkbox"/>	Laptop computer
<input type="checkbox"/>	Cell phone
<input type="checkbox"/>	MP3/MP4 player (audio tour)
<input type="checkbox"/>	Other portable electronic device (iPhone, Blackberry, PDA, etc.)
<input type="checkbox"/>	Handheld navigation(GPS)
<input type="checkbox"/>	Car radio

USETECH3

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

USETECH4

Were you able to receive internet/WiFi/4G service while you were at [NPS site location]?

- YES
- NO

USETECH5

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 in [NPS SITE]?

List of services area-specific	Yes	No
internet access	<input type="checkbox"/>	<input type="checkbox"/>
cell phone access	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

USETECH6

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

USETECH8

During your last visit to [NPS SITE] how did you use your Smartphone (cell phone, Ipad, tablet)?
(Please select all that apply.)

- Did not use my Smartphone
- Downloaded an NPS SITE specific app to my phone ahead of time
- Downloaded a NPS SITE specific app upon arriving at NPS SITE
- Searched the internet for a topic about the NPS SITE
- Used social media to share my experience at the NPS SITE (for example, through photographs)
- Used ebird or iNaturalist
- [LIST OTHER NPS SITE SPECIFIC]
- Other (please specify): _____

USETECH9

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

	Never	Rarely	Sometimes	Often	Always
Binoculars	1	2	3	4	5
Smartphone camera	1	2	3	4	5
Point and shoot camera	1	2	3	4	5
D-SLR camera	1	2	3	4	5
Spotting scope	1	2	3	4	5
iPad or tablet device	1	2	3	4	5
Other: _____	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

VERP 1

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: _____

VERP 2

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 box 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.

VERP 3

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

Photo number: _____

VERP 4

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.

VERP 5

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

_____ Individuals I can't remember Does not apply

VIRTUAL VISITORS

VIRVIS1

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

- Twitter Instagram YouTube Flickr
 Facebook Snapchat Pinterest
 I do not use social media outlets

VIRVIS2

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

- Twitter Instagram YouTube Flickr
 Facebook Snapchat Pinterest
 I do not use social media outlets

VIRVIS3

Have you ever posted photographs or comments from a visit you took to a National Park on any of the following social media NPS sites?

- Twitter Instagram YouTube Flickr
 Facebook Snapchat Pinterest
 I do not use social media outlets

VIRVIS4

Have you ever downloaded and used an app to use during a visit at a National Park ?

Which App? _____

How did you use it? _____

VIRVIS5

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

VIRVIS6

Have you ever used YouTube to watch videos about national parks?

- YES
- NO

VIRVIS7

How frequently have you participated in any of the following interactions with [NPS SITE] Facebook page within the last month?

Interaction	Never	Rarely	Sometimes	Frequently	Very Frequently
I look at postings from [NPS SITE]	1	2	3	4	5
I look at postings from other users	1	2	3	4	5
I comment on photos/videos that are posted on the page by [NPS SITE]	1	2	3	4	5
I share [NPS SITE]'s posts with Facebook friends	1	2	3	4	5
I add photos I've taken during a recent visit to [NPS SITE]'s page	1	2	3	4	5
I use the [NPS SITE] webpage and not social media for information.	1	2	3	4	5

VIRVIS8

Did you find the information on the website interesting and professional in nature?

- Very much
- Sort of
- Your NPS SITE needs more work

VIRVIS9

How would you rate the NPS website you visited?

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

VIRVIS10

Please rate how much you disagree or agree with the following statements regarding why you visit [NPS SITE]'s Facebook page.

Statement	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Not applicable
To feel like I belong to the [NPS SITE] community	1	2	3	4	5	<input type="checkbox"/>
To talk about [NPS SITE] with others	1	2	3	4	5	<input type="checkbox"/>
To stay in touch with [NPS SITE]	1	2	3	4	5	<input type="checkbox"/>
Because it is entertaining	1	2	3	4	5	<input type="checkbox"/>
To post videos/pictures	1	2	3	4	5	<input type="checkbox"/>
To view videos/pictures	1	2	3	4	5	<input type="checkbox"/>
To learn about [NPS SITE]	1	2	3	4	5	<input type="checkbox"/>
Because it lets other people know who I am	1	2	3	4	5	<input type="checkbox"/>
To get useful information about visiting [NPS SITE]	1	2	3	4	5	<input type="checkbox"/>
To develop my career through participation	1	2	3	4	5	<input type="checkbox"/>
To get information about events happening in [NPS SITE]	1	2	3	4	5	<input type="checkbox"/>

VIRVIS11

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

- To explore a personal interest.
- To learn about the [NPS SITE] before I planned my visit
- I live too far away to visit
- I like taken virtual visits all over the world
- It is fun and interesting
- It is more comfortable and flexible than an actual visit.

VIRVIS12

There are several different ways that [NPS SITE] can use its Facebook page. Please rate your level of opposition or preference for the following communication scenarios regarding [NPS SITE]'s Facebook page. This does not constitute a vote of any kind; it is just an expression of opinion.

	Strongly oppose	Oppose	Neither oppose nor prefer	Prefer	Strongly Prefer
Only [NPS SITE] is able to post photos/videos, make comments, and share information to the page.	1	2	3	4	5
Only users are able to post photos/videos, make comments, and share information to the page.	1	2	3	4	5
Both users and [NPS SITE] are able to post photos/videos, make comments, and share information to the page.	1	2	3	4	5

VIRVIS13

Which of the following best describes who you think should be responsible for keeping federally managed public lands in Clark County clean and in good condition?

- Nobody
- Only employees of federally managed public lands
- Only visitors to federally managed public lands
- Employees and visitors of federally managed public lands
- Don't know/Not sure

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
Maintaining a presence on the Internet provides the potential for worldwide publicity.	1	2	3	4	5
The Internet offers fast and convenient communication with both colleagues and the public.	1	2	3	4	5
Virtual exhibits can mirror actual on-NPS SITE exhibits.	1	2	3	4	5
Virtual exhibits allow access to material that may not otherwise not be available	1	2	3	4	5
The Internet offers an alternative, inexpensive, and complementary form of information that is likely to draw prospective visitors who would like to see the real thing.	1	2	3	4	5
The Internet offers remote access to on-line collections	1	2	3	4	5

VIRVIS15

What do you think is the most important environmental issue facing our federally managed public lands in your County?

- Littering on the SITE(S)
- Vandalism of property on SITE(S)
- Availability of water
- Protection of plant and animals
- Pollution
- Other (specify)
- Don't know/Not sure

VIRVIS16

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]

- I'm not interested
- I'd rather spend time in other ways
- I don't have time
- I don't know anything about the [NPS SITE(S)]
- I don't have transportation
- I don't have the necessary equipment
- It's too far from where I live
- The rangers/employees don't speak my language
- It's too expensive
- I'd rather visit community parks
- I don't feel comfortable
- I don't like to spend time outdoors
- I don't feel safe
- I don't have anyone to go with
- I don't know where to go
- There's no place to play sports
- I don't know the rules
- Other (specify)
- Don't know/Not sure
- No Answer

VIRVIS17

What is the closest National Park to your home?

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

VIRVIS19

What, if anything, would encourage you to visit public lands in [County]?

- If public lands were closer to where I live
- If I had more time to visit public lands
- If I had someone to come with me
- If I understood the rules or policies for visiting public lands
- If I knew where public lands in [County] were located
- If I had more information on the types of things I can do at public lands/what they have to offer at public lands
- Other (specify)

VIRVIS20

Please tell me, what is your FIRST, most often used source for news and information about local community events and recreation activities?

- Pamphlets
- Posters
- Informational fairs
- Radio news/ads
- Television news
- Television ads
- Computer/Internet
- Mobile Phone/Personal Data Assistant (PDA)
- Social networking sites like Facebook, or Twitter
- Word of mouth (family, friends, co-workers)
- Other (specify)
- Don't Know/Not sure

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
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snapchat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinterest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (what.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 a 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

PROEVAL4

For me, [PROGRAM/ACTIVITY] was

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

PROEVAL5

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

	Poor	Satisfactory	Excellent	Did Not attend
Opening and/or closing ceremonies	1	2	3	0
Opportunities to interact with scientists at work in the Science Tent (e.g., identification of specimens, data entry)	1	2	3	0
Scientist presentations/talks	1	2	3	0
Youth Ambassador presentations and/or interactions	1	2	3	0
Opportunities to engage in science at the Science Tent	1	2	3	0
On-NPS SITE materials for students	1	2	3	0
Interactive booth activities	1	2	3	0
Information provided at booths	1	2	3	0
OTHER [NPS SITE SPECIFIC]	1	2	3	0

PROGEVAL6

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

- This is my first visit
- Become much worse
- Become slightly worse
- Remained about the same
- Become slightly better
- Become much better

PROEVAL7

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
Opening and/or closing ceremonies	1	2	3	<input type="checkbox"/>
Entertainment (e.g., singers, dancing)	1	2	3	<input type="checkbox"/>
Arts and cultural activities (e.g., drawing, photography, cooking demonstration, poetry, writing)	1	2	3	<input type="checkbox"/>
Youth Ambassador presentations and/or interactions	1	2	3	<input type="checkbox"/>
Scientist presentations/talks	1	2	3	<input type="checkbox"/>
Opportunities to talk to scientists at work in the Science Tent (e.g., identification of specimens, data entry)	1	2	3	<input type="checkbox"/>
Being able to do science in the Science Tent	1	2	3	<input type="checkbox"/>
Materials I used during [NPS SITE]	1	2	3	<input type="checkbox"/>
Interactive booth activities	1	2	3	<input type="checkbox"/>
Information provided at booths	1	2	3	<input type="checkbox"/>
Opportunity to earn Biodiversity University degrees	1	2	3	<input type="checkbox"/>
Availability of social media (e.g., blogging, Facebook)	1	2	3	<input type="checkbox"/>

PROGEVAL8

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

- Extremely poor quality
- Poor quality
- Neither poor or good quality
- Good quality
- Extremely good quality

PROGEVAL9

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

	Very Uncomfortable	Uncomfortable	Neither	Comfortable	Very Comfortable
Getting itchy	1	2	3	4	5
Sitting on the ground	1	2	3	4	5
Getting dirty	1	2	3	4	5
Getting bitten by insects	1	2	3	4	5
Touching plants when walking	1	2	3	4	5
Walking on a non-paved trail	1	2	3	4	5
Getting hot/tired/thirsty/sweaty from hiking outside	1	2	3	4	5
Being in a remote location far from the nearest city	1	2	3	4	5
Encountering wild animals	1	2	3	4	5
Going to the bathroom outside in a port-a-potty	1	2	3	4	5

PROGEVAL10

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

	Poor	Satisfactory	Excellent	Did Not experience
Opening and/or closing ceremonies	1	2	3	<input type="checkbox"/>
Entertainment (e.g., singers, dancing)	1	2	3	<input type="checkbox"/>
Arts and cultural activities (e.g., drawing, photography, cooking demonstration, poetry, writing)	1	2	3	<input type="checkbox"/>
Cultural presentations/talks	1	2	3	<input type="checkbox"/>
Interactive activities	1	2	3	<input type="checkbox"/>
Opportunities to engage with cultural experts and historians	1	2	3	<input type="checkbox"/>
The amount of information provided	1	2	3	<input type="checkbox"/>

PROGEVAL11

Please indicate how much you disagree or agree with the following statements when considering your most recent experience involving the cultural resources [historical features] at [NPS SITE].

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Increased my likelihood of returning to [NPS SITE] in the future	1	2	3	4	5
Contributed to my cultural [historical] knowledge of the culture [history] at this site	1	2	3	4	5
Increased my likelihood of visiting other parks to learn more about history and culture	1	2	3	4	5
The site was well maintained	1	2	3	4	5
The description of the site was historically accurate	1	2	3	4	5
The self-guided historical tours [displays, etc.] were interesting and accurate	1	2	3	4	5
Staff-led tours [talks, etc] were very informative	1	2	3	4	5
This is now one of my most favorite historical [cultural] NPS site	1	2	3	4	5
I learned something new about this culture [time in history] during this visit	1	2	3	4	5
The collection of artifacts were the best I've ever seen at an NPS site	1	2	3	4	5

This is a NEW section. Questions in this section were previously included in the Program Evaluation section. The questions in this section are from the “variations” of Program Evaluation questions requested during 2016 and 2018.

TEACHER EVALUATION

TEACHEREVAL1

What type of school do you teach at? (Choose one)

- Public
- Private
- Home School

TEACHEREVAL2

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

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

TEACHEREVAL3

Which classroom do you teach? (Choose one)

- General Education
- Special Education

TEACHEREVAL4

How much time is spent on outdoor instruction a week? (Short answer)

TEACHER EVAL 5

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 |

TEACHER EVAL 6

Do you assign homework that requires students to go outdoors and explore?
(Short answer)

TEACHER EVAL 7

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? _____

TEACHER EVAL 8

How much classroom instructional time did you spend **preparing your students** for the most recent park-provided educational program? Please mark (•) **one**.

- Did not spend any time
- Did not spend time on the most recent program, but I have used this program in the past, on which I spent about _____ hours/minutes preparing.
- Less than one hour
- 1 - 2 hours
- 2 - 3 hours
- More than 3 hours
- Other (Please specify) _____

TEACHER EVAL 9

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**

b) If **YES**, how did you use the teachers' preparatory materials? Please mark (•) **all** that apply.

- Assigned as homework
- Group project
- Students worked independently during class time
- Teacher-facilitated discussion
- Traditional lecture
- Other (Please specify) _____

c) 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"/> |

TEACHER EVAL 10

If you **did not** use the pre-visit materials, why not? Please mark (•) **all** that apply.

- Did not have time
- Just forgot
- Materials did not relate to my classroom curriculum
- Saved them for later to use as post-visit teaching materials
- Used other material not provided by the park
- Other (Please specify) _____

TEACHER EVAL 11

[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
<i>My participation in the [ENVIRONMENTAL EDUCATION PROGRAM] at [NPS SITE]...</i>					
increased my likelihood of bringing future classes to a national park again	1	2	3	4	5
contributed to the scientific knowledge base of [NPS SITE]	1	2	3	4	5
increased my likelihood of using parks to teach biology/conservation	1	2	3	4	5
was a good use of my teaching time	1	2	3	4	5
was a good teaching tool	1	2	3	4	5
allowed my class to experience [NPS SITE] for the first time	1	2	3	4	5

TEACHER EVAL 12

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"/>

TEACHER EVAL 13

What are three things you learned from participating in this [ENVIRONMENTAL EDUCATION ACTIVITY]?

- _____
- _____

TEACHEREVAL14

Concerning the [ENVIRONMENTAL EDUCATION ACTIVITY], please explain a few of the experiences that were especially meaningful to you.

1. _____
2. _____
3. _____

TEACHEREVAL15

For each item below, please select the number that best reflects your experience related to the planning and logistics of the [ENVIRONMENTAL EDUCATION ACTIVITY].

	Poor	Satisfactory	Excellent	Did not experience
Scheduling of events	1	2	3	0
Transportation to event at [NPS SITE]	1	2	3	0
Availability of drinking water	1	2	3	0
Availability of bathrooms	1	2	3	0
Provisions for:				
Overall visitor safety	1	2	3	0
Dehydration	1	2	3	0
Sunburn	1	2	3	0
Heat stress	1	2	3	0
Elevation sickness	1	2	3	0
Stinging plants and insects	1	2	3	0
Minor first aid treatment	1	2	3	0
Assistance provided by NPS staff	1	2	3	0
Assistance provided by volunteers	1	2	3	0
Expertise of scientists, naturalists, and technical staff	1	2	3	0
Information concerning safety risks	1	2	3	0

TEACHER EVAL 16

Below are a list of reasons that may underlie your participation in the NPS SITE [ENVIRONMENTAL EDUCATION ACTIVITY]. Please indicate how important each item was in your participation in [ENVIRONMENTAL EDUCATION ACTIVITY]. Then rate how effective [ENVIRONMENTAL EDUCATION ACTIVITY] was at achieving each item.

	IMPORTANCE			EFFECTIVENESS			Not applicable
	Very Important	Important	Not Important	Very effective	Effective	Not effective	
Engaging my students in something I think is important	1	2	3	1	2	3	<input type="checkbox"/>
Engaging my students in activities that improve society	1	2	3	1	2	3	<input type="checkbox"/>
Making professional contacts	1	2	3	1	2	3	<input type="checkbox"/>
Engaging my students in scientific research	1	2	3	1	2	3	<input type="checkbox"/>
Satisfying my school's teaching requirements	1	2	3	1	2	3	<input type="checkbox"/>
Involving my students in the conservation of nature	1	2	3	1	2	3	<input type="checkbox"/>
Exposing my students to new things	1	2	3	1	2	3	<input type="checkbox"/>
Supporting the park	1	2	3	1	2	3	<input type="checkbox"/>
Having my students experience biodiversity and biological interactions	1	2	3	1	2	3	<input type="checkbox"/>
Giving my students an opportunity to interact with National Park Service staff	1	2	3	1	2	3	<input type="checkbox"/>
Giving my students an opportunity to interact with professional scientists	1	2	3	1	2	3	<input type="checkbox"/>
Giving my students an opportunity to interact with traditional cultural practitioners	1	2	3	1	2	3	<input type="checkbox"/>
Incorporating interactive activities into my classroom curriculum	1	2	3	1	2	3	<input type="checkbox"/>
Advancing my career	1	2	3	1	2	3	<input type="checkbox"/>
Helping my students develop a deeper appreciation for their local environment	1	2	3	1	2	3	<input type="checkbox"/>
Meeting state/national education standards	1	2	3	1	2	3	<input type="checkbox"/>
Involving students in hands-on learning experiences	1	2	3	1	2	3	<input type="checkbox"/>
Other:	1	2	3	1	2	3	<input type="checkbox"/>

TEACHER EVAL 17

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 you participated in the [PROGRAM ACTIVITY].

	BEFORE				
	Very Uncomfortable	Uncomfortable	Neither	Comfortable	Very Comfortable
Before participating in the program _____ was _____ to me.					
Getting itchy	1	2	3	4	5
Sitting on the ground	1	2	3	4	5
Getting dirty	1	2	3	4	5
Getting bitten by insects	1	2	3	4	5
Touching plants when walking	1	2	3	4	5
Walking on a non-paved trail	1	2	3	4	5
Spending a full day in nature/outdoors	1	2	3	4	5
Getting hot/tired/thirsty/sweaty from hiking outside	1	2	3	4	5
Being far from the nearest city	1	2	3	4	5
Encountering wild animals	1	2	3	4	5
Going to the bathroom in a port-a-potty	1	2	3	4	5
Encountering spiders and insects	1	2	3	4	5

TEACHER EVAL 18

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)

TEACHER EVAL 19

Do you think outdoor instruction is beneficial to the learning process and academic growth of your students? (Short answer)

TEACHEREVAL20

Please tell us how comfortable you are **spending time in nature/outdoors**.

Select the number that best captures how you feel about each statement **AFTER** you participated in the [PROGRAM/ACTIVITY].

	AFTER				
	Very Uncomfortable	Uncomfortable	Neither c	Comfortable	Very Comfortable
After participating in the program _____ was _____ to me.					
Getting itchy	1	2	3	4	5
Sitting on the ground	1	2	3	4	5
Getting dirty	1	2	3	4	5
Getting bitten by insects	1	2	3	4	5
Touching plants when walking	1	2	3	4	5
Walking on a non-paved trail	1	2	3	4	5
Spending a full day in nature/outdoors	1	2	3	4	5
Getting hot/tired/thirsty/sweaty from hiking outside	1	2	3	4	5
Being far from the nearest city	1	2	3	4	5
Encountering wild animals	1	2	3	4	5
Going to the bathroom in a port-a-potty	1	2	3	4	5
Encountering spiders and insects	1	2	3	4	5

TEACHEREVAL21

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

TEACHEREVAL22

How did you first hear about this **on-site ranger program**?

- Another teacher
- School/district administration
- Park staff/ranger
- Park/program flyer
- Newspaper or other publication
- Social media
- Friends or family
- Other: _____

TEACHEREVAL23

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
Pre-visit lessons	1	2	3	0
Tips for a successful field trip	1	2	3	0
Chaperone guidelines and responsibilities	1	2	3	0
Meeting map	1	2	3	0
Field trip logistics and timeline	1	2	3	0
Learning objectives and alignment with state standards	1	2	3	0
Pre-trip phone call with a ranger	1	2	3	0
Post-visit lessons	1	2	3	0

This is a NEW section. Questions in this section were previously included in the Program Evaluation section. The questions in this section are from the “variations” of Program Evaluation questions requested during 2016 and 2018.

STUDENT EVALUATIONS

STUEVAL1

Think about how you feel **TODAY** compared to the start of the project your school did with the National Park. How do you feel about science?

	Much less now	Less	About the same	More	Much more now
I get excited about science.	1	2	3	4	5
I like to participate in science projects.	1	2	3	4	5
I want to understand science.	1	2	3	4	5
I like to see how things are made.	1	2	3	4	5
I get excited to learn about new discoveries.	1	2	3	4	5
I pay attention when people talk about the environment.	1	2	3	4	5
I am interested in science inventions.	1	2	3	4	5
I would like to have a science job in the future.	1	2	3	4	5
I enjoy playing games that teach me about science.	1	2	3	4	5
[PARK PROGRAM SPECIFIC TOPICS]	1	2	3	4	5

STUDEVAL2

Think about how you feel **TODAY** compared to the start of the project your school did with the National Park. Is what you learn in science important? Please circle the number that matches **your feelings** on what you learn in science.

	Much less now	Less	About the same	More	Much more now
Science is important for me.	1	2	3	4	5
Science is important for what I study later.	1	2	3	4	5
Science will help me find a job.	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 yourself?

	Much less now	Less	About the same	More	Much more now
I think of myself as a science person.	1	2	3	4	5
My friends/classmates think of me as a science person.	1	2	3	4	5
My family thinks of me as a science person.	1	2	3	4	5
My teacher thinks that I am good at science.	1	2	3	4	5
Science is easy for me.	1	2	3	4	5
I stay away from science activities because they are hard.	1	2	3	4	5
I am interested in a job where I will design new things.	1	2	3	4	5

STUDEVAL4

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
I can use science tools to help my community (for example: testing water quality, mapping)	1	2	3	4	5
I can teach others about science (for example: give a presentation at my school)	1	2	3	4	5
I can help with a community service project that relates to science	1	2	3	4	5
I can organize or lead science-related events	1	2	3	4	5

STUDEVAL5

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
I liked the [Education Program Name]	1	2	3	4	5
I would tell other kids to participate in a [Education Program Name]	1	2	3	4	5
I would participate in another [Education Program Name]	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
[insert park name] is the best place to do the activities that I enjoy	1	2	3	4	5
I have a lot of good memories of times with family and friends in [insert park name]	1	2	3	4	5
I love [insert park name]	1	2	3	4	5
I don't feel very comfortable at [insert park name]	1	2	3	4	5
Visiting [insert park name] allows me to spend time with my family and friends	1	2	3	4	5
[insert park name] is a little scary	1	2	3	4	5
[insert park name] means a lot to me	1	2	3	4	5
I don't like [insert park name]	1	2	3	4	5
[PARK PROGRAM SPECIFIC TOPICS]	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
Getting itchy	1	2	3	4	5	1	2	3	4	5
Sitting on the ground	1	2	3	4	5	1	2	3	4	5
Getting dirty	1	2	3	4	5	1	2	3	4	5
Getting bitten by insects	1	2	3	4	5	1	2	3	4	5
Touching plants when walking	1	2	3	4	5	1	2	3	4	5
Walking on a non-paved trail	1	2	3	4	5	1	2	3	4	5
Spending a full day in nature/outdoors	1	2	3	4	5	1	2	3	4	5
Getting hot/tired/thirsty/sweaty from hiking outside	1	2	3	4	5	1	2	3	4	5
Being in a remote location far from the nearest city	1	2	3	4	5	1	2	3	4	5
[PARK PROGRAM SPECIFIC TOPICS]	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 **learning about nature and science**. 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
I am good at asking questions about nature	1	2	3	4	5	1	2	3	4	5
I can use all my senses (sight, hearing, touch, taste, smell) to understand the world around me	1	2	3	4	5	1	2	3	4	5
I wonder about how nature works	1	2	3	4	5	1	2	3	4	5
In general, I love learning about nature	1	2	3	4	5	1	2	3	4	5
After a really interesting natural science activity is over, I look for more information about it	1	2	3	4	5	1	2	3	4	5
I need to know how nature works	1	2	3	4	5	1	2	3	4	5
I want to read everything I can find about nature	1	2	3	4	5	1	2	3	4	5

STUDEVAL9

Please tell us how strongly you agree or disagree with the following statements about **doing things to protect the environment**. 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
I want to be involved in protecting and taking care of natural areas	1	2	3	4	5	1	2	3	4	5
I want to give some of my own money to help protect wild plants and animals	1	2	3	4	5	1	2	3	4	5
I think we are doing an adequate job taking care of plants and animals.	1	2	3	4	5	1	2	3	4	5
I think nature is easily harmed by people	1	2	3	4	5	1	2	3	4	5
I am not interested in taking care of natural areas in my neighborhood	1	2	3	4	5	1	2	3	4	5
I want to participate in other activities to protect plants and animals at Hawai'i Volcanoes National Park	1	2	3	4	5	1	2	3	4	5
I want to spend my free time on a project to protect wild plants and animals in my community	1	2	3	4	5	1	2	3	4	5

STUDEVAL10

This school year, I am in grade:

- | | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |

FACILITIES AND SERVICES

SERVICES1

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
Developed Campgrounds	1	2	3	4	6
Visitor Centers	1	2	3	4	6
Maintained Hiking Trails	1	2	3	4	6
Restroom Facilities	1	2	3	4	6
Other Visitors	1	2	3	4	6
Trail Signage	1	2	3	4	6
Ranger Presence	1	2	3	4	6
Information Boards	1	2	3	4	6
Organized Tour Opportunities	1	2	3	4	6

SERVICES2

Please rate the quality of services you received during your most recent visit.

	Very Poor	Poor	Average	Good	Very Good	Did Not Use
Developed Campgrounds	1	2	3	4	5	6
Visitor Centers	1	2	3	4	5	6
Maintained Hiking Trails	1	2	3	4	5	6
Restroom Facilities	1	2	3	4	5	6
Trail Signage	1	2	3	4	5	6
Ranger Presence	1	2	3	4	5	6
Information Boards	1	2	3	4	5	6
Trail conditions	1	2	3	4	5	6

SERVICES3

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)

SERVICES4

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
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES5

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 receive the service indicated.

	Very poor	Poor	Average	Good	Very good	NO Service at all
Food service/restaurants	1	2	3	4	5	<input type="checkbox"/>
Lodging	1	2	3	4	5	<input type="checkbox"/>
Gifts/gift shops	1	2	3	4	5	<input type="checkbox"/>
Rentals	1	2	3	4	5	<input type="checkbox"/>
Other (Please specify)	1	2	3	4	5	<input type="checkbox"/>

SERVICES6

Please indicate how the following elements may have affected your [dining or shopping, etc.] experience in [NPS SITE]. Please select **one** response for each.

	Very poor	Poor	Average	Good	Very good
[NPS SITE specific food-service elements]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE specific gift-shop elements]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER [NPS SITE specific elements]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES7

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
<hr/> <hr/>	<hr/> <hr/>

SERVICES8

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.

SERVICES9

Please explain any ratings of "very poor" or "poor" in column c of this question.

SERVICES10

Please explain any ratings of "very good" in column c of this question.

SERVICES11

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) SERVICE/FACILITY USED?	(b) IMPORTANCE 1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely					(c) QUALITY 1=Very poor 2=Poor 3=Average 4=Good 5=Very good				
<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

SERVICES12

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.

SERVICES13

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?

SERVICES14

How appropriate was the depth of information in the programs you [and your personal group] attended?

- Too simple
- About right
- Too complex

SERVICES15

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 lodging, camp NPS SITE(S) and/or restaurants/food 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, purchase 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.

SERVICES16

If you took the ranger-led or volunteer-led tour of the [NPS SITE] on this visit, please select one response for each of the following aspects of the tour.

Topics discussed on tour

- Of interest Not of interest

Tour/program length

- Too short About right Too long

Timing of programs/ Taking tour at desired time tour at desired time

- Able to take tour at desired time Not able to take

Ability to see interior of room due to tour size

- Able to see Not able to see

Historic appearance of rooms

- Very Poor Poor Average Good Very Good

SERVICES17

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.

- Did you find the exhibit objects interesting?
- Please rate the length of the exhibit text.
- Was the exhibit lighting adequate to see the objects on display and read the text?
- 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	
[NPS SITE specific list of exhibits]	Y	N	1	2	3	Y	N	Y	N
[NPS SITE specific list of exhibits]	Y	N	1	2	3	Y	N	Y	N
[NPS SITE specific list of exhibits]	Y	N	1	2	3	Y	N	Y	N

SERVICES18

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: _____

SERVICES19

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"/>

SERVICE20

How did you hear about this [SPECIFIC SERVICE]? (Check all that apply)

- Staff at [NPS SITE] visitor center
- Visitor guidebook
- Hotel/motel/timeshare/campsite staff
- Family or friends (word of mouth)
- Saw shuttle bus or signs for the service
- National Park Service website
- Brochure or pamphlet from [NPS SITE] visitor center
- Tourism website or 1-800 number
- Previous visits
- Other: _____

SERVICES21

a) Please rate how satisfied you were with your tour reservation-making 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 reservation-making experience as "very poor" or "poor," what problems did you encounter?

SERVICES22

Please tell us how you feel about the following services and facilities that may be offered on this Park.

- First **rate how important** each item is to you when visiting this Park.
- Then **rate how satisfied** you are with the way this Park is managing for each item.

Select NA "Not applicable" if this Park does Not offer a specific service or facility.

IMPORTANCE					Park Services and Facilities	SATISFACTION					Not Applicable
Somewhat	Neither	Somewhat	Very Important	Very Unsatisfied		Somewhat	Neither	Somewhat Satisfied	Very Satisfied		
1	2	3	4	5	Availability of employees or volunteers	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Courteous employees or volunteers	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Knowledgeable employees or volunteers	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Printed information (for example, maps and brochures) about this Park and its resources	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Informational kiosks/displays about this Park and its resources	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Signs with rules/regulations for this Park	1	2	3	4	5	<input type="checkbox"/>

SERVICES23

Considering your visit to this Park, please indicate the extent to which you disagree or agree with each statement. (Please select one number for each statement)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Not Applicable
Overall, I am satisfied with the ...						
recreational activities and opportunities provided by this Park.	1	2	3	4	5	<input type="checkbox"/>
information and education provided by this Park about its resources.	1	2	3	4	5	<input type="checkbox"/>
services provided by employees or volunteers at this Park.	1	2	3	4	5	<input type="checkbox"/>

SERVICES24

On your most recent trip, please indicate your level of satisfaction or dissatisfaction you experienced regarding the following options.

	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Length of time to obtain permit	1	2	3	4	5
Courtesy of person providing permit	1	2	3	4	5
Knowledge of person providing permit	1	2	3	4	5
Ease in finding trailhead	1	2	3	4	5
Ease in following trail(s)	1	2	3	4	5
Condition of trail(s)	1	2	3	4	5
Ease in finding NPS SITE(s)	1	2	3	4	5
Condition of NPS SITE(s)	1	2	3	4	5

SERVICES25

Please tell us how you feel about the following services and facilities that may be offered on this Park.

- First **rate how important** each item is to you when visiting this Park.
- Then **rate how satisfied** you are with the way this Park is managing for each item.

Select NA "Not applicable" if this Park does Not offer a specific service or facility.

IMPORTANCE					Park Services and Facilities	SATISFACTION					Not Applicable
Very Unimportant	Somewhat	Neither	Somewhat	Very Important		Very Unsatisfied	Somewhat	Neither	Somewhat	Very Satisfied	
1	2	3	4	5	Convenient hours and days of operation	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Well-maintained restrooms	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Wildlife observation structures such as decks and blinds	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Bird-watching opportunities	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Opportunities to observe wildlife	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Opportunities to photograph wildlife and scenery	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Hunting opportunities	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Fishing opportunities	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Trail hiking opportunities	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Water trail opportunities for canoeing or kayaking	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Bicycling opportunities	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Volunteer opportunities	1	2	3	4	5	<input type="checkbox"/>

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
Trampling tree roots and fragile plants	1	2	3	4	5
Eroding soils	1	2	3	4	5
Polluting water	1	2	3	4	5
Feeding or otherwise disturbing wildlife	1	2	3	4	5
Making noise that masks the sounds of nature	1	2	3	4	5
[ADD PARK SITE SPECIFIC TOPICS]	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
Cause me to be with new and different people	1	2	3	4	5
Allow me to have the type of experience I desire at the park	1	2	3	4	5
Shorten traffic delays in the park due to construction	1	2	3	4	5
Allow me to see more of the park	1	2	3	4	5

[ADD PARK SITE SPECIFIC TOPICS]

1

2

3

4

5

ABV3

How important is each of these items to your acceptance of [NPS SITE] management decisions?

In order for me to accept a management decision, it is important that:	How important?				
	Not at all	Slightly	Moderately	Very	Extremely
Actions help support the local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actions will protect natural resources at [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust in the decisions of the park manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the objectives of a proposed management action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science plays a role in management decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision is based on economic consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision is based on environmental consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision maintains access for recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision protects natural resources over human use	<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
Vegetation in the park (trees, plants, wildflowers, etc.)	1	2	3	4	5
The scenery in daylight	1	2	3	4	5
The cultural history of the park	1	2	3	4	5
Wildlife in the park	1	2	3	4	5
Natural night environment	1	2	3	4	5
The sounds of nature <u>in daylight</u>	1	2	3	4	5
The night sky (stars, Milky Way, etc.)	1	2	3	4	5

ABV5

Imagine that you could allocate 100 preference points to ensure that [NPS SITE] kept their existing values. You might assign 100 points to one value and zero to all the others, or assign 50 to one, 25 to another and 25 to yet another.

Please read through the list below and use the boxes to assign 100 value points any way you would like. The points you assign should total 100 points.

I value [NPS SITE] because:	Values Point
I enjoy the scenery, sights, sounds, smells, etc	
it provides a variety of fish, wildlife, plant life, etc.	
it is a place for me to continue to pass down the wisdom, knowledge, traditions, and way of life of my ancestors	
it provides fisheries or tourism opportunities, such as outfitting and guiding.	
it allows future generations to know and experience the area as it is now.	
it has places and things of natural and human history that matter to me.	
in and of itself for its existence, no matter what I or others think about the [NPS SITE]	
we can learn about the environment through scientific observation or experimentation	
it helps preserve and protect clean air, soil, and water, and it protects lives and property from storms, sea level rise, and saltwater intrusion	
it provides a place for my favorite outdoor recreation activities	
it is has sacred, religious, or spiritual meaning to me or because I feel reverence and respect for nature there	
it provides necessary food and supplies to sustain my life	
it makes me feel better physically and/or mentally	
TOTAL	100 Points

ABV6

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

When it comes to issues concerning natural resource management:	Strongly disagree	Disagree	Neither	Agree	Strongly agree
I feel that no additional rules and regulations are needed at [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers are doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers are too influenced by special interest groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers change policies without good reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers have the same ideas about management as I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers listen to ordinary people's opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park managers provide all relevant information about decisions to the public	<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 wildlife issues. Below are statements representing different ways that people might think about wildlife. Even if you don't know or care much about wildlife, 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
Humans should manage wildlife populations so that humans benefit.	1	2	3	4	5	6	7
I view all living things as part of one big family.	1	2	3	4	5	6	7
The needs of humans should take priority over wildlife protection.	1	2	3	4	5	6	7
Animals should have rights similar to the rights of humans.	1	2	3	4	5	6	7
Wildlife is on earth primarily for people to use.	1	2	3	4	5	6	7
Wildlife is like my family and I want to protect them.	1	2	3	4	5	6	7

ABV8

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
Trampling tree roots and fragile plants	1	2	3	4	5
Eroding soils	1	2	3	4	5
Polluting water	1	2	3	4	5
Feeding or otherwise disturbing wildlife	1	2	3	4	5
[PARK SITE SPECIFIC TOPIC]	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
Air pollution from cities, roads, etc.	1	2	3	4	5
Water pollution from cities, roads, etc.	1	2	3	4	5
Changes in climate caused by CO ₂ emissions from cities, roads, etc.	1	2	3	4	5
Light pollution from cities, roads, etc.	1	2	3	4	5
Noise pollution from cities, roads, etc.	1	2	3	4	5

ABV10

In your opinion, what are the values you gained from visiting natural areas such as a [NPS SITE]?

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Spending a lot of time in natural settings (woods, mountains, desert, and lakes) makes me happy.	1	2	3	4	5
I think of myself as part of nature, not separate from it.	1	2	3	4	5
When I am upset or stressed, I can feel better by spending time outdoors "communing" with nature.	1	2	3	4	5
I believe that some of today's social problems could be cured by returning to a more rural life-style in which people live in harmony with the land.	1	2	3	4	5
I really enjoy camping and hiking outdoors.	1	2	3	4	5
Learning about the natural world should be an important part of every child's upbringing.	1	2	3	4	5

ABV11

The following is a list of characteristics values associated 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
Remoteness	1	2	3	4	5	DK/NS
Solitude	1	2	3	4	5	DK/NS
Primitive recreation/few facilities	1	2	3	4	5	DK/NS
Pristine natural environment	1	2	3	4	5	DK/NS
Physically challenging/ demanding	1	2	3	4	5	DK/NS
Unconfined recreation/free from rules and regulations	1	2	3	4	5	DK/NS
Requiring self-reliance	1	2	3	4	5	DK/NS
Fostering a sense of humility toward nature	1	2	3	4	5	DK/NS
Fostering connection with nature	1	2	3	4	5	DK/NS
Fostering spiritual connection	1	2	3	4	5	DK/NS

ABV13

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
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.	1	2	3	4	5
I support protecting wilderness areas just so they will always exist in their natural condition, even if no one were to ever visit or otherwise benefit from them.	1	2	3	4	5
I believe the trees, wildlife, free flowing water, rock formations, and meadows that wilderness protects have value themselves whether or not humans benefit from them.	1	2	3	4	5
I enjoy knowing that other people are currently able to visit wilderness.	1	2	3	4	5
I enjoy knowing that future generations will be able to visit and experience wilderness areas.	1	2	3	4	5
Wilderness areas are important to protect because they contribute to better local, national, and global air and water quality	1	2	3	4	5
Wilderness areas hurt the local economy; there are better ways to balance environmental protection and economic growth.	1	2	3	4	5
I oppose wilderness areas because they are single use areas with limited recreational uses.	1	2	3	4	5

HUMAN-WILDLIFE INTERACTIONS

HDW1

Overall, do you think visitors feeding wildlife in [PARK NAME] is good, bad, or neither?

Extremely Bad	Moderately Bad	Slightly Bad	Neither	Slightly Good	Moderately Good	Extremely Good
1	2	3	4	5	6	7

HDW2

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

Strongly Disapprove	Moderately Disapprove	Slightly Disapprove	Neither	Slightly Approve	Moderately Approve	Strongly Approve
1	2	3	4	5	6	7

HDW3

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

Strongly Disapprove	Moderately Disapprove	Slightly Disapprove	Neither	Slightly Approve	Moderately Approve	Strongly Approve
1	2	3	4	5	6	7

HDW4

Generally, how do you feel about [species] IN [PARK NAME]? *Please check one.*

- I have no particular feelings about [WILDLIFE SPECIES] in [PARK NAME]
- I enjoy [WILDLIFE SPECIES] AND I do Not worry about [species]-related impacts
- I enjoy [WILDLIFE SPECIES] BUT I worry about [species]-related impacts
- I do Not enjoy [WILDLIFE SPECIES] in [PARK NAME]

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]?

- 100 yards
- 50 yards
- 25 yards
- 10 feet

HDW7

How far away should individuals stay from large animals such as [NPS SITE SPECIFIC LARGE MAMMALS e.g., elk, deer, and moose]?

- 100 yards
- 50 yards
- 25 yards
- 10 feet

HDW8

[NPS SITE SPECIFIC WILDLIFE] can sprint ___ times faster than humans can run.

- Two
- Three
- Four
- Five

HDW9

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
The information changed my behavior regarding viewing [WILDLIFE SPECIES]	1	2	3	4	5
The information made me aware of appropriate behaviors while viewing [WILDLIFE SPECIES]	1	2	3	4	5
The information made me think about appropriate behaviors while viewing [WILDLIFE SPECIES]	1	2	3	4	5

HDW10

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.)

It is unacceptable or acceptable to...	Totally Unacceptable	Unacceptable	Neither	Acceptable	Perfectly Acceptable	Don't know/not sure
Leave the [WILDLIFE SPECIES] alone / monitor the situation	1	2	3	4	5	DK/NS
Frighten or "haze" the [WILDLIFE SPECIES] away	1	2	3	4	5	DK/NS
Capture and relocate the [WILDLIFE SPECIES] to another area	1	2	3	4	5	DK/NS
Lethally remove the [WILDLIFE SPECIES]	1	2	3	4	5	DK/NS
Lethally remove all [WILDLIFE SPECIES] found in the area	1	2	3	4	5	DK/NS
Provide education to visitors about how to deal with [WILDLIFE SPECIES] if they are approached	1	2	3	4	5	DK/NS

HDW11

It is best to observe or photograph wildlife by: (Mark all that apply.)

- Using binoculars or a telephoto lens to see the animal clearly, while keeping your distance.
- Moving very slowly and quietly, while approaching the animal as closely as possible.
- Using food to attract wildlife, so you can get a good photo.
- Approaching the animal from behind, so it is less likely to see you.

HDW12

What should you do if you see the nest or the young of [NPS SITE SPECIFIC WILDLIF SPECIES]?
(Mark all that apply.)

- Approach no closer than 15 ft. and report what you see to a park staff member or State conservation officer.
- Attempt to capture the young [NPS SITE SPECIFIC WILDLIF SPECIES] and return it to the nest or parent.
- Stay near the nest or young [NPS SITE SPECIFIC WILDLIFE SPECIES] to see if the parents will return.
- You should never knowingly approach a nest or a young [NPS SITE SPECIFIC WILDLIFE SPECIES].

HDW13

Which of the following statements is true? (Mark all that apply.)

- [NPS SITE SPECIFIC WILDLIFE SPECIES] are most sensitive to disturbance during the breeding season, [DATES]
- When a [NPS SITE SPECIFIC WILDLIFE SPECIES] leaves its nest, the eggs are exposed to predation and chilling, which may result in nest failure.
- A boat wake close to shore can flood a [NPS SITE SPECIFIC WILDLIFE SPECIES] nest and result in loss of the eggs.
- A [NPS SITE SPECIFIC WILDLIFE SPECIES] on a nest keeps its neck low and extended over the water, in order to keep cool while incubating eggs.

HDW14

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.

HDW15

We would like to know how you feel about certain management actions that could be directed at [WILDLIFE SPECIES] populations to address these situations. *Even though it may seem unlikely that these things could occur where you live, we are still interested in your opinions.*

Situation 1

Management Action	[WILDLIFE SPECIES] are wandering into areas where humans camp in search of food.	
	Unacceptable	Acceptable
Is it unacceptable or acceptable to....		
...do nothing to control [WILDLIFE SPECIES] populations?	<input type="checkbox"/>	<input type="checkbox"/>
...fine visitors who fail to use food storage lockers?	<input type="checkbox"/>	<input type="checkbox"/>
...trap and transfer the [WILDLIFE SPECIES] involved?	<input type="checkbox"/>	<input type="checkbox"/>
...lethally remove the [WILDLIFE SPECIES] involved?	<input type="checkbox"/>	<input type="checkbox"/>
...reduce the local [WILDLIFE SPECIES] population?	<input type="checkbox"/>	<input type="checkbox"/>

Situation 2

Management Action	[WILDLIFE SPECIES] are breaking into vehicles to find food.	
	Unacceptable	Acceptable
Is it unacceptable or acceptable to....		
...do nothing to control [WILDLIFE SPECIES] populations?	<input type="checkbox"/>	<input type="checkbox"/>
...fine visitors who fail to use food storage lockers?	<input type="checkbox"/>	<input type="checkbox"/>
...trap and transfer the [WILDLIFE SPECIES] involved?	<input type="checkbox"/>	<input type="checkbox"/>
...lethally remove the [WILDLIFE SPECIES] involved?	<input type="checkbox"/>	<input type="checkbox"/>
...reduce the local [WILDLIFE SPECIES] population?	<input type="checkbox"/>	<input type="checkbox"/>

HDW16

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**.
 - Personal contact with a ranger
 - Brochures, exhibits, or other means
- OR**
- I didn't receive any information about food storage during my visit

HDW17

To avoid disturbing [NPS SITE SPECIFIC WATERFOWL], you should: (Mark all that apply.)

- Paddle or motor quietly, close to the shoreline
- Paddle or motor close to the shoreline, but try to make enough noise to warn incubating birds that you are coming.
- Paddle or motor quietly, well away from the shoreline.
- Paddle or motor well away from the shoreline, but try to make enough noise to warn incubating birds that you are coming.

HDW18

It is best to observe or photograph wildlife by: (Mark all that apply.)

- Using binoculars or a telephoto lens to see the animal clearly, while keeping your distance.
- Moving very slowly and quietly, while approaching the animal as closely as possible.
- Using food to attract wildlife, so you can get a good photo.
- Approaching the animal from behind, so it is less likely to see you.

HDW19

What should you do if you see the nest or the young of [NPS SITE SPECIFIC WILDLIF SPECIES]?
(Mark all that apply.)

- Approach no closer than 15 ft. and report what you see to a park staff member or State conservation officer.
- Attempt to capture the young [NPS SITE SPECIFIC WILDLIF SPECIES] and return it to the nest or parent.
- Stay near the nest or young [NPS SITE SPECIFIC WILDLIFE SPECIES] to see if the parents will return.
- You should never knowingly approach a nest or a young [NPS SITE SPECIFIC WILDLIFE SPECIES].

HDW20

Which of the following statements is true? (Mark all that apply.)

- [NPS SITE SPECIFIC WILDLIFE SPECIES] are most sensitive to disturbance during the breeding season, [DATES]
- When a [NPS SITE SPECIFIC WILDLIFE SPECIES] leaves its nest, the eggs are exposed to predation and chilling, which may result in nest failure.
- A boat wake close to shore can flood a [NPS SITE SPECIFIC WILDLIFE SPECIES] nest and result in loss of the eggs.
- A [NPS SITE SPECIFIC WILDLIFE SPECIES] on a nest keeps its neck low and extended over the water, in order to keep cool while incubating eggs.

HDW21

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.

HDW22

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
I enjoy knowing that there are [WILDLIFE SPECIES] in [PARK] even if I never see one.	1	2	3	4	5
There are no benefits to having [WILDLIFE SPECIES] in [PARK].	1	2	3	4	5
[WILDLIFE SPECIES] are an important part of the natural ecosystem in [PARK].	1	2	3	4	5
[WILDLIFE SPECIES] seriously damages [PLANTS/OTHER RESOURCES] in [PARK].	1	2	3	4	5
[WILDLIFE SPECIES] presents a serious health risk in [PARK].	1	2	3	4	5
[WILDLIFE SPECIES] presents a serious safety risk in [PARK].	1	2	3	4	5
[WILDLIFE SPECIES] pose a threat to people in [PARK].	1	2	3	4	5
Having [WILDLIFE SPECIES] in [PARK] is an inconvenience.	1	2	3	4	5
[WILDLIFE SPECIES] on roads are very susceptible to collisions with vehicles.	1	2	3	4	5
The presence of [WILDLIFE SPECIES] improves the quality of life in [STATE WHERE PARK IS LOCATED].	1	2	3	4	5
In general, I do not care about the welfare of [WILDLIFE SPECIES] in [PARK].	1	2	3	4	5
Preserving [WILDLIFE SPECIES] should be part of management in [PARK].	1	2	3	4	5
I would like to learn more about helping to conserve [WILDLIFE SPECIES] in [PARK].	1	2	3	4	5
It is okay to hand feed [WILDLIFE SPECIES] in [PARK].	1	2	3	4	5
Overall, I am interested in wildlife issues in [PARK].	1	2	3	4	5

HDW23

Please indicate whether you are concerned about any of these [WILDLIFE SPECIES]-related impacts, either within [NPS SITE].

Please select one number for each item.	NPS SITE		
	Not at all concerned	Somewhat concerned	Very concerned
Having seen unhealthy [WILDLIFE SPECIES]	1	2	3
[WILDLIFE SPECIES] that are born too late to survive winter	1	2	3
Presence of [WILDLIFE SPECIES] feces	1	2	3
[WILDLIFE SPECIES] browsing on naturally growing flowers, trees and shrubs	1	2	3
[WILDLIFE SPECIES] browsing on landscaped flowers, trees and shrubs	1	2	3
[WILDLIFE SPECIES] browsing on vegetable gardens	1	2	3
[WILDLIFE SPECIES] accessing unsecured trash	1	2	3
[WILDLIFE SPECIES] interacting with pets	1	2	3
[WILDLIFE SPECIES] behavior around people	1	2	3
People's behavior around [WILDLIFE SPECIES]	1	2	3
Diseases and/or parasites carried by [WILDLIFE SPECIES]	1	2	3
Car accidents involving [WILDLIFE SPECIES]	1	2	3
Other (Please specify): _____	1	2	3

HDW24

Because you live in a town/community within 25 miles of [NPS SITE] we are interested in knowing your level of concern about any of these [WILDLIFE SPECIES]-related impacts within your town/community.

IN YOUR TOWN/COMMUNITY

Please select one number for each item.	Not at all concerned	Somewhat concerned	Very concerned
Seeing unhealthy [WILDLIFE SPECIES]	1	2	3
[WILDLIFE SPECIES] that are born too late to survive winter	1	2	3
Presence of [WILDLIFE SPECIES] feces	1	2	3
[WILDLIFE SPECIES] browsing on landscaped flowers, trees and shrubs	1	2	3
[WILDLIFE SPECIES] browsing on vegetable gardens	1	2	3
[WILDLIFE SPECIES] accessing unsecured trash	1	2	3
People's behavior around [WILDLIFE SPECIES]	1	2	3
Diseases and/or parasites carried by [WILDLIFE SPECIES]	1	2	3
Car accidents involving [WILDLIFE SPECIES]	1	2	3
Other (Please specify): _____	1	2	3

HDW25

To avoid disturbing [NPS SITE SPECIFIC WATERFOWL], you should: (Mark all that apply.)

- Paddle or motor quietly, close to the shoreline
- Paddle or motor close to the shoreline, but try to make enough noise to warn incubating birds that you are coming.
- Paddle or motor quietly, well away from the shoreline.
- Paddle or motor well away from the shoreline, but try to make enough noise to warn incubating birds that you are coming.

HDW26

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.

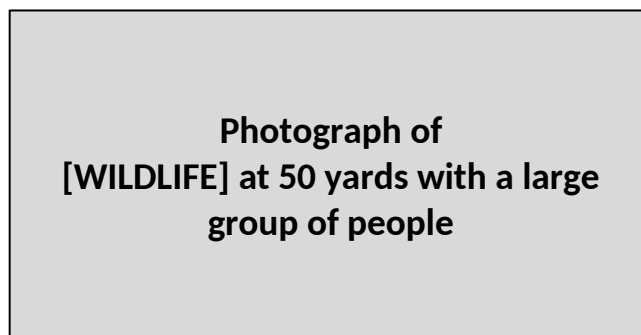
Statements	TRUE	FALSE
When encountering a [NPS SITE SPECIFIC WILDLIFE SPECIES], one should run away as fast as one can	1	2
If a [NPS SITE SPECIFIC WILDLIFE SPECIES] charges, a person should stand his or her ground	1	2
If a [NPS SITE SPECIFIC WILDLIFE SPECIES] charges and makes contact with a person, the person should fall to the ground and "play dead."	1	2
[NPS SITE SPECIFIC WILDLIFE SPECIES] can be fed	1	2
It is recommended that individuals stay in groups of three or more	1	2

HDW27

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 unacceptable or acceptable the **distance to the [WILDLIFE]** is while viewing them. Please use the scale below to indicate unacceptable or acceptable the images are to you.



Highly unacceptable	Unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Acceptable	Highly acceptable
-3	-2	-1	0	+1	+2	+3

HDW28

Which photograph shows the distance you would prefer to view [WILDLIFE SPECIES] from? (Please select one of the photographs)

<input style="width: 40px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <p>Photograph of WILDLIFE at 25 yards with no people</p>	<input style="width: 40px; height: 20px;" type="checkbox"/>	<p>Photograph of WILDLIFE at 50 yards with no people</p>
--	---	---

HDW29

Please indicate how much you disagree or agree with the following statements when considering the photographs above.



	Strongly disagree	Disagree	Slightly disagree	Neither	Slightly agree	Agree	Strongly agree
I considered...							
My personal safety	1	2	3	4	5	6	7
The safety of others	1	2	3	4	5	6	7
The welfare of the [WILDLIFE]	1	2	3	4	5	6	7
My ability to see the [WILDLIFE] as well as I want to	1	2	3	4	5	6	7
My ability to take the photograph I wanted	1	2	3	4	5	6	7

HDW30

The following questions relate to your bear viewing experience. Please use the first answer column to indicate all of 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 important</u> experience during your trip (select one)
was close to a bear	<input type="checkbox"/>	<input type="checkbox"/>
saw a bear in a natural environment	<input type="checkbox"/>	<input type="checkbox"/>
got a good photo of a bear	<input type="checkbox"/>	<input type="checkbox"/>
saw natural bear behaviors, like eating or interacting with other bears	<input type="checkbox"/>	<input type="checkbox"/>
watched bears in an environment free from man-made noise	<input type="checkbox"/>	<input type="checkbox"/>
learned about bear behavior and biology	<input type="checkbox"/>	<input type="checkbox"/>
learned about safety in bear country	<input type="checkbox"/>	<input type="checkbox"/>
observed other people keeping an adequate distance from bears	<input type="checkbox"/>	<input type="checkbox"/>

HDW31

Based on your bear viewing experience today please rate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Ensuring the survival of bears is my highest priority.	1	2	3	4	5
The extinction of bears would be severely diminished my emotional sense of well-being by.	1	2	3	4	5
I need to learn everything I can about bears.	1	2	3	4	5
I will alter my lifestyle to help protect bears.	1	2	3	4	5
My connection to the bears I saw today has increased my connection to the species as a whole.	1	2	3	4	5
Wildlife protection must be society's highest priority.	1	2	3	4	5

HDW32

Thinking about your bear 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
Scheduling visits during times of high visitor use to reduce impacts on bears.	-2	-1	0	1	2
Leaving the group to get better views of bears.	-2	-1	0	1	2
Viewing bears by alone.	-2	-1	0	1	2
Approach bears to take a photo.	-2	-1	0	1	2
Setting up a tripod to take a photo.	-2	-1	0	1	2
Keeping camera equipment spread out around me.	-2	-1	0	1	2
Dropping food on the ground to provide bears a food source.	-2	-1	0	1	2
Properly storing food while viewing bears.	-2	-1	0	1	2
Maintaining a 10-yard buffer between the bear and me.	-2	-1	0	1	2
Maintaining a 100-yard buffer between the bear and me.	-2	-1	0	1	2
Speaking loudly to keep bears away.	-2	-1	0	1	2
Encouraging bears to approach me.	-2	-1	0	1	2

KNOWLEDGE

KNOW1

Prior to this visit, were you aware that [NPS SITE] is managed by the National Park Service (NPS)?

- YES
- NO
- Not sure

KNOW2

Are you aware that [NPS SITE] is an area managed by the National Park Service?

- YES
- NO
- Not sure

KNOW3

Prior to this visit to [NPS SITE], were you aware of the difference between a national park area and a national forest?

- YES
- NO
- Not sure

KNOW4

Prior to this visit, did you know anything about the history of this site?

- YES
- NO
- Not sure

KNOW5

Prior to this visit, were you [and your personal group] familiar with [NPS SITE] rules and regulations?

- YES
- NO
- Not sure

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?

- Bureau of Land Management
- Department of Fish and Game
- Parks and Recreation
- National Park Service
- U.S. Forest Service
- More than one
- Don't know

KNOW8

Would you be interested in learning more about these resources during your visit at [NPS SITE]?
Please check YES or NO for each topic.

	YES	NO
Nesting shorebirds and their habitats	<input type="checkbox"/>	<input type="checkbox"/>
Nesting sea turtles and their eggs	<input type="checkbox"/>	<input type="checkbox"/>
Wild horses	<input type="checkbox"/>	<input type="checkbox"/>
Other historic structures	<input type="checkbox"/>	<input type="checkbox"/>
Dunes vegetation	<input type="checkbox"/>	<input type="checkbox"/>
Undeveloped natural condition	<input type="checkbox"/>	<input type="checkbox"/>
Natural viewscape without development	<input type="checkbox"/>	<input type="checkbox"/>

KNOW9

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
[FACT ABOUT RESOURCE ISSUE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FACT ABOUT RESOURCE ISSUE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FACT ABOUT RESOURCE ISSUE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rule/regulation related to [RESOURCE ISSUE] at [PARKNAME]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park purpose and mission of [PARKNAME]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOW10

How knowledgeable are you on the topic of [ex. invasive species]?

Not at All Knowledgeable	Somewhat Knowledgeable	Extremely Knowledgeable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOW11

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"/>

KNOW12

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"/>

KNOW13

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
Loggerhead Sea Turtle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raccoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Plover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White-tail Deer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottlenose Dolphin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Tern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOW14

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
In residential neighborhoods near [NPS SITE], coyotes' primary food is domestic pets.	T	F	Not Sure
In [NPS SITE], coyotes spend the majority of their time in undeveloped areas.	T	F	Not Sure
Coyotes are strict carnivores (only eat meat).	T	F	Not Sure
Relocating coyotes is the most effective and humane way to resolve coyote conflict with people in [NPS SITE].	T	F	Not Sure
In areas where coyotes live in close proximity to humans, coyote attacks on humans are rare.	T	F	Not Sure
A coyote following a human while walking a dog is considered to be an aggressive act.	T	F	Not Sure
Coyotes are only active at night.	T	F	Not Sure

KNOW15

The following list will help us understand how familiar people are with wilderness [NPS RULES/REGULATIONS]. 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
Wilderness areas are established by Congress	1	2	DK
Motor vehicles are allowed in wilderness areas	1	2	DK
Wilderness areas are managed by the Bureau of Land Management, the Fish and Wildlife Service, the Forest Service and the National Park Service	1	2	DK
Hunting is not allowed in wilderness areas	1	2	DK
Designated wilderness areas exist in almost every state in the country	1	2	DK
Wilderness areas are managed primarily to protect natural conditions, but also may be used for growing timber	1	2	DK
All National Park lands are part of the United States wilderness system	1	2	DK
Fishing is allowed in wilderness areas	1	2	DK
Wilderness areas were established to help handle the growing need for recreation areas.	1	2	DK
Bicycles are not allowed in wilderness areas	1	2	DK
Roads are developed in wilderness for fire protection and recreational access	1	2	DK
Small cabins are allowed in wilderness for overnight visitors.	1	2	DK

KNOW16

Were you aware that the Congress established this National Wilderness Preservation System?

- YES
- NO
- Not sure

PUBLIC PARTICIPATION

PART1

Are you or any members of your personal group a member of the [friends group]?

- YES
- NO

PART2

[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

PART3

Do you or anyone in your household make charitable contributions to environmental organizations?

- YES
- NO
- DON'T KNOW

PART4

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"/>

PART5

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
Read or listen to news about park actions to address [SPECIES]-related impacts	1	2	3	4	5	<input type="checkbox"/>
Talk with local park staff about [SPECIES] impacts	1	2	3	4	5	<input type="checkbox"/>
Talk with other public officials about [SPECIES] impacts	1	2	3	4	5	<input type="checkbox"/>
Provide written comments to a park management plan, impact statement, or survey related to [SPECIES] impacts (in addition to this survey)	1	2	3	4	5	<input type="checkbox"/>
Write a letter to a newspaper about [SPECIES] impacts	1	2	3	4	5	<input type="checkbox"/>
Attend a public meeting about [SPECIES] impacts	1	2	3	4	5	<input type="checkbox"/>

PART6

Have you ever volunteered for a climbing area maintenance project at {NPS SITE} (trail construction, trash clean up, etc.)? (Check one)

- YES
 NO

PART7

Have you ever volunteered for climbing area maintenance project anywhere else (trail construction, trash clean up, etc.)? (Check one)

- YES
 NO

PART8

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.

PART9

Do you think rock climbers should share responsibility for climbing area maintenance?

- YES
- NO

PART10

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

PART11

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
I usually have enough opportunities to provide input on park management decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not believe my input typically is (or would be) taken seriously by park management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have enough information to give meaningful input on deer management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The different ways the park asks for my opinion (e.g., via written comments, conversations with park staff, public meetings, etc.) encourage me to provide input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not comfortable voicing my opinion about park management decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public input usually leads to better management decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART12

How likely are you to engage in the following actions related to [WILDLIFE SPECIES] in the next year?

	Not at all likely	Probably would not	Possibly	Probably would	Very likely
Construct homes for [WILDLIFE SPECIES] at my residence.	1	2	3	4	5
Allow [WILDLIFE SPECIES] to use the outside of my residence.	1	2	3	4	5
Seek out more information about [WILDLIFE SPECIES].	1	2	3	4	5
Talk to others about [WILDLIFE SPECIES].	1	2	3	4	5
Join or support a [WILDLIFE SPECIES] conservation group.	1	2	3	4	5
Avoid going places where I might see [WILDLIFE SPECIES].	1	2	3	4	5

PART13

For each activity listed below, check one response for situations appearing on the right.

	Have you ever participated in...	In the last 12 months, did you participate in...	Do you have an interest in future participation in...
Participated in Public meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Join or support a conservation group.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Volunteered at [NPS SITE]	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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)

NOTE: Attributes relevant to the specific NPS SITE under consideration should be inserted.

	Not at all important	Not very important	Moderately important	Very important	Extremely important	Don't know
Clean air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geologic/rock formations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenic drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenic views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational opportunities (hiking, camping, biking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human/cultural history (cave paintings, arrowheads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plants and animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark, starry night sky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning/educational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREF2

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
[NPS SITE] means a lot to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy [activity] in [NPS SITE] more than in any other park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very attached to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't substitute any other [similar place] for the [activity] I do in [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify strongly with [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get more satisfaction out of visiting [NPS SITE] than from visiting any other [similar] area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Activity] in [NPS SITE] is more important than [activity] in any other place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel no commitment to [NPS SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no other place can compare to [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I can really be myself at [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel [NPS SITE] is part of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Few people know [NPS SITE] like I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting [NPS SITE] says a lot about who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of pride in my heritage when I am at [NPS SITE]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[NPS SITE] is a special place for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREF3

On this visit to [NPS SITE], how desirable are each of the following characteristics or resources to you? (Please select one box for each item)

	Very undesirable	Undesirable	Neither	Desirable	Very Desirable
A few trees blown down across the trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft over-flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridges across creeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange trail markers on trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit toilets at campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food poles at campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food boxes at campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting party size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibiting wood fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having designated campsites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hitching rails at campsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research equipment in the backcountry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rangers on patrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREF4

The following is a list of characteristics commonly associated with backcountry and wilderness areas. Please indicate how important each of the items listed below was to you as a reason to use the trails in the park today. Select one number for each item or if you don't know circle "DK".

NOTE: The list below is an example of items. The lists of items in individual surveys will depend on the characteristics relevant to that park's backcountry/wilderness

	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important	Don't Know
Remoteness	1	2	3	4	5	DK
Solitude	1	2	3	4	5	DK
Primitive recreation/few facilities	1	2	3	4	5	DK
Pristine natural environment	1	2	3	4	5	DK
Physically challenging/ demanding	1	2	3	4	5	DK
Unconfined recreation/free from rules and regulations	1	2	3	4	5	DK
Requiring self-reliance	1	2	3	4	5	DK
Fostering a sense of humility toward nature	1	2	3	4	5	DK
Fostering intimacy/connection with others in your group	1	2	3	4	5	DK
Fostering spiritual connection	1	2	3	4	5	DK
Fostering immersion in nature	1	2	3	4	5	DK

PREF5

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

NOTE: This is a representative list of commonly used Recreation Experience Preference scale items.

Experience:	Importance				
	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important
To be in control of things that happen	1	2	3	4	5
To be with respectful people	1	2	3	4	5
To experience solitude	1	2	3	4	5
To be close to nature	1	2	3	4	5
To be alone	1	2	3	4	5
To be my own boss	1	2	3	4	5
To be where things are fairly safe	1	2	3	4	5
To be near considerate people	1	2	3	4	5
To avoid the unexpected	1	2	3	4	5
To see wildlife	1	2	3	4	5
To get away from noise	1	2	3	4	5
To be away from crowds of people	1	2	3	4	5
To get away from the clatter and racket of home	1	2	3	4	5
To know others are nearby	1	2	3	4	5
To view scenic beauty	1	2	3	4	5
To be near others who could help if you needed it	1	2	3	4	5
To feel my independence	1	2	3	4	5
[Park specific experiences]					

TOPIC AREA 8: ENVIROMENTAL HEALTH AND RESOURCE MANAGEMENT

Questions in this topic area collect information concerning the public's awareness and observations of the natural and social environments in the parks. Preferences, motives and attitudes will be measured to determine how individual observations influence overall experiences. For purposes of the programmatic clearance process, perception questions will be limited to topics the park or the NPS can manage and control as well as current or potential goods and services. The questions in this topic area could be used to provide information that will provide resource managers with an understanding of the public's values, perceptions and beliefs as well as the social consequences of management actions.

ENVIROMENTAL HEALTH

ENVIHEALTH1

Overall, how would you rate the current ecological health of [NPS SITE]?

- 1 Very poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good

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
Water quality	1	2	3	4
Hurricanes	1	2	3	4
Mountain Biking	1	2	3	4
Trash and debris	1	2	3	4
Prescribed burns	1	2	3	4
<i>[List other <u>site specific</u> environmental conditions]</i>				

ENVIHEALTH3

Please indicate the extent to which you agree or disagree with the following statements about coral reef health.

	Strongly Disagree	Slightly Disagree	Neutral	Slightly Agree	Strongly Agree
[WILDLIFE] populations in [NPS SITE] are able to easily recover from any impacts from [RECREATIONAL ACTIVITY] without any long-term damage	1	2	3	4	5
[WILDLIFE] populations in [NPS SITE] are generally in a healthy condition	1	2	3	4	5
[RECREATIONAL ACTIVITY] cause some damage to [WILDLIFE] populations at [NPS SITE], which will have a long-lasting effects on [WILDLIFE] populations	1	2	3	4	5
[NPS SITE] [WILDLIFE]populations where I typically recreate are in a healthy condition	1	2	3	4	5

ENVIHEALTH4

Imagine that you discovered during your next planned trip to [NPS SITE] that your most preferred area was slightly more environmentally damaged than you normally find acceptable. What would you do?

-
- I would make an exception and still participate in my primary activity in this zone
 - I would still participate in my primary activity, but elsewhere in [NPS SITE]
 - I would temporarily participate in a different activity in [NPS SITE]
 - I would temporarily participate in a different activity, but outside [NPS SITE]
-

ENVIHEALTH5

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
Mountain Biking	1	2	4	5
Off trail hiking	1	2	4	5
Bird watching	1	2	4	5
Camping	1	2	4	5
Off -road motorized use	1	2	4	5
Water skiing	1	2	4	5
Kayaking/canoeing	1	2	4	5
<i>[List other <u>site specific</u> recreational activities]</i>	1	2	4	5

ENVIHEALTH6

Imagine that you discovered during your next planned trip to [NPS SITE], that your most preferred area was much more ecologically damaged than you normally find acceptable. What would you do?

-
- I would make an exception and still participate in my primary activity in this zone
 - I would still participate in my primary activity, but elsewhere in [NPS SITE]
 - I would temporarily participate in a different activity in [NPS SITE]
 - I would temporarily participate in a different activity, but outside [NPS SITE]
-

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**)

	Mule Deer	Pronghorn	Squirrel	Chipmunk	Prairie Dog	Birds	Black Bear
Put some food on the ground because obviously it is hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make noise or throw something to scare it away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get as close as you can to get a better view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet and try not to startle the animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quietly approach the animal to take a photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try to get it to eat something from your hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chase it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run as fast as you can to get away from it	<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 INAPPROPRIATE or APPROPRIATE you think each of the following activities is for a visitor to do in [NPS SITE]. Select the number of your response for each statement.

	Very Inappropriate	Inappropriate	Neutral	Appropriate	Very Appropriate
Experience nature by not preparing for all types of weather or hazards before I get on a trail	1	2	3	4	5
Schedule my trip during times of high use to reduce overall impact	1	2	3	4	5
Travel off trail to experience the natural environment	1	2	3	4	5
Walk around muddy spots on the trail	1	2	3	4	5
Use the bathroom in a lake, river or stream if there are no public facilities	1	2	3	4	5
Carry all litter back out, leaving only food scraps behind	1	2	3	4	5
Keep a single item like a rock, plant, stick or feather as a souvenir	1	2	3	4	5
Move rocks and/or logs to make a resting location more comfortable	1	2	3	4	5
Drop food on the ground to provide wildlife a food source	1	2	3	4	5
Approach wildlife to take a photo	1	2	3	4	5
Take a break along the edge of the trail	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
Preparing for all types of weather, hazards, or emergencies before I get on a trail	1	2	3
Scheduling trip to avoid times of high use	1	2	3
Staying on designated or established trails	1	2	3
Walking single file in the middle of the trail, even when wet or muddy	1	2	3
Carrying out all litter, even crumbs, peels, or cores	1	2	3
Never removing objects from the area, not even a small item like a rock, plant, stick, or feather	1	2	3
Never approaching, feeding, or following wildlife	1	2	3
Taking breaks away from the trail and other visitors	1	2	3

LNT12

For the activities listed below, we would like to know, regardless of how effective you think each of the following activities are, please indicate how DIFFICULT you think each of the following activities would be for a visitor to do in [NPS SITE]. Select the number of your response for each statement.

<i>Activities</i>	Not at all Difficult	Moderately Difficult	Extremely Difficult
Preparing for all types of weather, hazards, or emergencies before I get on a trail	1	2	3
Scheduling trip to avoid times of high use	1	2	3
Staying on designated or established trails	1	2	3
Walking single file in the middle of the trail, even when wet or muddy	1	2	3
Carrying out all litter, even crumbs, peels, or cores	1	2	3
Never removing objects from the area, not even a small item like a rock, plant, stick, or feather	1	2	3
Never approaching, feeding, or following wildlife	1	2	3
Taking breaks away from the trail and other visitors	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
Prepare for all types of weather, hazards, or emergencies before I get on a trail	1	2	3
Schedule trip to avoid times of high use	1	2	3
Stay on designated or established trails	1	2	3
Walk single file in the middle of the trail, even when wet or muddy	1	2	3
Carry out all litter, even crumbs, peels, or cores	1	2	3
Never remove objects from the area, not even a small item like a rock, plant, stick, or feather	1	2	3
Never approach, feed, or follow wildlife	1	2	3
Take breaks away from the trail and other visitors	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
Prepare for all types of weather, hazards, or emergencies before I get on a trail	1	2	3
Schedule trip to avoid times of high use	1	2	3
Stay on designated or established trails	1	2	3
Walk single file in the middle of the trail, even when wet or muddy	1	2	3
Carry out all litter, even crumbs, peels, or cores	1	2	3
Never remove objects from the area, not even a small item like a rock, plant, stick, or feather	1	2	3
Never approach, feed, or follow wildlife	1	2	3
Take breaks away from the trail and other visitors	1	2	3

LNT15

How FREQUENTLY in the past 3 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
Talk with others	1	2	3	4	5
Read articles and books	1	2	3	4	5
Take courses or attend meetings	1	2	3	4	5
Teach others	1	2	3	4	5
View website (“Leave No Trace,” Facebook, YouTube or Twitter)	1	2	3	4	5
Other	1	2	3	4	5

LNT16

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
Sometimes it is too difficult to practice "Leave No Trace."	1	2	3	4	5
Practicing "Leave No Trace" takes too much time	1	2	3	4	5
Practicing "Leave No Trace" violates the rights of an individual	1	2	3	4	5
Practicing "Leave No Trace" does not reduce the environmental harm caused by travel in the Park.	1	2	3	4	5
Practicing "Leave No Trace" enhances my outdoor experience.	1	2	3	4	5
It is important that all visitors practice "Leave No Trace."	1	2	3	4	5
It is important that Park regulations require all visitors to practice "Leave No Trace."	1	2	3	4	5
The people I recreate with believe it is important to practice "Leave No Trace."	1	2	3	4	5
In general, the opinions of others have little effect on my practicing "Leave No Trace."	1	2	3	4	5
I practice "Leave No Trace" because the people I recreate with believe it is important.	1	2	3	4	5
I practice "Leave No Trace" because the Park regulations state that I should do so.	1	2	3	4	5
It is important to practice "Leave No Trace" techniques when in the Park.	1	2	3	4	5
If I learned my actions in the Park damaged the environment, I would change my behavior.	1	2	3	4	5
I get upset when I see other individuals in the Park not following "Leave No Trace" practices.	1	2	3	4	5
I insist that "Leave No Trace" practices are followed by all members of my group.	1	2	3	4	5

LNT17

Where did you first learn about “Leave No Trace?” Please select only one answer

- Leave No Trace website
- Course or seminar
- Information kiosk/ Park literature
- Park personnel/Interpretive talk
- Popular media (magazines, books)
- On-line social media (Facebook, twitter, YouTube)
- Other (please specify _____)

LNT18

Please indicate the level at which you think each of the following [ACTIVITIES] would reduce negative impacts and improve visitor experiences in the Park. (Select *the number of your response for each statement*)

Participating in the following activities in [NPS SITE] would reduce impact	Never	Rarely	Occasionally	Usually	Always
Keeping the footprint of gear and crash pads to a minimum while at the crag	1	2	3	4	5
Playing music at a level that only you, or your immediate group can hear it	1	2	3	4	5
Carrying crash pads out of the park each time you exit	1	2	3	4	5
Leaving existing rocks, trees, or shrubs intact at the base of boulders	1	2	3	4	5
Removing tick marks when done bouldering	1	2	3	4	5
Staying on designated trails	1	2	3	4	5
Leaving existing lichen, moss, or plants intact at boulders	1	2	3	4	5
Placing gear and crash pads on durable surfaces	1	2	3	4	5
Depositing solid human waste in “cat holes”, away from water, bouldering areas, and trails	1	2	3	4	5

LNT19

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
Keep footprint of gear and crash pads to a minimum while at the crag	1	2	3
Play music at a level that only you, or your immediate group can hear it	1	2	3
Carry crash pads out of the park each time you exit	1	2	3
Leave existing rocks, trees, or shrubs intact at the base of boulder	1	2	3
Remove tick marks when done bouldering	1	2	3
Stay on designated trails	1	2	3
Leave existing lichen, moss, or plants intact at boulder	1	2	3
Place gear and crash pads on durable surfaces	1	2	3
Deposit solid human waste in "cat holes", away from water, bouldering areas, and trails	1	2	3

LNT20

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
Keep footprint of gear and crash pads to a minimum while at the crag	1	2	3
Play music at a level that only you, or your immediate group can hear it	1	2	3
Carry crash pads out of the park each time you exit	1	2	3
Leave existing rocks, trees, or shrubs intact at the base of boulder	1	2	3
Remove tick marks when done bouldering	1	2	3
Stay on designated trails	1	2	3
Place gear and crash pads on durable surfaces	1	2	3
Deposit solid human waste in "cat holes", away from water, bouldering areas, and trails	1	2	3

LNT21

How much of a problem do you think each of the following issues are at [NPS SITE]?

	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Don't Know/ No Opinion
Vegetation loss at the base of boulders	1	2	3	4	5
Excessive chalk and tick marks on boulders	1	2	3	4	5
Moving rocks, trees, or shrubs at the base of boulders to develop safer landing zones	1	2	3	4	5
Hearing music being played through external speakers	1	2	3	4	5
Stashing crash pads for later use	1	2	3	4	5
The presence of human waste near trails or bouldering sites	1	2	3	4	5
The presence of trash at bouldering sites	1	2	3	4	5
Excessive social trails leading to bouldering sites	1	2	3	4	5
Crowding at bouldering NPS sites	1	2	3	4	5
Park visitors stopping me to ask what my crash pad is used for					

MANAGEMENT OPTIONS

MGMTOPT1

Below is a list of user groups in [NPS SITE]. Please indicate which group would be impacted from the [MANAGEMENT OPTION].

Recreational fishermen
 Snorkelers
 SCUBA Divers
 Power boaters
 Sail boaters
 Nature/wildlife observers
 Kayakers
 Other (Specify) _____

MGMTOPT2

We would like to know about your perceptions of [MANAGEMENT OPTION (e.g., area closed, new construction)] at [SPECIFIC NPS SITE]. Please indicate the extent to which you believe other users of [NPS SITE] would agree or disagree that [MANAGEMENT OPTION] will help to provide:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know/not sure
Remoteness	1	2	3	4	5	DK/NS
An increase in the number of wildlife species in the area	1	2	3	4	5	DK/NS
Primitive recreation/fewer facilities	1	2	3	4	5	DK/NS
Unconfined recreation/free from rules and regulations	1	2	3	4	5	DK/NS
Physically challenging/ demanding experiences	1	2	3	4	5	DK/NS
Pristine natural environment	1	2	3	4	5	DK/NS
Protection for native species	1	2	3	4	5	DK/NS
Solitude	1	2	3	4	5	DK/NS

MGMTOPT3

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

	Strongly oppose	Oppose	Neither oppose Nor support	Support	Strongly support
Restrictions on <u>times</u> when lights are allowed (or not allowed) to be used by visitors or campers	-2	-1	0	1	2
Restrictions on <u>types</u> of lights allowed to be used by visitors or campers	-2	-1	0	1	2
Restrictions on the <u>number</u> of lights used by visitors or campers	-2	-1	0	1	2
Lights that draw attention to, or accent, something specific	-2	-1	0	1	2
Reducing the number of park lights	-2	-1	0	1	2
Policies that restrict visitor use or activities in the park at night	-2	-1	0	1	2

MGMTOPT4

If you were a park manager planning for the future of [NPS SITE], what would you [and your personal group] propose? Please be specific.

MGMTOPT5

What could the managers at [NPS SITE] do as they plan for the future? Please be specific.

MGMTOPT6

Is there anything else you [and your personal group] would like to tell us about your visit to [NPS SITE]?

MGMTOPT7

In your opinion, how important is it to protect each of the following at [NPS SITE]?

How important?					
:					
:					
:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nesting shorebirds and their habitats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nesting sea turtles and their eggs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wild horses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other historic structures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dunes vegetation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undeveloped Natural condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural view scape without development

MGMTOPT8

Would you agree or disagree that the risks that [species] pose to humans are:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Controllable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known to science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoidable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dreadful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MGMTOPT9

Do you agree or disagree that [WILDLIFE SPECIES] is

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MGMTOPT10

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 [and your personal group]? 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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive/informational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural quiet/sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MGMTOPT11

In your opinion, the most important reason to protect the {SPECIFIC NATURAL RESOURCE} (select one):

- To provide recreational opportunities
- To provide habitat for plants and wildlife
- No opinion
- Other (type) _____

MGMTOPT12

Please rate how appropriate you feel the following activities are in [NPS SITE]. Please select **one** for each activity.

	Not at all appropriate	Slightly appropriate	Moderately appropriate	Very appropriate	Extremely 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

Please indicate the extent to which you [and your personal group] would support or oppose each of the following potential management actions at [NPS SITE].

	Strongly Support	Support	Neither Support Nor Oppose	Oppose	Strongly Oppose	Don't Know/ Not Sure
[list of actions (e.g., require visitors to ride a free shuttle bus, prohibit specific activities, remove specific existing facilities, etc.)]	1	2	3	4	5	DK

MGMTOPT14

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

MGMTOPT15

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	Neutral	Agree	Strongly Agree	Don't Know
Visitors and their use of the park should be managed <u>more</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Visitors and their use of the park should be managed <u>less</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Changes in the management of [NPS SITE] have improved the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Laws and rules are easily found and understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Laws and rules in the park should be enforced <u>more</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Laws and rules in the park should be enforced <u>less</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Fees charged at several developed facilities are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
If needed by the park, fees could be charged at additional developed facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>
Where necessary, a permit or reservation systems should be used to better manage visitor use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK <input type="checkbox"/>

MGMTOPT16

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
Where necessary to better manage trails, hikers should be asked to sign-in at trailheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
To improve the experience, a limit should be placed on the maximum size of groups that are allowed to hike together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
It is appropriate to charge a parking fee at trailheads if it is used to improve visitor services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Where necessary to better manage trails, a limit should be placed on the number of people who can use certain trails at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
A permit system should be used to better manage hiking on trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK

MGMTOPT17

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

MGMTOPT18

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?

MGMTOPT18

Please tell us how you feel about the following transportation-related management options.

→First **rate how important** each item is to you when visiting this [NPS SITE].

→Then **rate how satisfied** you are with the way this [NPS SITE] is managing for each item.

→Select "Not applicable" if this [NPS SITE] does not offer a specific transportation-related item.

Importance						Satisfaction					
Very Unimportant	Somewhat Unimportant	Neither	Somewhat Important	Very Important		Very Unsatisfied	Somewhat Unsatisfied	Neither	Somewhat Satisfied	Very Satisfied	Not Applicable
1	2	3	4	5	Surface conditions of roads	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Surface conditions of parking areas	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Condition of bridges	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Condition of trails and boardwalks	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Number of places for parking	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Number of places to pull over along roads	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Safety of driving conditions of the roads	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Safety of [NPS SITE] road entrances/exits	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Signs on highways directing you to the [NPS SITE]	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Signs directing you around the [NPS SITE] roads	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Signs directing you on trails	1	2	3	4	5	<input type="checkbox"/>
1	2	3	4	5	Access for people with physical disabilities or who have difficulty walking	1	2	3	4	5	<input type="checkbox"/>

MGMTOPT19

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 nor disagree	Agree	Strongly agree
The National Park Service should modify its lighting (e.g., use less lighting, direct lighting downward) to allow visitors to see the night sky.	-2	-1	0	1	2
The National Park Service should work with nearby communities and businesses to modify lighting (e.g., use less lighting, direct lighting downward) to allow visitors to see the night sky.	-2	-1	0	1	2
The National Park Service should conduct more programs to encourage visitors to view the night sky <u>with</u> telescopes.	-2	-1	0	1	2
The National Park Service should conduct more programs to encourage visitors to view the night sky <u>without</u> telescopes.	-2	-1	0	1	2
The National Park Service does a good job of letting its visitors know about stargazing activities.	-2	-1	0	1	2
The National Park Service does not provide enough lighting for visitors (e.g., marking restrooms, lighting paths) in this park.	-2	-1	0	1	2
The National Park Service provides too much lighting for visitors (e.g., makes it harder to see the night sky) in this park.	-2	-1	0	1	2

MGMTOPT20

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
Allowing [RECREATIONAL ACTIVITY] for only one night per location helps to better manage it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Willing to pay a \$15 per night for a [RECREATIONAL ACTIVITY] if it was used to improve onsite facilities in this park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
A reservation system should be used to better manage [RECREATIONAL ACTIVITY]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
If storms/floods destroy [Current RECREATIONAL AREA] it is ok to move farther away from the current location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK

MGMTOPT21

To what extent would you support or oppose each of the following potential management practices for hiking on Old Rag? Please mark **one** for each row.

	Strongly Oppose	Slightly Oppose	Neither Support nor Oppose	Slightly Support	Strongly Support
Require an orientation (e.g., a short video) that reinforces safety, trail etiquette, and Leave No Trace principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide more rangers along the trail to reinforce safety, trail etiquette, and Leave No Trace principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of people allowed to hike Old Rag each day by means of a first come, first served permit system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MGMTOPT22

Please indicate the extent to which you would support or oppose each of the following potential management actions at this landing. 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	Neither Support nor Oppose	Support	Strongly Support
Create a designated waiting area for commercial users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the number of people on the landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase parking capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information to users about preferred behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information to users about crowded times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create educational information accessible via phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create interactive educational kiosks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase enforcement of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSTAINABILITY

SUSTAIN 1:

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 or oppose each of the following management actions. (Select one number for each item.)

	Strongly oppose	Oppose	Neutral	Support	Strongly support
Educate visitors more aggressively about minimizing impacts on wildlife	1	2	3	4	5
Close sensitive wildlife areas to visitor use	1	2	3	4	5
Reduce number of campSITE(S) to protect wildlife	1	2	3	4	5
Regulate use and/or type of fishing tackle to protect wildlife	1	2	3	4	5
Close campSITE(S) during wildlife breeding seasons	1	2	3	4	5
ETC [NPS SITE] specific options	1	2	3	4	5

SUSTAIN2

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? Please select one.

- Close campsite during wildlife breeding seasons
- Regulate use and/or type of fishing tackle to protect wildlife
- ETC [NPS SITE] specific options

SUSTAIN3

Below are some ways to limit [seasonal] use. Which do you prefer? Please select all that apply.

- Close campsite during wildlife breeding seasons
- Regulate use and/or type of fishing tackle to protect wildlife
- ETC [NPS SITE] specific options

SUSTAIN4

[NPS SITE] currently uses living history programs and encampments, including weapons and clothing, to interpret the [fort's] 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

SUSTAIN5

Which of the following best describes who you think should be responsible for keeping federally managed public lands in [County] clean and in good condition?

- Nobody
- Only employees of federally managed public lands
- Only visitors to federally managed public lands
- Employees and visitors of federally managed public lands
- Don't know/Not sure
- No answer

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
safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
motorized vehicle use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[OTHER area-specific list of management options]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRUST2

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"/>

TRUST3

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"/>

WILDERNESS AREAS

WILD1

There are 625 legally designated wilderness areas that make up the National Wilderness Preservation System which contain over 4 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

WILD2

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

WILD3

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

WILD4

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

WILD5

Please tell us whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements about wilderness.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I enjoy reading about and viewing pictures, videos, TV shows and movies featuring wilderness areas.	1	2	3	4	5	<input type="checkbox"/>
Wilderness areas exclude too much non-destructive recreational activity and makes land less accessible to potential users.	1	2	3	4	5	<input type="checkbox"/>
I enjoy knowing that other people are currently able to visit wilderness						
At this rate future generations will not be able to visit and experience wilderness areas.	1	2	3	4	5	<input type="checkbox"/>
Wilderness areas are important to protect because they contribute to better local, national, and global air and water quality	1	2	3	4	5	<input type="checkbox"/>
The 1964 Wilderness act is outdated and was not written for much of today's recreational uses and should be reconsidered.	1	2	3	4	5	<input type="checkbox"/>
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.	1	2	3	4	5	<input type="checkbox"/>
Wilderness "locks up" commercial forestland, hurting local and regional economies by preventing timber harvest and mining.	1	2	3	4	5	<input type="checkbox"/>
I believe the land and wildlife that wilderness protects have value themselves whether or not humans benefit from them.	1	2	3	4	5	<input type="checkbox"/>

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] (mark 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
- Just an incidental or 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

Did you visit any other National Parks on your trip away from home?

- NO
 YES (please specify) _____

ECON5

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

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:
Backcountry camping in [NPS SITE]	
Camping in [NPS SITE]	
Camping outside [NPS SITE]	
Lodging in [NPS SITE]	
Lodging outside [NPS SITE]	
Cruise ship (<i>for Alaska and cruise parks only</i>)	
Other accommodations (e.g., friends/relatives)	

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

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 |

ECON10

How many people are in your household? _____ Number of people

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
Park entrance fee	\$ _____	<input type="checkbox"/>
Gas and oil (auto, RV, boat, etc.)	\$ _____	<input type="checkbox"/>
Rental cars	\$ _____	<input type="checkbox"/>
Taxis, shuttles, and public transportation	\$ _____	<input type="checkbox"/>
Restaurants and bars	\$ _____	<input type="checkbox"/>
Groceries and convenience foods	\$ _____	<input type="checkbox"/>
Hotels, motels, resorts	\$ _____	<input type="checkbox"/>
Specialty lodging (e.g., B&Bs, hostels, cabins, vacation rentals)	\$ _____	<input type="checkbox"/>
Camping fees (tent, RV)	\$ _____	<input type="checkbox"/>
Recreation and entertainment expenses (e.g., movies, bowling, miniature golf, etc.)	\$ _____	<input type="checkbox"/>
Souvenirs, clothing, supplies, other retail	\$ _____	<input type="checkbox"/>
Equipment rental	\$ _____	<input type="checkbox"/>
Guides and tour fees	\$ _____	<input type="checkbox"/>
Other (please list) _____	\$ _____	<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 fishing 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 saltwater fishing; exclude supplemental items like boats, trailers, etc.)

\$ _____ Amount to replace saltwater fishing 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.

- DID NOT PAY A FEE OR USE A PASS TO ENTER THE PARK
- 7 DAY ENTRANCE FEE (\$10/vehicle or \$3/individual)
- PASS (Golden Eagle Pass, Annual [NPS SITE] Park Pass, Golden Age Pass, Golden Access Pass)
- FEE INCLUDED IN TOUR PACKAGE
- 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.

- I purchased the Pass to save money
- I purchased the Pass because it is convenient to use
- I purchased the Pass because it is convenient to buy
- I purchased the Pass to support federal lands conservation
- I purchased the Pass as a keepsake
- 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
Local Air transportation	<input type="checkbox"/>
Local Ground transportation	<input type="checkbox"/>
Local Water transportation	<input type="checkbox"/>
Local Lodging	<input type="checkbox"/>
Meals	<input type="checkbox"/>
Guide services	<input type="checkbox"/>
Fees (e.g., fishing or hunting licenses)	<input type="checkbox"/>
Gear (e.g., camping equipment, bikes, kayaks)	<input type="checkbox"/>
Admission to events or attractions	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

LOCAL SERVICES

LOCALSERV1

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

LOCALSERV2

Were you [and your personal group] able to obtain all of the services that you needed in these communities?

YES

NO

If NO, what needed services were not available?

Services not available:

LOCALSERV3

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

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
 - Costs were too high
 - Facilities lacked desired amenities
 - Location not convenient
 - Lacked desired facilities
 - 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.

LOCALSERV8

Please tell us if you were able to use the following support services during this visit..

→ In **column A** - Please select only the services you used in [nearby town] that were specifically related to this visit.

→ In **column B** - Please select the services you would have used if they had been available.

Did not use any services on this visit.

a) Used on this visit	Services	b) Would have used if available
<input type="checkbox"/>	Purchased gasoline	<input type="checkbox"/>
<input type="checkbox"/>	Purchased groceries	<input type="checkbox"/>
<input type="checkbox"/>	Rented equipment	<input type="checkbox"/>
<input type="checkbox"/>	Purchased non-food supplies	<input type="checkbox"/>
<input type="checkbox"/>	Ate in a restaurant	<input type="checkbox"/>
<input type="checkbox"/>	Purchased hunting/fishing permit	<input type="checkbox"/>
<input type="checkbox"/>	Visited a commercial outfitter	<input type="checkbox"/>
<input type="checkbox"/>	Other ([area-specific list of available local services Please specify) _____	<input type="checkbox"/>

TOPIC AREA 10: CONSTRAINTS AND BARRIERS

STAKEHOLDERS

STAKE1

Please describe what you do and your experiences in your organization.

STAKE2

Please describe your organization's history with the NPS.

STAKE3

How would you describe the NPS presence in the region?

- o Probe: Which NPS programs are you familiar with?

STAKE4

What impact has the NPS had on your organization's area of focus?

STAKE5

In your opinion, what do you think is the ideal role for the NPS to play in serving the public and surrounding communities?

STAKE6

What do you think are some of the strengths and assets the NPS has to offer?

STAKE7

When thinking about work accomplished with the NPS, what comes to mind as something that has been particularly successful?

STAKE8

At which level does your institution work with the National Park Service [NPS SITE]?

- Local
- Federal
- State
- Regional
- National
- International

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

What three things would you like to see [NPS SITE] accomplish in the next two years?

1.

2.

3.

STAKE11

In your opinion, what are important needs in the community where [NPS SITE] could make a difference?

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]?

- Plan formation
- Focus groups
- Technical support
- Contracting services
- Research

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

UNDER SERVED MINORITIES

USMIN1

Have you ever visited a National Park?

- Yes
- NO

USMIN2

To the best of your recollection, when was the last time you visited any local parks, recreation or natural areas?

- Never
- Within the past week
- Within the past week to two weeks
- Within the past two weeks to a month
- Within the past month to six months
- Within the past six months to a year
- Within the past year to two years
- Over two years
- Don't know/Not sure

USMIN3

In general, what are your reasons for not visiting National Parks? Select all that apply

- Too busy
- Distance
- Lack interest
- Overall costs too expensive
- Lack information
- Entrance fees too expensive
- Units are not accessible
- Units are unsafe
- Don't feel welcome there
- OTHER SITE SPECIFIC RESPONSES

USMIN4

For each statement below, please select the number that best reflects how you felt about the [NPS SITE] in general.

	Strongly disagree	Disagree	Neither agree Nor disagree	Agree	Strongly agree
I felt well-prepared for the [NPS SITE].	1	2	3	4	5
I was very excited about going to [NPS SITE]	1	2	3	4	5
I had a good time at the [NPS SITE]	1	2	3	4	5
I would participate in another [NPS SITE]	1	2	3	4	5
I would visit [NPS SITE] again	1	2	3	4	5
I would tell other kids to participate in a [NPS SITE]	1	2	3	4	5
I would tell other kids to visit [NPS SITE]	1	2	3	4	5

USMIN5

In thinking about your visit(s) to public lands in Clark County, 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

USMIN6

What specifically caused you to have negative experience?

USMIN7

For each statement below, please select the number that best reflects **how you feel about [NPS SITE] in general.**

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
[NPS SITE] is the best place to do the activities that I enjoy	1	2	3	4	5
I have a lot of good memories of times with family, friends, and classmates in [NPS SITE]	1	2	3	4	5
I love [NPS SITE]	1	2	3	4	5
I don't feel very comfortable at [NPS SITE]	1	2	3	4	5
Visiting [NPS SITE] allows me to spend time with my family, friends, and classmates.	1	2	3	4	5
I would rather go to [NPS SITE] than any other nearby place	1	2	3	4	5
[NPS SITE] is a little scary	1	2	3	4	5
[NPS SITE] means a lot to me	1	2	3	4	5
I don't like [NPS SITE]	1	2	3	4	5
I feel welcome at [NPS SITE]	1	2	3	4	5

USMIN8

In thinking about your visit(s) to public lands in Clark County, 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

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
Getting itchy	1	2	3	4	5
Sitting on the ground	1	2	3	4	5
Getting dirty	1	2	3	4	5
Getting bitten by insects	1	2	3	4	5
Touching plants when walking	1	2	3	4	5
Walking on a non-paved trail	1	2	3	4	5
Spending a full day in nature/outdoors	1	2	3	4	5
Getting hot/tired/thirsty/sweaty from hiking outside	1	2	3	4	5
Being in a remote location far from the nearest city	1	2	3	4	5
Encountering wild animals	1	2	3	4	5

USMIN10

What would you say were the two or three main reasons for visiting?

- It was an opportunity to interact with nature
- It's a healthy way to spend leisure time
- To feel relaxed and peaceful
- It's an opportunity to spend time with family/friends
- It was an opportunity to take part in physical activities outdoors
- The location is close to my home
- I did not have to pay to visit the site
- Other (specify)
- Don't know/Not sure

USMIN11

When you last visited [NPS SITE] did you...

- Visit alone
- Visit with friends/family
- Visit with a social group (church, sports team, etc.)
- Don't know/Not sure

USMIN12

What is the likelihood that you would visit a National Park within the next 12 months?

Definitely	Probably	Possibly	Probably not	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

USMIN13

How important are the following factors that would encourage you to visit a National Park?

	Very Important	Important	Moderately Important	Of little importance	Unimportant
Free transportation to the NPS SITE	1	2	3	4	5
Organized activities for children	1	2	3	4	5
Information that is understandable and appropriate	1	2	3	4	5
The availability of family activities and facilities	1	2	3	4	5
Properly trained staff	1	2	3	4	5

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
Spending time in natural settings (woods, mountains, desert, lakes, ocean) would improve my spiritual wellbeing.	1	2	3	4	5
I would be a part of nature, not separate from it.	1	2	3	4	5
When I am upset or stressed, I would feel better by spending time outdoors “communing” with nature.	1	2	3	4	5
Some of today’s social problems could be cured by returning to a more rural life-style in which people live in harmony with the land.	1	2	3	4	5
Learning about the natural world should be an important part of every child’s upbringing.	1	2	3	4	5
Parts of nature—certain trees, or storms, or mountains—have a spirit of their own.	1	2	3	4	5
I would feel that an important part of my life was missing if I were not able to get out and enjoy nature from time to time.	1	2	3	4	5

USMIN15

Have you ever visited a public area with a Hispanic heritage interpretation? *[Prompts: Museum, NPS SITE(S), parks, visitor centers, public art exhibits]*

- NO
- YES
 - What NPS SITE did you visit?
 - When did you visit?
 - Why did you visit?
 - Did you/others in your party enjoy your visit?

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
I don't have the time to visit a National Park	1	2	3	4	5
The cost is too high	1	2	3	4	5
The areas are too crowded	1	2	3	4	5
I cannot afford to take a trip to a National Park	1	2	3	4	5
None of my family or friends will join me	1	2	3	4	5
I don't know much about National Parks	1	2	3	4	5
Too far to drive	1	2	3	4	5
Lack of information about natural areas (i.e., parks)	1	2	3	4	5
I would not feel safe	1	2	3	4	5
I am not interested in visiting a National Park	1	2	3	4	5
There is a lack of racial diversity in Parks	1	2	3	4	5
I don't hike or camp so there is no reason to go to a National Park	1	2	3	4	5
I can recreate in places closer to home for free	1	2	3	4	5
National Parks are for other people	1	2	3	4	5
Wildlife scares me	1	2	3	4	5
The amenities I need are not there (grills, water faucets, rest rooms, picnic tables)	1	2	3	4	5
Don't know where to go or what to do	1	2	3	4	5
Want more luxury accommodations	1	2	3	4	5
Would travel if more people of my race/ethnicity employed there	1	2	3	4	5
I have too many other leisure interests	1	2	3	4	5
Not interested in participating in outdoor recreation activities	1	2	3	4	5
Afraid of getting hurt or being attacked	1	2	3	4	5
Too busy with family responsibilities	1	2	3	4	5
Transportation problems	1	2	3	4	5
Negative previous experience	1	2	3	4	5

USMIN17

Please tell us why you have not visited a National Park?

- Hotel/food/other costs too expensive
- Other destination are more interesting
- Distance
- Too Crowded
- Reservations needed too far in advance
- Parking difficulties
- Entrance fees are too high
- Service fees are too high
- Employees give poor service
- Units are uncomfortable places to be.
- Afraid of getting hurt or being attacked
- Too busy with family responsibilities
- Transportation problems
- Negative previous experience
- Afraid of getting hurt or being attacked

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?

USMIN19

How much would it influence your decision to visit [NPS SITE] if you knew it had Hispanic heritage NPS SITE(S) and interpretation? Why or why Not?

USMIN20

If a national park had special events that focused on Hispanic heritage would you go? Why?

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
I spent too much money	1	2	3	4	5
The areas was too crowded	1	2	3	4	5
My experience was not as good as I had hoped	1	2	3	4	5
After this experience I would like to visit another National Park	1	2	3	4	5
I was disappointed in this trip	1	2	3	4	5
I felt safe	1	2	3	4	5
It was a great recreation experience	1	2	3	4	5

USMIN22

Have you ever visited a national park NPS SITE to get information about Hispanic heritage [OTHER cultural heritages]?

- NO
- YES - which one?

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?

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

USMIN25

What, if anything, would encourage you to visit [NPS SITE]?

- If public lands were closer to where I live
- If I had more time to visit public lands
- If I had someone to come with me
- If I understood the rules or policies for visiting public lands
- If I knew where public lands in Clark County were located
- If I had more information on the types of things I can do at public lands/what they have to offer at public lands
- Other (specify)
- Nothing

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 _____

TOPIC AREA 11: SAFETY AND RISK MANAGEMENT

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 about 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?

PERSAFE 6

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

PERSAFE 9

Have you informed anyone of your travel plans if you have altered them since your arrival?

- NO
- YES Please specify when

PERSAFE 10

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.

- Wildlife encounters
- Bad weather
- Got lost
- Exhaustion
- Lightheadedness / Altitude Sickness
- Dehydration
- Hunger
- Any injuries such as sprains and cuts
- Experienced nausea / vomiting
- Poor road conditions
- Poor trail conditions
- Ran out of supplies in a remote area
- Vehicles parked along the side of the road
- Ran out of gas in a remote area
- Conflict between vehicles and bicycles
- Conflict between vehicles and pedestrians
- Lack of cell phone coverage
- Needing emergency services
- Other (please specify): _____

PERSAFE 11

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.

- Put up signs explaining why it is discouraged
- Put up a fence or rail
- Have offenders receive a ticket
- Have a volunteer speak with you about the risks associated with [activity] at [NPS site].
- Put in place educational programs at [NPS site location].
- None would impact efficiently
- Other _____

PERSAFE 12

Select the items you are currently carrying? Please mark all that apply.

- Communication Device (smart phone, radio, etc.)
- Paper Map
- Compass
- Electronic Map (e.g. Google maps, Apple maps, etc.)
- GPS Device
- Warm Clothing (In addition to what you're wearing)
- Extra Food
- Extra Water
- Light Source (A headlamp or flashlight)
- Fire starters (Matches or Lighter)

PERSAFE 13

What methods of communication did you use to inform someone about your new itinerary? Please mark all that apply.

- Email
- Text message
- Phone call
- In person
- By mail
- 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	No opinion	Somewhat unsafe	Very unsafe
Personal property—from crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety—from crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety—from accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling by Non-motorized mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At any point during your hike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe conditions while [other recreational activities]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSAFE15

Did you get safety information about this hike from any of the following sources? *(Please check all that apply)*

- A staff member at the {NPS SITE} Visitor Center
- Employee of a Park hotel, restaurant, store, bike/raft rental or shuttle bus
- Another visitor
- Friend or family member
- The [NPS SITE] Guide (the free newspaper that is distributed to park visitors)
- A guidebook
- The news media (television/radio/newspaper)
- Internet-[NPS SITE] National Park website
- Internet-website other than the National Park Service
- {NPS SITE}National Park signs
- Other (please describe) _____
- No new information, I was already familiar with the trail

PERSAFE16

Did you receive any safety advice before starting out on this hike?

YES



What was it? (check as many as apply)

- To bring water
- To wear hiking shoes
- To stay out of the river
- Not to feed the animals
- Other _____

NO

PERSAFE17

Did you feel like crowding increased your risk or other people's risk of being injured at any point during your hike today? (Check all that apply.)

- YES, crowding increased the risk of injuries on the trail
- YES, crowding increased the risk of injuries on the summit of [NPS SITE]
- 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
I felt unsafe near rivers or waterfalls in the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I assume park rangers are nearby to help if there is an accident in a river or at a waterfall in the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railings and signage in the park are not adequate to protect visitors from being swept over waterfalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there was a high risk of an accident in an area of the park, I assume visitors wouldn't be allowed to enter the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are adequate safety measures in place at cliff edges to prevent visitors from falling accidents.	<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

Please tell us how you planned to stay hydrated during your hiking trip. Which of the following items did you use during your hike today? (Mark all that apply)

- Bottle
- Bladder Hydration System (e.g., Camelback)
- Other _____
- None of the above

PERSAFE21

Since the beginning of your hike, 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"/> Water	_____
<input type="checkbox"/> Sports Drink (e.g., Gatorade)	_____
<input type="checkbox"/> Electrolyte Mix (e.g., Powder)	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> None	

PERSAFE22

How fatigued did you consider yourself to be at the end of your hike?

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 hike 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 hike?

Much easier than expected	Somewhat easier than expected	About what you expected	Somewhat harder than expected	Much harder than expected
1	2	3	4	5

PERSAFE25

What was your main reason for going [down to the rocks by the river/ behind the fence]?

- To rest
- To have my drink/food
- To look at the scenery
- To have my picture taken
- To take a picture
- To use river water to fill a water bottle or wash something
- To climb on rocks, or jump from rock to rock
- Because there was NO place else left to sit
- To get away from other hikers
- To get something (what?) _____
- To be with one of my hiking companions
- To cool off (from the spray of the water)
- To cool off (by putting my hands or feet in the water)
- 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

Do you think that visitors should be allowed wherever they choose? Please select only one response.

- Yes, I think visitors should be allowed to go wherever they choose
- No, visitors should Not be allowed to go wherever they choose
- I'm Not sure if visitors should be allowed to go wherever they choose

PERSAFE29

There are many ways that the Park could try to keep people from going [on the rocks by the river/behind the fence]. Which of the following methods do you think would work best for a visitor like you?

- Put up signs explaining why it is discouraged
- Put up a fence or railing to discourage visitors from going there
- Install more places to get clean water
- Create a special area for picture-taking
- Install some type of cooling/mist sprayers away from the river's edge
- Station a park employee on the trail at this spot
- Provide more places for visitors to sit
- Issue a \$100 fine to visitors who enter restricted areas
- None of these ideas would have stopped me from entering that area

PERSAFE30

Do you have any other suggestions for how to stop visitors from going off the trail [into a restricted area]?

PERSAFE31

Did the posted safety guidelines at [NPS site] cause any change to your planned activity?

- NO
- YES Please specify what you did differently

PERSAFE32

Did you encounter any safety issues during [activity] in [NPS site]?

- NO
- YES Please specify

PERSAFE33

During your visit, did the signs posted inside [NPS site] provide adequate safety information?

- YES
- NO - Please specify not

PERSAFE34

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	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSAFE35

Did you check the weather conditions for today [prior to today]?

- NO
- YES how were you made aware of the weather conditions? Please mark all that apply.
 - Entrance Booth Display
 - Visitor Center Display
 - I asked a park employee
 - Printed weather forecast
 - Mobile Phone / Application

Other (please specify):

PERSAFE36

During your hike [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
Exposure to sun	<input type="radio"/>	<input type="radio"/>
Hot, humid weather	<input type="radio"/>	<input type="radio"/>
Bad weather/storms	<input type="radio"/>	<input type="radio"/>
Cold temperatures at higher elevations	<input type="radio"/>	<input type="radio"/>
Steep sections of trail	<input type="radio"/>	<input type="radio"/>
Limited access to drinking water	<input type="radio"/>	<input type="radio"/>
Proper footwear required for the terrain	<input type="radio"/>	<input type="radio"/>
Strength and fitness needed for the hike	<input type="radio"/>	<input type="radio"/>

PERSAFE37

Did you worry about any of the following risks during your hike on [NPS SITE] today? Please mark **one for each row**.

	I was worried about...	
	Yes	No
Slipping and having a bad fall while hiking on the trail	<input type="radio"/>	<input type="radio"/>
Getting lost/losing the marked trail	<input type="radio"/>	<input type="radio"/>
Someone falling into me while hiking the trail	<input type="radio"/>	<input type="radio"/>
Being unable to make it through the rock scramble	<input type="radio"/>	<input type="radio"/>
Unsafe/risky behavior of others threatening my safety	<input type="radio"/>	<input type="radio"/>
Being unable to complete the whole hike	<input type="radio"/>	<input type="radio"/>
Being injured while hiking the trail	<input type="radio"/>	<input type="radio"/>
Not finishing the hike before dark	<input type="radio"/>	<input type="radio"/>
Not having access to restrooms on the trail	<input type="radio"/>	<input type="radio"/>

PERSAFE38

Compared to other trips, please indicate how much you prepared for this visit.

- No preparation
- Less preparation than normal
- An average amount of preparation
- more preparation than normal
- this was the most preparation I have done for a trip

PERSAFE39

Would you find it valuable for any of the following reasons to have internet access? (Check all that apply)

- To communicate with other members of your party
- To access emergency medical services
- To deal with car difficulties
- To alert rangers to hazardous conditions onsite
- To learn about trail and trailhead features and amenities
- To navigate the trail
- Other _____

PERSAFE40

For future visits, what would be the best way for you to obtain safety information? Please mark all that apply.

- NPS.gov websites
- Online Source(s) / Social Media
- Brochure/Park Newspaper
- Signs
- Visitor Center
- Ranger
- Guidebook
- Call [NPS SITE]
- Trail
- Shuttle
- Fee station
- Not sure
- No additional ways are necessary
- Other _____

PERSAFE41

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

During your [activity], did you receive any safety information?

- YES
- NO

RECSAFE3

Before [or during] [recreational activity], how did you obtain information about safety precautions [or safety measures]? Please mark **[X]** all that apply.

- Did not obtain any safety information
- [area specific list of information options]
- Other (please specify)

RECSAFE4

To your knowledge, does {NPS SITE} have any rules about [specific activities]?

- NO
- YES please explain how you learned about the rules and regulations

RECSAFE5

How did you obtain information about the [specific activity] safety regulations? Please mark **[X]** all that apply.

- Did not obtain any safety information
- [area specific list of information options]
- Other (please specify): _____

RECSAFE6

Do you have prior experience hiking on unpaved trails?

- NO
- YES

RECSAFE7

What types of safety equipment did you bring on this [boat] trip? Please mark all that apply.

- Backfire flame control
- Lifejackets
- Sound producing devices
- Visual distress signals
- Navigation lights
- Fire extinguishers
- Ventilation equipment or devices
- Marine sanitation devices
- Other (please specify): _____
- Did not have any safety equipment

RECSAFE8

Did you experience or see any unsafe conditions while [boating] 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 [water activity], did you wear a life jacket?

- YES
- NO Please specify why you did 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.

- E-Mail
- Text message
- Phone call
- In Person
- Mail

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 experience

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.

<input type="checkbox"/>	None	<input type="checkbox"/>	Selecting activities at appropriate fitness level
<input type="checkbox"/>	Bringing more than enough drinking water	<input type="checkbox"/>	Bringing more than enough food
<input type="checkbox"/>	Wearing / bringing footwear designed for unpaved surfaces	<input type="checkbox"/>	Obtaining a topographical map (other than a park brochure)
<input type="checkbox"/>	Using sunscreen	<input type="checkbox"/>	Checking weather conditions
<input type="checkbox"/>	Wearing proper clothing	<input type="checkbox"/>	Bringing first aid supplies
<input type="checkbox"/>	Bringing appropriate equipment	<input type="checkbox"/>	Bringing a compass
<input type="checkbox"/>	Obtaining a park brochure / guide book	<input type="checkbox"/>	Considering the capabilities/skills of every member of group
<input type="checkbox"/>	Bringing GPS or Personal Locator Beacon	<input type="checkbox"/>	Other (please specify): _____

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.

- | | |
|---|--|
| <input type="checkbox"/> Jumper cables | <input type="checkbox"/> Fire extinguisher |
| <input type="checkbox"/> Snow chains | <input type="checkbox"/> Working flashlight with spare batteries |
| <input type="checkbox"/> Small tool set | <input type="checkbox"/> Safety vest |
| <input type="checkbox"/> Visual distress signals | <input type="checkbox"/> Reflective triangles |
| <input type="checkbox"/> Tire gauge | <input type="checkbox"/> First-Aid kit |
| <input type="checkbox"/> Can of tire sealant and inflator | <input type="checkbox"/> Other (please specify): _____ |

SAFPREP8

Prior to this visit, how did you obtain information about keeping safe at [NPS site]? Please mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Did not obtain any safety information | <input type="checkbox"/> NPS.gov |
| <input type="checkbox"/> Travel agency | <input type="checkbox"/> Online sources / Social media |
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Previous park visit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Called [NPS SITE] | |

SAFPREP9

Did you check the weather conditions for today?

- NO
- YES - how were you made aware of the weather conditions? Please mark **all** that apply.
 - Entrance Booth Display
 - Visitor Center Display
 - I asked a park employee
 - Printed weather forecast
 - Mobile Phone / Application
 - Other (please specify): _____

SAFPREP10

Did you check the weather conditions prior to your activity?

- NO
- YES - please specify

SAFPREP11

Are you prepared in case the weather conditions changed during [activity]?

- YES
- NO

SAFPREP12

Are you prepared in case the weather conditions changed during your visit at [NPS site]?

- YES
- NO

SAFPREP13

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 [activity specific 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
Exposure to direct sunlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[activity specific common safety situations]	<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] activity safely? Please mark all that apply.

- Injury
- Weather exposure
- Exhaustion
- Ill prepared
- Lack of experience
- Trail conditions
- Got lost
- Other (please specify): _____

SIP7

Did you leave a hiking route plan and estimated time of return with a trusted person who knew what to do if you did not return when expected?

- NO
- YES

SIP8

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?

- Less than 10 minutes
- 10 minutes to 30 minutes
- 30 minutes to one hour
- One to three hours
- More than three hours

SIP9

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

SIP10

Was the effort of the hike what you expected?

- More strenuous
- Less strenuous
- About what I expected

SIP11

Is there anything [NPS site] can do to make your hiking safer?

- NO
- YES - please specify

SIP12

Did you observe signs with information about sun safety around [NPS site location]?

- YES
- NO

SIP13

While [RECREATIONAL ACTIVITY] during your visit at [NPS site], did you get a sunburn?

- NO
- YES

SIP14

Was there a sufficient amount of shade around [NPS site location]?

- NO
- YES - please specify

SIP15

Were the shaded areas at [NPS site location] accessible?

- NO
- YES - please specify

SIP16

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

SIP17

In the past [time frame], how many times did you have a red OR painful sunburn that lasted a day or more? Please mark only one response.

- Zero times
- 1- 2 times
- 3-4 times
- More than 4 times
- Not at all

SIP18

During your visit to [NPS site], how many hours are you exposed to direct sunlight between 10 am and 4pm each day? Please mark only one response.

- Under an hour
- 1-2hours
- 3-4 hours
- 5-6 hours
- I only stay in shaded areas

SIP19

During your day visit at [NPS site], have you done any of the following? Please mark all that apply.

- Wear sunscreen
- Wear a shirt with sleeves
- Wear a hat
- Find shade or under an umbrella
- Wear sunglasses
- Intentionally get a tan

SIP20

Which of the following items are you using while [activity] to keep hydrated today? Please mark all that apply.

- Bottled Water
- Refillable Water Bottle
- Water purification System
- Bladder Hydration System (e.g. Camelback)
- Other _____
- None of these

SIP21

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"/> Water	_____
<input type="checkbox"/> Sports Drink (e.g. Gatorade)	_____
<input type="checkbox"/> Electrolyte Mix (e.g. Powder)	_____
<input type="checkbox"/> Other (please specify):	_____

SIP22

During your visit at [NPS site], how often do you do the following? Please mark only one response for each item.

	Not At All	Not Very	Moderately	Very	Extremely
Wear sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a shirt with sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear a hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find shade or under an umbrella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intentionally get a tan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIP23

Considering all visits you have made on Federal public lands, 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"/>	Drowning	
<input type="checkbox"/>	Motor Vehicle Crash	
<input type="checkbox"/>	Fall / Slip	
<input type="checkbox"/>	Natural / Environment Hazard (lightening, flash flood, etc.)	
<input type="checkbox"/>	Wildlife / Animal Encounter or Attack	
<input type="checkbox"/>	Other:	

SIP24

Please indicate how safe you felt from the following. Please mark only one for each response.

	Not At All Safe	Not Very Safe	Moderately Safe	Very Safe	Extremely Safe
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIP25

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
I want to stay well hydrated and always drink the maximum amount of fluids I can tolerate at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take small sips of fluid now and then in order to prevent that "cotton-mouth" feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only drink fluids whenever I am thirsty and only amounts in order to quench my thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I adjust my fluid intake based on urine output and appropriate color of urine during the [activity]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only consume fluids with a meal or a snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do not drink enough during my [activity], but I plan to rehydrate as soon as I relax and have a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever there is water available on the [NPS site location], I drink as much as I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink too many fluids during my [activity]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink fluids at predetermined time intervals	<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:

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
The amount of information provided by the park to properly prepare for a visit to the area was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of information provided at the park entrance stations was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of signs with information about the natural and cultural history of the area was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of signs describing areas of interest along the road was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of park rangers or park staff present was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to locate trailheads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of signs warning drivers about roadway conditions was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles, pedestrians, and bicyclists could safely travel the roadway at the same time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAW3

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"/>

SAW 4

In your opinion, what could managers at [NPS site] do to communicate the safety hazards associated with certain activities?

SAW5

Were you informed of the [description of safety specific regulation] regarding [activities]?

- YES
- NO - please specify why not

SAW6

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"/>

SAW7

During your [activity], did you receive any safety information?

- YES
- NO - please specify why not

SAW8

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 _____)

SAW9

Were posted signs regarding safety information easy to locate?

- YES
- NO

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	Neither Satisfied Nor Dissatisfied	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 did not find what I was looking for (Please specify 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

SAW20

Is there anything you [or the NPS] could have done to make your visit safer?

- NO
 YES - please specify

SAW21

Did you feel there was a risk to your safety at any time during your visit to [NPS site]?

- NO

- YES - please explain

SAW22

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]

SAW23

During your visit, did you receive any [SPECIFIC ACTIVITY] safety information?

- NO
 YES - how was the information provided? Please mark all that apply. Please specify the online source(s):

- Openly available printed material/Self-guided material
- Shuttle stop
- Trailhead
- Campground
- Park staff /Safety volunteers
- Ranger-led tours/programs
- Assistance from Information Desk / Visitor Center
- Education signs
- Radio message
- Other (please specify): _____

SAW24

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

SAW25

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):
