|  |  |
| --- | --- |
| Social Science ProgramNational Park Service **U.S. Department of the Interior** | **OMB Control Number: 1024-0224** Expiration Date: |

**Arches National Park Visitor Study**



**PAPERWORK REDUCTION ACT STATEMENT:** The National Park Service is authorized by 54 U.S.C. 100701 to collect this information. This information will be used by park managers to understand the visitor use and the perceptions of recreation management at Arches National Park. Responses to this request are voluntary and anonymous. Your name will never be associated with your answers, and all contact information will be destroyed when the data collection is concluded. No action may be taken against you for refusing to supply the information requested. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number and expiration date.

**BURDEN ESTIMATE:** We estimate that it will take an average of 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to the Social Science Program Chief, National Park Service, 1201 Oakridge Drive, Fort Collins, CO, 80525-5596.

|  |  |  |
| --- | --- | --- |
| C:\Users\brett\Pictures\RSG\720px-US-DeptOfTheInterior-Seal.svg.png | **United States Department of the Interior**  **NATIONAL PARK SERVICE**  1849 C Street, N.W.  Washington, DC 20240 | w npslogo |
| Dear Arches National Park Visitor:  Thank you for participating in this study. Our goal is to learn about the expectations, opinions, and interests of visitors to Arches National Park. This information will assist us in understanding how visitors experience Arches National Park and the surrounding area, motivations for visiting, and will be used to inform planning and management efforts to better serve you.  This questionnaire is only being given to a select number of visitors, so your participation is very important. It should take about 20 minutes to complete after your visit.  When your visit is over, the adult in your group who will have the next birthday should complete this questionnaire. Seal it in the postage-paid envelope provided and drop it in any U.S. Postal Service mailbox.  If you have any questions, please contact Name, Title, Organization/company, address, phone number, email.  We appreciate your help.  Sincerely,  SIGNATURE NEEDED  Patricia Trap  Superintendent | | |

|  |
| --- |
| **DIRECTIONS**  At the end of your visit:   1. Please have the adult in your group (at least 18 years old) who has the next birthday complete this questionnaire. That will help give us a statistically reliable sample. 2. For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink. Please do not use pencil.   Description: bubble-fill-example   1. Seal it in the postage-paid envelope provided. 2. Drop it in a U.S. Postal Service mailbox. |
|  |
| **DIRECTIONS**  Please have the adult in your group (at least 18 years old) having the next birthday complete this questionnaire.  In this questionnaire, your **personal group** is defined as you and anyone with whom you visited Arches National Park on this trip, such as a spouse, family, friends, etc. This does not include the larger group that you might have traveled with, such as a school, church, scout, or tour group.  A **visit** is defined as the day you were contacted to complete this questionnaire. A **trip** is defined as the total extent of time away from your personal residence that could include multiple visits to Arches National Park. |

**1. Trip Description**

First, we’d like to ask some questions about your trip away from home that included this visit to Arches National Park, and the time you might have spent in the local area around Arches National Park.

The local area around Arches National Park includes Grand and San Juan Counties. Within these counties, the communities of Moab, Bluff, Castle Valley, Spanish Valley, Monticello, Mexican Hat, Green River, and Blanding are shown, along with major roadways and other features within about a one-hour drive of the park. The local area is shown on the map below.

A close up of a map

Description automatically generated

LOCAL AREA

LOCAL AREA

1. Are you a permanent or seasonal resident of the local area around Arches National Park? Please mark (●) **one.**

O Yes, I am a permanent resident GO TO QUESTION 3

O Yes, I am a seasonal resident GO TO QUESTION 3

O No

1. Was your visit to Arches National Park the primary purpose for your overall trip away from home? Please mark (●) **one.**

O Yes

O No Was your visit to Arches National Park…?

Please mark (●) **one.**

O The primary reason you came to the local area

O One of two or more equally important reasons you came to the local area

O An incidental or spontaneous stop in the local area

1. On this trip away from home, have you stayed, or will you stay overnight in Arches National Park and/or within the **local area**? Please mark (●) **one.**

O Yes

O No GO TO QUESTION 4

1. Please list the number of nights you stayed in Arches National Park and/or in the local area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation** | **Number of Nights** | | |
| Backcountry camping in Arches National Park |  |  | nights |
| Camping in Arches National Park |  |  | nights |
| Camping outside Arches National Park in local area |  |  | nights |
| Lodging outside Arches National Park in local area (e.g., hotels, cabins, vacation rentals) |  |  | nights |
| Unpaid accommodations (e.g., friends, relatives) |  |  | nights |

1. If you camped overnight in Arches National Park, what time of day did you arrive on your first day in the park?

**Please mark (●) one**

* + Early morning (before 9 am)
  + Mid-morning (9am-12pm)
  + Mid-day (12pm-3pm)
  + Afternoon (3pm-6pm)
  + Evening (after 6pm)

1. If you camped overnight in Arches National Park, what time of day did you leave on your last day in the park?

**Please mark (●) one**

* + Early morning (before 9 am)
  + Mid-morning (9am-12pm)
  + Mid-day (12pm-3pm)
  + Afternoon (3pm-6pm)
  + Evening (after 6pm)

1. Which communities did you visit while in the **local area**? Please mark (●) **all that apply.**

O Moab O Bluff O Castle Valley

O Spanish Valley O Monticello O Mexican Hat

O Green River O Blanding O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Expenditures**

The National Park Service is interested in the relationship between parks and their local economy. In this section, we ask about goods and services that you and your personal group may have purchased on this trip to Arches National Park and the local area.

1. Including yourself, how many people were in your personal group when you visited Arches National Park?

Note: Your **personal group** is you and companions with whom you visited Arches National Park on this trip, such as a spouse, family, friends, etc. This does not include the larger group that you might have traveled with, such as a school, church, scout, or tour group.

|  |  |
| --- | --- |
|  |  |

Adults (18 years or older)

|  |  |
| --- | --- |
|  |  |

Children (under 18 years)

1. Was some or all of your trip away from home booked as a package vacation?

O Yes

O No GO TO QUESTION 7

1. What was the total cost of the package vacation for your personal group?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  |  | , |  |  |  | .0 | 0 |

1. What was the total length of your package vacation?

|  |  |
| --- | --- |
|  |  |

Days

1. How many days of the package vacation did you spend in the local area?

|  |  |
| --- | --- |
|  |  |

Days

1. Please estimate how much total money you and your personal group spent in Arches National Park and the local communities surrounding the park during your time in the park and its local area.

**Local Area Residents**: If you are a permanent or seasonal resident, please only include expenses that were directly related to your visit to Arches National Park on the day you were contacted for this survey.

**Package vacationers**: If some or all of your trip away from home was booked as a package vacation, please do not include expenses that you already reported in the previous question.

|  |  |
| --- | --- |
| **Expense Category** | **Dollar Amount Spent in Arches National Park and Local Area** |
| Park entrance fee | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Gas and oil (e.g., auto, RV, boat, etc.) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Rental cars rented in the local area | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Taxis, shuttles, and public transportation | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Restaurants and bars | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Groceries and convenience foods | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Hotels, motels, resorts | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Specialty lodging (e.g., B&Bs, hostels, cabins, vacation rentals) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Camping fees (tent, RV) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Recreation and entertainment expenses (e.g., movies, bowling, miniature golf, etc.) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Souvenirs, clothing, supplies, other retail | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Equipment rental | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Guides and tour fees | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |
| Any other items not listed above | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  | , |  |  |  | .0 | 0 | |

**If you did not list any expenses above in Question 7**, please indicate why you did not answer. Please mark (●) **one**:

O I did not spend any money within Arches National Park or the **local area**

O I do not know how much money I spent in Arches National Park and the **local area** (I don’t remember/I didn’t keep track)

O I prefer to not answer the question

**3. Arches National Park Visit**

1. Please indicate all forms of transportation you personally used to travel from your home to Arches National Park on this trip. Please mark (●) **all that apply.**  
   O Car, truck, or SUV

|  |  |
| --- | --- |
|  |  |

Number of people in vehicle, including yourself

O Recreational vehicle or motorhome

O Airplane

O Tour bus or tour van

O City bus or subway

O Train or long-distance passenger bus

O Water-based transportation (Please mark (●) **all that apply**)

O Cruise ship

O Ferry

O Tour boat

O Other water-based mode (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_

O Taxi/Uber/Lyft

O Bicycle

O Walk/hike

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

1. How much time did you spend within Arches National Park on this trip?

|  |  |
| --- | --- |
|  |  |

Number of hours, if you only spent **1 day** at Arches National Park.

If you entered Arches National Park multiple times on the day of your visit, how many **times** did you enter the park?

|  |  |
| --- | --- |
|  |  |

Times entered Arches National Park

**OR**

|  |  |
| --- | --- |
|  |  |

Number of days, if you spent **more than** **1 day** at Arches National Park.

If you spent multiple days at Arches National Park, how many **different days** did you enter the park?

|  |  |
| --- | --- |
|  |  |

Different days entered Arches National Park

1. On this trip, in which of the following activities did you personally participate within Arches National Park? Please mark (●) **all that apply.**

O Viewing wildlife

O Viewing natural features, scenery, wildflowers, etc.

O Creative arts (photography/drawing/painting/writing)

O Visiting a cultural or historic site

O Nature study

O Driving for pleasure

O 4-wheel driving

O Walking/short hike (less than 1 hour)

O Day hiking (1 hour or more)

O Bicycling

O Running/jogging

O Viewing the night sky

O Listening to the sounds of nature

O Camping in developed sites

O Overnight backpacking

O Family gathering/reunion

O Picnicking

O Rock climbing/bouldering

O Canyoneering

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

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

1. Of the activities listed in Question 10, which was your primary activity during your visit to Arches National Park on the day you were contacted for this survey?

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

**OR**

O I did not have a primary activity on this visit to Arches National Park

1. How important to you was it to visit each of the following destinations during this trip to Arches National Park? Please mark (●) **one for each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely Important** | **Very Important** | **Moderately Important** | **Slightly Important** | **Not at All Important** | **Did not Visit** |
| Delicate Arch | O | O | O | O | O | O |
| Landscape Arch | O | O | O | O | O | O |
| Park Avenue | O | O | O | O | O | O |
| Fiery Furnace | O | O | O | O | O | O |
| Sand Dune Arch | O | O | O | O | O | O |
| Balanced Rock | O | O | O | O | O | O |
| Visitor Center | O | O | O | O | O | O |
| Windows | O | O | O | O | O | O |
| Other (Please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O | O | O | O | O |

**4. Arches National Park Management**

1. To what extent do you agree or disagree with each of the following statements? Please mark (●) **one for each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Do Not Know/ Not Sure** |
| Arches National Park is a safe place to visit | O | O | O | O | O | O |
| Arches National Park is too crowded | O | O | O | O | O | O |
| Natural resources in Arches National Park are in pristine condition | O | O | O | O | O | O |
| Graffiti and litter are not a problem in Arches National Park | O | O | O | O | O | O |
| Arches National Park is not accessible to persons with physical disabilities | O | O | O | O | O | O |
| Historical and cultural features in Arches National Park are well maintained/preserved | O | O | O | O | O | O |
| Development of facilities INSIDE the park detracts from visitors’ experiences at Arches National Park | O | O | O | O | O | O |
| Development of adjacent areas OUTSIDE the park detracts from visitors’ experiences at Arches National Park | O | O | O | O | O | O |

1. Did anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services, during your visit to Arches National Park? Please mark (●) **one.**

O Yes

O No

What activities, services, or facilities did the person(s) have difficulty participating in or accessing? Please be specific:

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

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

Because of the physical condition, which specified difficulties did the person(s) have? Please mark (●) **all that apply.**

O Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff even with hearing aid)

O Visual (difficulty in seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)

O Mobility (difficulty in accessing facilities, services, or programs even with walking aid and/or wheelchairs)

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

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

1. Thinking about your visit to Arches National Park, would you have liked to have seen more of, the same, or less of each of the following facilities? Please mark (●) **one for each item.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **More** | **Same** | **Less** |
| Primitive roads for scenic driving | O | O | O |
| Access to arches | O | O | O |
| Access to panoramic viewpoints | O | O | O |
| Access to canyons | O | O | O |
| Trails at the Windows | O | O | O |
| Trails at Delicate Arch | O | O | O |
| Trails at Delicate Arch Viewpoint | O | O | O |
| Trails at Devils Garden | O | O | O |
| Trails at other sites (please specify the site)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O | O |
| Transportation options between Moab and Arches National Park (trails, shuttles, etc.) | O | O | O |
| Restrooms | O | O | O |
| Water stations | O | O | O |
| Campgrounds | O | O | O |
| Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O | O |

1. When did you make the decision to visit Arches National Park? Please mark (●) **one.**

O On the same day of the visit

O Couple of days before the visit

O A week before the visit

O 1 month before the visit

O 2-6 months before the visit

O More than 6 months but less than a year before the visit

O A year or more before the visit

O Don’t know/can’t recall

1. During the planning process for your visit to Arches National Park, how did the possibility of crowding affect your trip plans? Please mark (●) **one.**

O It did not affect my plans

O I planned to visit Arches National Park on a day and at a time of day I thought would be less crowded

O I planned to visit Arches National Park on a day of the week I thought would be less crowded

O I planned to visit during the off-season when I thought it would be less crowded

O I was not aware it would be crowded

1. Please indicate whether (and if so, how often) you have ever done each of the following in Arches National Park.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ever done? | | If YES, how often? | | | | |
| **YES** | **NO** | **Rarely** | **Occasionally** | **Often** | **Usually** | **Always** |
| Visit earlier or later in the season to avoid seeing other people | O | O | O | O | O | O | O |
| Visit on weekdays to avoid weekend crowds | O | O | O | O | O | O | O |
| Go to trails that are less crowded | O | O | O | O | O | O | O |
| Avoid places that have limits on the amount of use | O | O | O | O | O | O | O |
| Go to other areas where you are less likely to see other people | O | O | O | O | O | O | O |
| Avoid attractions that are crowded | O | O | O | O | O | O | O |

1. To what extent do you agree or disagree with each of the following statements about your experiences while hiking on trails in Arches National Park? Please mark (●) **one for each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Do Not Know/ No Opinion** |
| There were fewer people on the trail than I would prefer to see when hiking in Arches National Park | O | O | O | O | O | O |
| There were more people on the trail than I think is acceptable to reduce environmental impacts | O | O | O | O | O | O |
| The number of people on the trail was acceptable to protect the quality of visitors’ experiences (i.e., prevent crowding) | O | O | O | O | O | O |
| There were more people on the trail than I think is acceptable to provide opportunities for solitude | O | O | O | O | O | O |
| The number of people I encountered while hiking on trails in Arches National Park positively impacted my experience | O | O | O | O | O | O |

1. If a reservation were required in advance to visit Arches National Park, which of the following actions would you be willing or able to take in order to secure a visit to Arches National Park? Please mark (●) **one for each action.**

|  |  |  |
| --- | --- | --- |
|  | **Would you?** | |
| **Action** | **Yes** | **No** |
| Visit during a different time of day | O | O |
| Visit on a different day in the same week | O | O |
| Visit on weekdays instead of weekend days | O | O |
| Visit in a different week in the same month | O | O |
| Visit in a different month | O | O |
| Visit earlier or later in the season | O | O |
| Visit in a different season | O | O |
| Visit Arches National Park even if you were unable to visit the most popular areas of the park | O | O |

1. Please indicate the extent to which you would support or oppose each of the following potential management practices at Arches National Park. Please mark (●) **one response** for each management action.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Management practice** | **Strongly Support** | **Support** | **Neither Support nor Oppose** | **Oppose** | **Strongly Oppose** | **Do Not Know/ No Opinion** |
| Expand parking areas at key attraction sites, allowing for more visitors on the related trails | O | O | O | O | O | O |
| Implement advance timed entry reservations to the park to reduce crowding during the peak season | O | O | O | O | O | O |
| Expand trail network in the park to provide additional recreation opportunities | O | O | O | O | O | O |
| Implement advance timed entry reservations to visit specific areas of the park (i.e., site-specific permits) | O | O | O | O | O | O |
| Implement mandatory shuttle system to reduce traffic congestion | O | O | O | O | O | O |
| Implement voluntary shuttle system to increase modes of access | O | O | O | O | O | O |
| Temporarily close congested parking areas | O | O | O | O | O | O |

**5. Background Information**

In this final section we would like to learn more about you and your background…

1. What type of group were you with during your trip to Arches National Park on the day you were contacted for this survey? Please mark (●) **all that apply.**

O Alone

O Friends

O Family  
O Organized group (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your zip code, or home country if not U.S.?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a first-time visitor to Arches National Park? Please mark (●) **one.**

How many trips have you taken to Arches National Park in the last 12 months, including this trip?

|  |  |  |
| --- | --- | --- |
|  |  |  |

O Yes

O No

Trips

1. How many trips have you taken to other National Park Service sites in the last 12 months?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Trips

1. What is your age?

|  |  |
| --- | --- |
|  |  |

Years

1. What is your gender? Please mark (●) **one**.

O Male

O Female

1. Are you of Hispanic or Latino origin? Please mark (●) **one**.  
   O Yes

O No

1. What is your race? Please mark (●) **all that apply**.  
   O American Indian or Alaska Native   
   O Asian   
   O Black or African American   
   O Native Hawaiian or other Pacific Islander   
   O White
2. What is the highest degree or level of school you have completed? Please mark (●) **one.**

O Less than high school

O Some high school

O High school graduate or GED

O Some college, business, or trade school

O College, business, or trade school graduate

O Some graduate school

O Master’s, doctoral, or professional degree

1. Which category best describes your household income last year, before taxes? Please mark (●) **one.**

O Less than $24,999

O $25,000 - $34,999

O $35,000 - $49,999

O $50,000 - $74,999

O $75,000 - $99,999

O $100,000 - $149,999

O $150,000 - $199,999

O $200,000 or more

1. Including yourself, how many people contribute to your annual household income?

|  |  |
| --- | --- |
|  |  |

People

1. Including yourself, how many people are in your household?

|  |  |
| --- | --- |
|  |  |

People

1. When visiting an area such as Arches National Park, what language do you personally prefer to use? Please mark (●) **one for speaking and one for reading.**

|  |  |  |
| --- | --- | --- |
|  | **Speaking** | **Reading** |
| English | O | O |
| Spanish | O | O |
| Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | O | O |

1. Is there anything else you would like to tell us about Arches National Park’s facilities, services, or recreational opportunities?  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Thank you for your help!**

**Please place the questionnaire in the envelope provided and drop it in any**

**U.S. Postal Service mailbox.**

**SURVEY ID NUMBER:**