**OMB Control Number:\_\_\_\_\_\_\_\_\_\_**

**Expiration Date:\_\_\_\_\_\_\_\_\_\_**

**Taggart & Lupine**

 **Visitor Use & Experience Survey**

The focus of this study is to better understand visitor use and experience within the **Taggart & Lupine Area**, which is this area (*please see surveyor’s map if needed*) of Grand Teton National Park.

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**Grand Teton National Park thanks you for your assistance.**

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**TOPIC AREA 3: TRIP CHARACTERISTICS (CVIS 1)**

If no, are you a first time visitor to Grand Teton National Park? *(Please select only one response)*

* + YES
	+ NO

**TOPIC AREA 3: TRIP CHARACTERISTICS (CVIS 2)**

If no, in which year did you make your first visit to Grand Teton National Park?

 Year

|  |
| --- |
| **TOPIC AREA 3: TRIP CHARACTERISTICS (CVIS 1)** |

Including this visit, how many times have you visited this trailhead? (Please report your number of visits)

\_\_\_\_\_\_\_\_Number of Visits

**TOPIC AREA 2: TRIP PLANNING (ITIN 4)**

How does your visit to Grand Teton National Park fit into your travel plans? *(Please select only one response)*

 Grand Teton National Park is my primary destination

 Grand Teton National Park is one of several destinations, including Yellowstone National Park

 Grand Teton National Park is one of several destinations, excluding Yellowstone National Park

 I am passing through the park to my primary destination

 I did not plan to visit this park

**TOPIC AREA 3: TRIP CHARACTERISTICS (DEST 17)**

On this visit, how long did you [and your personal group] stay in this area? (*Please list partial hours as hours and minutes, and partial days as days and hours).*

 If less than 24 hours, Number of **hours**\_\_\_\_\_\_\_\_\_\_ Number of **Minutes**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **OR**

 If 24 hours or more, Number of **days**\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of **Hours­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOPIC AREA 3: TRIP CHARACTERISTICS (DEST 22)**

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

* Moose Entrance Station from Highway 89 (northbound)
* Moose Entrance Station from Highway 89 (southbound)
* Moose Entrance Station from the Moose-Wilson Road
* Moran Entrance Station from Highway 89 (northbound)
* Moran Entrance Station from Highway 89 (southbound)
* US – 191 (southbound)
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOPIC AREA 3: TRIP CHARACTERISTICS (DEST 22)**

On this visit, did you:

* Visit Yellowstone before you visited Grand Teton
* Plan to visit Yellowstone after your visit at Grand Teton
* I did not visit and do not plan to visit Yellowstone
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 1 – variation)** |

Where did you park today? (Please select one)

* In the Lupine Meadows parking lot
* Roadside near the Lupine parking lot
* In the Taggart Lake parking lot
* Roadside near Taggart parking lot
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (GROUP 4 - variation)**

How many vehicles did your personal group use to arrive in this area today?

\_\_\_\_ Number of vehicles

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 5)** |

On this trip, how difficult did you did you **expect it** to be to find parking here when you arrived? (Please select only one response)

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

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 5)** |

How difficult **was it** to find parking here when you arrived? (Please select only one response)

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

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 10)** |

How satisfied were you with your parking location today? Please provide an explanation.

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

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 3 – variation)** |

How long did you spend looking for parking in this area today? (Please write your time in minutes)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 3)** |

How acceptable was it to spend this amount of time looking for parking at this trailhead?

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

|  |
| --- |
| **Topic Area 4: TRANSPORTATION (PARKING 14)** |

On this visit, did you and your group experience any parking problems at this location?

* NO
* YES

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

* Parked some distance away from my intended destination and walked
* Waited for a spot to open in the parking lot
* Left and came back at an alternative time
* Unable to initially park, so went to an alternate destination
	+ If so, where was your alternative destination?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other site-specific parking issues or alternatives
	+ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **TOPIC AREA 3: TRIP CHARACTERISTICS (CVIS 8)** |

**Interviewer**

This map depicts the Taggart and Lupine area – the area you visited today. We have placed numbers at key locations along the area’s trails. We are here at X [parking lot location], this is Taggart Lake, and this is the Lupine Meadows Trail.

INSERT MAP HERE

Please use these numbers to tell us about your route through the area today.

When and where did you start your trip today?

**Respondent**

I started at…

***Interviewer & Respondent***

*Respondent describes trip route with support from interviewer*

**Interviewer**

What was your primary destination today?

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

|  |
| --- |
| **Topic Area 5: VISITOR USE AND RECREATION MANAGEMENT (EXP 12) – variation** |

Below is a list of statements related to experiences you may have wanted to have today. For each experience, please rate how motivated you were to have it and to what extent you were able to experience it. (Please select one motivation response and one ability response for each experience.)

|  |  |  |
| --- | --- | --- |
|  | How motivated were you to experience each of the following…? | How were you able to experience each of the following…? |
| Experiences | Not at all  | Slightly  | Moderately  | Very  | Completely  | Not Applicable | Not at all | Slightly | Moderately | Very much | Completely  |
| Scenery & wildlife (e.g., scenic beauty, see wildlife) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Escape (e.g., freedom, be away from others)  | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Quiet (e.g., hear nature sounds, tranquility) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Opportunity to Relax (e.g., reduce stress, improve mood, physically relax) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Adventure (e.g., sense of exploration or thrill) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Socialization (e.g., quality time with friends and family, to part of a community)  | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Achievement (e.g., test my skills, build self-confidence) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Sharing (e.g., share photos, tell others about my trip) | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

**TOPIC AREA 6: EVALUATION OF PROGRAMS AND SERVICES (SERVICES 2)**

Please rate the quality of services/facilities you received and/or encountered during today’s visit. (*Please select one for each*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very****Poor** | **Poor** | **Average** | **Good** | **Very Good** | **Did Not Use** |
| Maintained Hiking Trails | 1 | 2 | 3 | 4 | 5 | 6 |
| Trail Signage | 1 | 2 | 3 | 4 | 5 | 6 |
| Restroom Facilities  | 1 | 2 | 3 | 4 | 5 | 6 |
| Ranger Presence | 1 | 2 | 3 | 4 | 5 | 6 |
| Information signs | 1 | 2 | 3 | 4 | 5 | 6 |
| Picnic area | 1 | 2 | 3 | 4 | 5 | 6 |
| Information about park natural and cultural resources | 1 | 2 | 3 | 4 | 5 | 6 |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 |

**TOPIC AREA 4: TRANSPORATION (TRANSMGMT 2)**

Thinking about your visit to this area, would you have liked to have seen more of, the same, or less of each of the following facilities or services? *(Please select one response for each item).*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Less** | **Same** | **More** |
| Trails for hiking  | 1 | 2 | 3 |
| Trail signage | 1 | 2 | 3 |
| Trails for horse use | 1 | 2 | 3 |
| Accessible-friendly (e.g., for wheelchairs) sites, facilities, and trails  | 1 | 2 | 3 |
| Ranger-led Programs | 1 | 2 | 3 |
| Picnic areas | 1 | 2 | 3 |
| Parking areas | 1 | 2 | 3 |
| Information signs | 1 | 2 | 3 |
| Restrooms | 1 | 2 | 3 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 |

|  |
| --- |
| **Topic Area 6: VISITOR EXPEREINCE AND RECREATION MANAGEMENT (CROWD 20)** |

How crowded did you feel while recreating at the following sites in this area today? (Please select only one response per item)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location | Not at all crowded | Slightly Crowded | Moderately crowded | Very Crowded | Extremely crowded | Did Not Visit |
| In the parking lot | 1 | 2 | 3 | 4 | 5 | 0 |
| At the restroom | 1 | 2 | 3 | 4 | 5 | 0 |
| At the trailhead | 1 | 2 | 3 | 4 | 5 | 0 |
| On the trails close to the trailhead when leaving the trailhead | 1 | 2 | 3 | 4 | 5 | 0 |
| On trails in the middle of your trip to your destination  | 1 | 2 | 3 | 4 | 5 | 0 |
| At your destination | 1 | 2 | 3 | 4 | 5 | 0 |
| On trails in the middle of your trip to your destination | 1 | 2 | 3 | 4 | 5 | 0 |
| On trails close to the trailhead returning to the trailhead | 1 | 2 | 3 | 4 | 5 | 0 |

|  |
| --- |
| **Topic Area 6: VISITOR EXPEREINCE AND RECREATION MANAGEMENT (CROWD 22)** |

How did the number of other people you encountered per hour during your trip in the Taggert Lake and Lupine area affect your overall experience today? *(Select one response)*

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

**TOPIC AREA 5: VISITOR EXPERIENCES (EXP 1)**

Please indicate the extent that the following issues were problems for you while visiting today. (*Select one response for each issue, or circle “DK” if you don’t know*)

|  | Not a Problem | Small Problem | Big Problem | Not Applicable |
| --- | --- | --- | --- | --- |
| Too many other people |  |  |  |  |
| Large groups recreating together |  |  |  |  |
| Finding a place to picnic  |  |  |  |  |
| Informal or unofficial trails |  |  |  |  |
| Environmental damage caused by visitors |  |  |  |  |
| The actions or behaviors of other visitors |  |  |  |  |
| Parking availability (standard vehicle) |  |  |  |  |
| Parking availability (large vehicle (e.g. trailer, RV)) |  |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Respondent Characteristics**

**TOPIC AREA 2: TRIP PLANNING (INFOSOURCE 10)**

We would like to know what sources of information you used during your trip, and which was the most preferred. *(Please check* ***all*** *that apply, and* ***One*** *most preferred source)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Did not use** | **Before arriving in the park** | **In the park** | **Most Preferred Source** |
| Grand Teton National Park website |  |  |  |  |
| Other websites  |  |  |  |  |
| Friends/relatives |  |  |  |  |
| Previous visits |  |  |  |  |
| Visitor/Tourist Information centers |  |  |  |  |
| Park newspaper |  |  |  |  |
| Park map |  |  |  |  |
| Printed materials (books, brochures, other maps etc.) |  |  |  |  |
| Social Media (e.g. Instagram, Twitter) |  |  |  |  |
| Ranger-led tours/programs |  |  |  |  |
| Roving rangers/volunteers available to answer questions |  |  |  |  |
| Trailhead bulletin boards |  |  |  |  |
| Self-guided materials (e.g. Junior Ranger activity books) |  |  |  |  |
| Hotel information kiosks/computer terminal |  |  |  |  |
| Phone inquiry to Grand Teton National Park |  |  |  |  |
| Smartphone (to access current data) |  |  |  |  |
| Grand Teton National Park App |  |  |  |  |
| Newspaper/magazine articles |  |  |  |  |
| Talked to people in local communities |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (GROUP 6)**

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)

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (GROUP 4)**

How many people were in your personal group, including you? Your personal group is made up you and any friends or family members with whom you are traveling today.

\_\_\_\_ Number of people

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (GROUP 1)**

Please select the choices below that best describe your traveling party today. (*Please select all that apply*)

|  |  |
| --- | --- |
| * Individual traveling alone
 | * Preschoolers (less than 5 years old)
* Children (6-11 years old)
 |
| * Family only
 | * Teenagers (12-17)
 |
| * Friends only
 | * Adults (20-64)
 |
| * Family plus friends
 | * Anyone over 65
 |
| * Tour or other organized group
 | * With pets
 |

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (LANG 3)**

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

 English

  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS**

In what year were you born?

Year born:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (EDUC 1)**

What is the highest level of formal education you have completed? (*select one*)

  Some high school

  High school graduate or GED

  Some college, business or trade school

  College, business or trade school graduate

  Some graduate school

  Master’s degree

  Doctoral or professional degree

**TOPIC AREA 1: RESPONDENT CHARACTERISTICS (RES 2)**

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

 Yes (What is your zip code? \_\_\_\_\_\_\_\_\_\_)

 No (What is your country of origin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**TOPIC AREA 8: ENVIRONMENTAL HEALTH AND RESOURCE MANAGEMENT (MGMTOPT 6)**

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

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

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

PI Note: This encounter encounter card survey will be used for participants *in* the trail system, as described in the programmatic review form.

**OMB Control Number:\_\_\_\_\_\_\_\_\_\_**

**Expiration Date:\_\_\_\_\_\_\_\_\_\_**

**Taggart & Lupine**

 **Visitor Use & Experience Survey Encounter Card**

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|  |
| --- |
| **Topic Area 6: VISITOR EXPEREINCE AND RECREATION MANAGEMENT (CROWD 22)** |

How did the number of other people you encountered since last seeing one of my colleagues affect your experience?

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

|  |
| --- |
| **Topic Area 6: VISITOR EXPEREINCE AND RECREATION MANAGEMENT (VERP 1)** |

We would like to know how acceptable was the number of people you encountered since last seeing one of my colleagues?

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