

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.

Your participation in the study is voluntary. There are no penalties for not answering some or all questions, however because each participant will represent many others who will not be included in the study, your input is extremely important. The answers you provide will remain anonymous. The results will be summarized so that the answers you provide cannot be associated with you or anyone in your group or household.

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

**PAPERWORK REDUCTION ACT STATEMENT:** The National Park Service is authorized by the NPS Research Mandate (54 USC 100702) to collect this information. This information will be used by park managers to understand existing social conditions, visitor experiences, and visitor perspectives about the Taggart Lupine area of Grand Teton National Park. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The permanent data will be anonymous. 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.

**BURDEN ESTIMATE** Public reporting burden for this form is estimated to average 20 minutes per response. Please direct comments regarding the burden estimate or any other aspect of this form to: Jennifer N. Newton, Science and Resource Management, Grand Teton National Park, [Jennifer\\_newton@nps.gov](mailto:Jennifer_newton@nps.gov) (email); or Phadrea Ponds, NPS Information Collection Clearance Officer, Fort Collins, CO; [pponds@nps.gov](mailto:pponds@nps.gov) (email).

**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 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                      Slightly                      Moderately                      Very                      Completely
- acceptable                      acceptable                      acceptable                      acceptable                      acceptable
- 

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

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

- NO
- YES

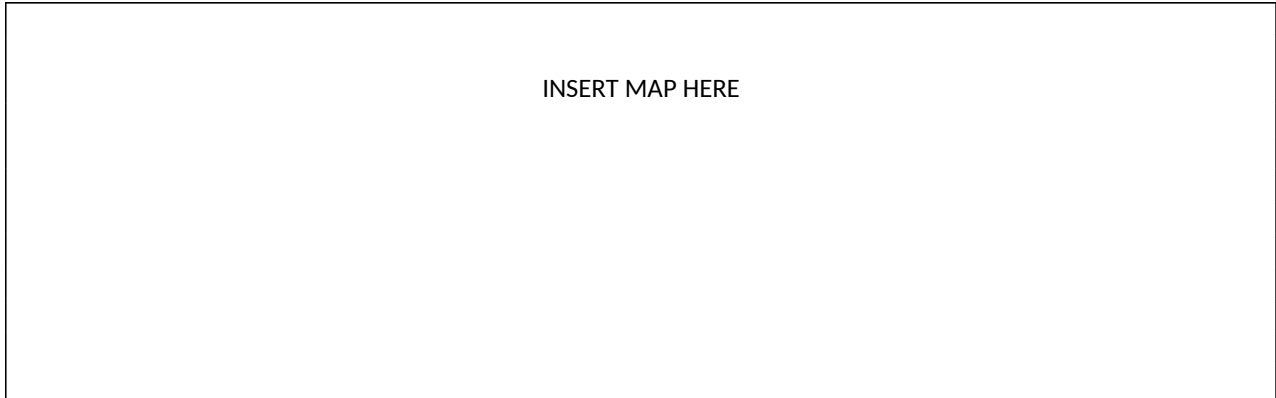
[IF YES] How did you respond to parking problems? (Please check all that apply)

- 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.



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?

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**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.)

Experiences	How <b>motivated</b> were you to experience each of the following...?						How were you <b>able</b> to experience each of the following...?				
	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: TRANSPORTATION (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 EXPERIENCE 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	1	2	3	4	5	0

leaving the trailhead						
<b>On trails in the middle of your trip to your destination</b>	1	2	3	4	5	0
At your destination	1	2	3	4	5	0
<b>On trails in the middle of your trip to your destination</b>	1	2	3	4	5	0
<b>On trails close to the trailhead returning to the trailhead</b>	1	2	3	4	5	0

**Topic Area 6: VISITOR EXPERIENCE AND RECREATION MANAGEMENT (CROWD 22)**

How did the number of other people you encountered per hour during your trip in the Taggart 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large groups recreating together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a place to picnic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal or unofficial trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental damage caused by visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The actions or behaviors of other visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability (standard vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking availability (large vehicle (e.g. trailer, RV))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor/Tourist Information centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed materials (books, brochures, other maps etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media (e.g. Instagram, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranger-led tours/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roving rangers/volunteers available to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailhead bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-guided materials (e.g. Junior Ranger activity books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel information kiosks/computer terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone inquiry to Grand Teton National Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone (to access current data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Teton National Park App	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/magazine articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked to people in local communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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*)

- |  |   |
|--|---|
| <input type="checkbox"/> Individual traveling alone    | <input type="checkbox"/> Preschoolers (less than 5 years old) |
| <input type="checkbox"/> Family only                   | <input type="checkbox"/> Children (6-11 years old)            |
| <input type="checkbox"/> Friends only                  | <input type="checkbox"/> Teenagers (12-17)                    |
| <input type="checkbox"/> Family plus friends           | <input type="checkbox"/> Adults (20-64)                       |
| <input type="checkbox"/> Tour or other organized group | <input type="checkbox"/> Anyone over 65                       |
|  | <input type="checkbox"/> 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?

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

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**Topic Area 6: VISITOR EXPERIENCE 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 EXPERIENCE 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

