**COMB CONTROL NUMBER: 1024-####**

## SEM Visitor Survey

## Intercept survey

**Intercept opening script**

*“Hello, I am working with [NPS Site] conducting a 5-minute survey to improve visitor experiences in the park. May I ask you some questions about your [NPS Site] experience?*

 If the visitor says **YES**, read the following script:

*Before we begin, I would like to let you know that this survey has been approved by the Office of Management and Budget. It is important to note that a Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB control number. The control number for this collection is XXX and this number is valid through XXX. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about five minutes of your time today.*

 If the visitor says **NO**, read the following script:

*Ok, would you please answer just three short questions for us?*

 If the visitor says **NO**, thank them for their time.

 If the visitor says **YES**, ask the non-response bias questions:

**1. “Are you a permanent or seasonal resident of the local area around [NPS Site]*?”***

**2. “Do you currently live in the United States*?”***

***3.* “On this trip away from home, have you stayed, or will you stay overnight away from your permanent residence in [NPS Site] and/or within the local area? (Show map)”**

**PAPERWORK REDUCTION and PRIVACY ACT STATEMENT:** The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. We are authorized by the National Park Service Protection Interpretation and research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff in [NPS Site] in future initiatives related to the visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at [NPS Site]. Your responses to this collection are completely voluntary and will remain anonymous. You can end the process at any time and will not be penalized in any way for choosing to do so. All contact information collected for the purpose of the follow-up survey will be destroyed at the end of the collection period and no personal identifiable records will be maintained or stored for any purposes. Data collected will only be reported in aggregates and no individually identifiable responses will be reported. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number (1024-####). We estimate that it will take about 5 minutes to complete this on-site questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Jake Jorgenson, RRC Associates, [jake@rrcassociates.com](mailto:jake@rrcassociates.com) (email); or or Bret Meldrum Chief of Social Science Program at bret\_meldrum@nps.gov (email).

1. **Are you a permanent or seasonal resident of the local area around [NPS Site]? (Show map)**

**Please mark (●) one**

* + Yes, I am a permanent resident
* **\_\_\_\_\_\_\_\_What is your ZIP code in the local area?**
  + Yes, I am a seasonal resident
* **\_\_\_\_\_\_\_\_ What is your ZIP code in the local area?**
  + No, I am not a permanent or seasonal resident of the local area around [NPS Site]

1. **Do you currently live in the United States?** 
   * No

* **What is your country of origin?**\_\_\_\_\_\_\_\_\_\_ (Drop Down)
  + Yes
* **What is the ZIP code of your permanent residence?** \_\_\_\_\_\_\_\_\_zip code

1. **(If Permanent or Seasonal Residence = NO) Was your visit to [NPS Site] the primary purpose for your overall trip away from home?** 
   * Yes
   * No
     + - **What was your visit to [NPS Site]…?**\_\_\_\_\_\_\_\_\_\_
         * The primary reason you came to the local area
         * One of two or more equally important reasons you came to the local area
         * An incidental or spontaneous stop
2. **On this trip away from home, have you stayed, or will you stay overnight away from your permanent residence in [NPS Site] and/or within the local area? (Show Map).**

**Please mark (●) one**

* + Yes
  + No

1. **(If Overnight = YES) On this trip, what type of accommodations do you expect to use while in [NPS Site] and/or the local area? Please mark (●) all that apply**
   * Backcountry Camping in [NPS Site]
     + - **\_\_\_\_\_# of nights**
   * Camping in [NPS Site]

* **\_\_\_\_\_# of nights**
* **What is the name of the campground where you stayed?**

\_\_\_\_\_\_\_\_\_ (Drop Down List)

* + Camping outside [NPS Site] in the local area
* **\_\_\_\_\_# of nights**
  + Lodging in [NPS Site] (e.g., hotels, cabins)
* **\_\_\_\_\_# of nights**
  + Lodging outside [NPS Site] in local area (e.g., hotels, cabins, vacation rentals)
    - * **\_\_\_\_\_# of nights**
  + Unpaid accommodations (e.g., family and friends)
    - * **\_\_\_\_\_# of nights**

1. **(IF ACCOMMODATION = IN NPS SITE (1, 2, 4)) What time did you arrive in [NPS Site] on your first day of your stay?**

\_\_\_\_\_ Hour (1-12)

* + AM
  + PM

1. **(IF ACCOMMODATION = IN NPS SITE (1, 2, 4))) What time of day do you plan to leave [NPS Site] on the last day of your stay?**

\_\_\_\_\_ Hour (1-12)

* + AM
  + PM

1. **Including yourself, how many people are in your personal group as you visit [NPS Site]?**

*Note: Your personal group is you and companions with whom you visited [NPS site] 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. **Including yourself, how many people in your personal group split the trip expenses?**

\_\_\_\_\_\_\_\_\_number of people

1. **On this trip, do you plan to visit [NPS Site] for more than one day?**

**Please mark (●) one**

* + Yes
    - * **How many days do you plan to spend within [NPS Site] on this trip?**
        + \_\_\_Days
      * **On how many different days do you expect to enter the park?**
        + \_\_\_ Different Days Entered [NPS Site]
  + No
    - * **How many hours do you plan to spend within [NPS Site] today?** 
        + \_\_\_hours

1. **Did you, or do you plan to, leave and re-enter the park today?**

**Please mark (●) one**

* + Yes
    - * **How many times?**
        + **\_\_\_\_\_\_\_# of Times**
  + No

1. **Which was the most recent entrance you used to enter the park? (Show Map)**

**Please mark (●) one**

* + Entrance #1
  + Entrance #2
  + Entrance #3
  + Entrance #4

1. **Considering your visit *today*, have you been to or do you plan to visit any of the following locations within [NPS Site]? Please mark (●) all that apply**
   * List of locations
   * List of locations
   * List of locations
   * List of locations
   * List of locations
2. **Which of the following forms of transportation did you personally use to enter [NPS Site] today?**

**Please mark (●) all that apply**

|  |  |
| --- | --- |
| * Car, truck, or SUV (e.g., standard private vehicle) * Number of people \_\_\_\_\_\_ * Recreational vehicle or motorhome * Number of people \_\_\_\_\_\_ * Airplane * Commercial tour bus * Commercial tour van * Shuttle * School bus or church bus/van * City bus or subway * Train or long-distance passenger bus * Bicycle | * Electric Bicycle * Water-based transportation * Cruise Ship * Ferry * Tour boat * Personal boat * Sailboat * Canoe/kayak * Other: \_\_\_\_\_\_\_\_\_\_\_ * Motorcycle * Number of people \_\_\_\_\_\_ * Walk/hike * Other (Please specify: \_\_\_\_\_\_\_\_\_\_) |

1. **(If COMMERCIAL TOUR BUS OR VAN = SELECTED (4, 5)) Was your commercial tour bus or tour van booked as a package vacation? (NOTE: Refer to the provided definition of “package vacation”)**

**Please mark (●) one**

* + Yes
* **What is the total cost of the package vacation for your personal group?** $\_\_\_\_\_\_\_\_\_\_\_\_
* **What is the total length of your package vacation?** \_\_\_\_\_\_\_\_\_\_\_\_ days
* **What was the total cost per person for the package vacation?** $\_\_\_\_\_\_\_\_\_\_\_\_ per person
* **How many people in your personal group were on the package vacation?** \_\_\_\_\_\_\_people
  + No

1. **Are you a first-time visitor to [NPS Site]? Please mark (●) one**
   * Yes
   * No

* **Including this visit, how many visits have you made to [NPS Site] over the past 12 months?** \_\_\_\_\_\_\_\_\_\_\_\_visits
* **Including this visit, how many visits have you made to [NPS Site] over the past five years? \_\_\_\_\_\_\_\_\_\_\_\_visits**

1. **How many visits have you made to other NPS sites over the past 12 months?**

\_\_\_\_\_visits

***Interviewer script:***

Thank you for your time. To record a more complete picture of your [NPS Site] visit, we ask you to please take this mail-back survey and complete it after your trip. You can participate either by completing the paper form and mailing it in the postage-paid envelope, or online through a password-protected website. The website information is provided on a slip of paper inside the survey packet.

Because your opinion is important to us, we send replacement surveys if you lost your survey and reminders if you forgot to complete it when you returned home. Would you be willing to share your home address or email to send a reminder or replacement survey in the following weeks? Your information is confidential, and your results will be only reported in the aggregate.

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_