OMB Control Number: 1024-0224

Expiration Date: XXXX

**Grand Canyon Visitor Use Study**

**Pre-Experience Survey**

**PAPERWORK REDUCTION ACT 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 §100701) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff at Grand Canyon National Park for current and future management initiatives. The data collected will be summarized to evaluate visitor experiences and expectations at each location. Your responses to this collection are completely voluntary and will remain anonymous. You can end the study at any time and will not be penalized in any way for choosing to do so. All paper versions of the information collected 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 (1024-0224).

Burden Statement: We estimate that it will take less than 10 minutes, to complete the pre-trip survey. You may send comments concerning any aspect of this information collection to: Dr. Derrick Taff, Assistant Professor, Recreation, Park and Tourism Management, 801 Ford Building, University Park, PA 16802, Penn State University, [bdt3@psu.edu](mailto:bdt3@psu.edu) (email); or Bret Meldrum , NPS Social Science Program Manager, Fort Collins, CO 80525, [Bret\_Meldrum@nps.gov](mailto:Bret_Meldrum@nps.gov) (email).

1. Including this visit, how many times have you visited Grand Canyon National Park? (Please insert your number of visits)

\_\_\_\_\_\_\_\_ visits in the past month  
\_\_\_\_\_\_\_\_ visits in the past year  
\_\_\_\_\_\_\_\_ visits all time

1. Which of the following forms of transportation did you personally use to enter Grand Canyon National park on this trip? (Please select one)

Personal or rental vehicle

Recreational vehicle or motorhome

Tour bus

Tour van

Bicycle

Walking

Motorcycle

Tusayan shuttle bus

Train

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How important are the following regarding your transportation choice in entering Grand Canyon National Park? (Please select one response for each item)

|  | Not at all important | Slightly important | Moderately important | Very important | Extremely important | Not applicable |
| --- | --- | --- | --- | --- | --- | --- |
| Frequency of shuttle service | 1 | 2 | 3 | 4 | 5 | 0 |
| Personal comfort | 1 | 2 | 3 | 4 | 5 | 0 |
| Space for personal items | 1 | 2 | 3 | 4 | 5 | 0 |
| Saving time | 1 | 2 | 3 | 4 | 5 | 0 |
| Traffic | 1 | 2 | 3 | 4 | 5 | 0 |
| Parking availability | 1 | 2 | 3 | 4 | 5 | 0 |
| Lines at the entrance station | 1 | 2 | 3 | 4 | 5 | 0 |
| Freedom | 1 | 2 | 3 | 4 | 5 | 0 |
| Saving money | 1 | 2 | 3 | 4 | 5 | 0 |
| Clear signage and directions to shuttle parking area | 1 | 2 | 3 | 4 | 5 | 0 |
| Information availability | 1 | 2 | 3 | 4 | 5 | 0 |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 0 |

NOTE TO REVIEWERS: The activities selected in Question 4 will be used to generate the responses in Question 5. The respondent will be prompted select the primary activity from their response in Question 4.

1. Which of these activities do you plan on participating in at Grand Canyon National Park today? (Please select all that apply)

Hiking

Trail running

Rafting

Canyoneering

Camping

Photography

Picnicking

Scenic driving

Wildlife viewing

Bicycling

Participating in a commercial guided activity  
Stargazing

Shopping

Visiting the national park visitor center

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. From the activities you have selected, please indicate the **primary activity** you plan on participating in during today’s visit. (Please select only one response)

Hiking

Trail running

Rafting

Canyoneering

Camping

Photography

Picnicking

Scenic driving

Wildlife viewing

Bicycling

Participating in a commercial guided activity  
Stargazing

Shopping

Visiting the national park visitor center

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| I feel this place is part of me | 1 | 2 | 3 | 4 | 5 |
| I identify strongly with this place | 1 | 2 | 3 | 4 | 5 |
| I am very attached to this place | 1 | 2 | 3 | 4 | 5 |
| Visiting this place says a lot about who I am | 1 | 2 | 3 | 4 | 5 |
| This place is the best place for what I like to do | 1 | 2 | 3 | 4 | 5 |
| No other place can compare to this place | 1 | 2 | 3 | 4 | 5 |
| I wouldn't substitute any other place for the experience I have at this place | 1 | 2 | 3 | 4 | 5 |
| I get more satisfaction out of visiting this place than any other | 1 | 2 | 3 | 4 | 5 |
| Doing what I do here is more important to me than doing it in any other place | 1 | 2 | 3 | 4 | 5 |
| I have a lot of fond memories about this place | 1 | 2 | 3 | 4 | 5 |
| I have a special connection to this place and the people who use it | 1 | 2 | 3 | 4 | 5 |
| I will (do) bring my children to this place | 1 | 2 | 3 | 4 | 5 |
| I feel a sense of pride in my heritage when I am at this place | 1 | 2 | 3 | 4 | 5 |

1. Below is a list of statements related to your visit to Grand Canyon National Park. Please rate how true the following statements are according to your visit today.

| During my visit to Grand Canyon National Park, I am motivated to… | Not at all True | Slightly True | Moderately True | Very True | Completely True | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| …view scenic beauty. | 1 | 2 | 3 | 4 | 5 | 0 |
| …be close to nature. | 1 | 2 | 3 | 4 | 5 | 0 |
| …view wildlife. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...experience tranquility. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...feel independent from the rest of society. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...be away from crowds of people. | 1 | 2 | 3 | 4 | 5 | 0 |
| …physically relax. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...have my mind move at a slower pace. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...get away from the noise back home. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...enjoy the sounds of nature. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...experience natural quiet. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...take risks. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...have thrills. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...experience a sense of exploration. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...bring my family closer together. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...have fun with my family. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...share the outdoors with my children. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...be with friends. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...be with people who share similar values. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...be with others who enjoy the same things I do. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...gain a sense of self-confidence. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...learn what I am capable of. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...show others my abilities. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...share photos on social media. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...tell others about my trip. | 1 | 2 | 3 | 4 | 5 | 0 |
| ...have others know that I have been here. | 1 | 2 | 3 | 4 | 5 | 0 |
| …learn about the cultural history of Grand Canyon. | 1 | 2 | 3 | 4 | 5 | 0 |
| …engage with historical sites. | 1 | 2 | 3 | 4 | 5 | 0 |
| …learn about the geologic history of Grand Canyon. | 1 | 2 | 3 | 4 | 5 | 0 |

1. Which of these categories best indicates your ethnicity? 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

1. For you only, are you Hispanic or Latino? (Please respond “yes” or “no”)

YES

NO

1. In what year were you born? (Please respond in the blank below)

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

1. Are you a permanent resident or citizen of the United States? (Please respond “yes” or “no”)

NO - What is your country of origin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES - What is your primary zip code

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_