

Acadia National Park

Visitor Study



**The
Visitor Services
Project**

**United States Department of the Interior**

NATIONAL PARK SERVICE
Acadia National Park
P.O. Box 177
Bar Harbor, Maine 04609-9702

August, 1998

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Acadia National Park. This will assist us in our efforts to better manage this park and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes during or after your visit.

When your visit is over, please complete the questionnaire. Seal it with the sticker provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Dr. Gary E. Machlis, Visiting Chief Social Scientist, or Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83844-1133.

Your opinion is appreciated.

Sincerely,

Paul F. Haertel
Superintendent

DIRECTIONS

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. We appreciate your help.

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. 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 statement: Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20013-7127.

PLEASE GO ON TO NEXT PAGE



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YOUR VISIT TO ACADIA NATIONAL PARK

1. **Prior to this trip**, how did you and your group obtain information about Acadia National Park? Please check (√) **all** that apply.

RECEIVED NO INFORMATION PRIOR TO VISIT → **GO ON TO QUESTION 2**

LIVE IN THE LOCAL AREA

PREVIOUS VISIT(S)

FRIENDS/ RELATIVES

TRAVEL GUIDE/ TOUR BOOK

TELEVISION/ RADIO PROGRAMS

SCHOOL PROGRAM THAT CHILD ATTENDED

TELEPHONE INQUIRY TO PARK

WRITTEN INQUIRY TO PARK

NEWSPAPER/ MAGAZINE ARTICLES

INTERNET/ ACADIA NP HOME PAGE

INTERNET/ OTHER WEB SITE

CHAMBER OF COMMERCE OR STATE VISITORS BUREAU

OTHER (Please specify: _____)

2. During this trip to Acadia National Park, what **sources outside of Acadia National Park** did you and your group use to obtain park information? Please check (√) **all** that apply.

DID NOT OBTAIN PARK INFORMATION DURING VISIT - **GO ON TO QUESTION 3**

LOCAL CABLE TELEVISION

LOCAL TOURIST PUBLICATIONS (*Acadia Weekly, Out and About in Downeast Maine, etc.*)

LOCAL CHAMBER OF COMMERCE

OTHER (Please specify: _____)

3. During this trip, how many days or parts of days did you and your group spend visiting the following places?

MOUNT DESERT ISLAND _____ DAYS (Please list partial days as 1/4, 1/2, etc.)

ACADIA NATIONAL PARK _____ DAYS (Please list partial days as 1/4, 1/2, etc.)

4. a) Please check whether you visited the Acadia National Park Visitor Center or the Thompson Island Information Center during this trip.

b) Please write what day of your trip you visited the centers (Day 1, Day 2, etc.).

Visit? (✓) _____ On which day(s) of your trip? _____

_____ ACADIA NATIONAL PARK VISITOR CENTER _____

_____ THOMPSON ISLAND INFORMATION CENTER _____

_____ DID NOT VISIT EITHER CENTER

5. On this trip, what forms of transportation did you and your group use to reach Mount Desert Island and Acadia National Park? Please check (✓) **all** that apply.

_____ CAR/ PICKUP/ VAN WITH TRAILER OR CAMPER

_____ CAR/ PICKUP/ VAN WITHOUT TRAILER OR CAMPER

_____ MOTORHOME/ RV WITH TOWED CAR/ BOAT/ TRAILER

_____ MOTORHOME/ RV WITHOUT TOWED CAR/ BOAT/ TRAILER

_____ BICYCLE

_____ TOUR BUS

_____ SHUTTLE BUS (*Downeast Transportation*)

_____ CRUISE SHIP

_____ FERRY BOAT/ MAIL BOAT

_____ PRIVATE BOAT

_____ OTHER (Please specify: _____)

6. a) Did anyone in your group bicycle during this trip to Acadia National Park?

_____ YES _____ NO → **GO ON TO QUESTION 7**



- b) If YES, were the bicycles brought from home or obtained locally on Mount Desert Island? Please check (✓) **all** that apply.

_____ BROUGHT BICYCLES FROM HOME

_____ RENTED BICYCLES ON MOUNT DESERT ISLAND

_____ OTHER (Please describe: _____)

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7. On the list below, please check (✓) **all** of the activities that you and your group participated in at Acadia National Park during this trip.

<input type="checkbox"/> LAKE BOATING/ CANOEING	<input type="checkbox"/> HIKING ON TRAILS
<input type="checkbox"/> WALKING ON CARRIAGE ROADS	<input type="checkbox"/> BIRDPWATCHING
<input type="checkbox"/> BIKING ON CARRIAGE ROADS	<input type="checkbox"/> PICNICKING
<input type="checkbox"/> BIKING ON PARK MOTOR ROADS	<input type="checkbox"/> SEA KAYAKING
<input type="checkbox"/> HORSE AND CARRIAGE RIDE	<input type="checkbox"/> ROCK CLIMBING
<input type="checkbox"/> ATTEND RANGER-LED PROGRAMS	<input type="checkbox"/> SHOPPING IN PARK
<input type="checkbox"/> SIGHTSEEING/ DRIVING FOR PLEASURE	
<input type="checkbox"/> CAMPING (Seawall or Blackwoods Campgrounds)	
<input type="checkbox"/> JORDAN POND HOUSE FOOD SERVICE	
<input type="checkbox"/> OTHER (Please describe: _____)	

8. Many businesses offer guided tours, instruction or activities to help visitors enjoy Acadia National Park. On this trip, which of these **commercial** activities did you and your group pay a fee for while visiting Acadia National Park? Do not include businesses where you only rented equipment. Please check (✓) **all** that apply.

<input type="checkbox"/> BICYCLING TOUR	<input type="checkbox"/> NATURE WALKS
<input type="checkbox"/> HIKING TOUR	<input type="checkbox"/> PHOTOGRAPHY CLASS
<input type="checkbox"/> GUIDED ROCK CLIMBING	<input type="checkbox"/> CANOEING TOUR
<input type="checkbox"/> SEA KAYAKING TOUR	<input type="checkbox"/> BOAT CRUISE (not ferry boat mail boat or whale watch)
<input type="checkbox"/> BUS TOUR (<i>National Park Tours</i> or <i>Oli's Trolley</i>)	
<input type="checkbox"/> BUS TOUR (other origin)	
<input type="checkbox"/> OTHER (Please describe: _____)	

9. a) Is English the primary language that you and your group speak?
 NO YES → **GO ON TO QUESTION 10**
 ↓
 b) If NO, please list the primary language: _____

10. On this visit, how many people were in your **immediate** group, including yourself?

_____ NUMBER OF PEOPLE

11. On this visit, were you with a guided tour group?

_____ YES _____ NO

12. On this visit, what kind of group were you with? Please check (✓) only **one**.

_____ ALONE _____ FRIENDS
 _____ FAMILY _____ FAMILY AND FRIENDS
 _____ OTHER (Please describe: _____)

13. a) On this visit, did any members of your group have a disability?

_____ YES _____ NO ➔ **GO ON TO QUESTION 14**



b) If YES, please list the disability: _____

- c) Did you and your group encounter any access/ service problems in the park?

_____ YES _____ NO ➔ **GO ON TO QUESTION 14**



d) If YES, what were the problems? _____

14. For you and your group on this visit, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO THIS PARK SITE (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

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15. a) On this trip, did you and your group bring pets to Acadia National Park?

YES NO
↓ ↓

b) During this trip to Acadia National Park, did you or your group encounter any dogs off leash?

YES NO → **GO ON TO QUESTION 16**
↓

c) If YES, did the dogs interfere with your visit? YES NO
↓

d) If YES, how? _____)

16. a) On the day you received this questionnaire, did you enter the Park Loop Road (see map on next page) in Acadia National Park with a motor vehicle?

YES NO → **GO ON TO QUESTION 17**
↓

b) Please check (√) all of the Park Loop Road entrances you used on the day you received this questionnaire.

c) Next, please list the number of times you entered the Park Loop Road at each of the following entrances on the day you received this questionnaire.

<u>Entrance used (√)</u>	<u>Number of times entered</u>
<input type="checkbox"/> CADILLAC MOUNTAIN	_____
<input type="checkbox"/> SIEUR DE MONTS	_____
<input type="checkbox"/> VISITOR CENTER	_____
<input type="checkbox"/> STANLEY BROOK (Seal Harbor Beach)	_____
<input type="checkbox"/> OTHER LOCATION (Please specify: _____)	_____

17. a) During this trip, did traffic congestion and/or parking problems in Acadia National Park or on Mount Desert Island prevent you from doing anything, or affect your visit in other ways?

b) WITHIN ACADIA NATIONAL PARK YES NO
↓

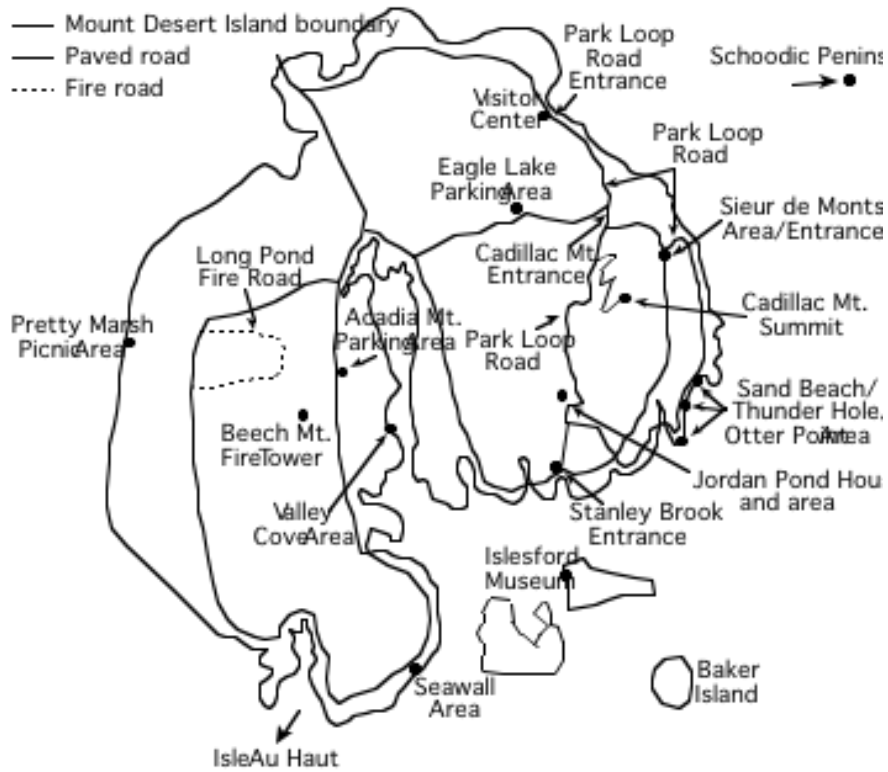
c) If YES, where were the problems? Please be specific. _____

d) ON MOUNT DESERT ISLAND (outside park) YES NO
↓

e) If YES, where were the problems? Please be specific. _____

18. During this trip, which of these places in Acadia National Park did you and your group visit? Use the map to help you locate the places. Please check (✓) **all** that apply.

- | | |
|---|---|
| <input type="checkbox"/> VISITOR CENTER | <input type="checkbox"/> SCHOODIC PENINSULA |
| <input type="checkbox"/> CADILLAC MOUNTAIN SUMMIT | <input type="checkbox"/> ISLE AU HAUT |
| <input type="checkbox"/> EAGLE LAKE PARKING AREA | <input type="checkbox"/> BAKER ISLAND |
| <input type="checkbox"/> LONG POND FIRE ROAD | <input type="checkbox"/> OTHER PARK ISLANDS |
| <input type="checkbox"/> VALLEY COVE AREA | <input type="checkbox"/> ISLESFORD MUSEUM |
| <input type="checkbox"/> BEECH MOUNTAIN FIRE TOWER | |
| <input type="checkbox"/> PRETTY MARSH PICNIC AREA | |
| <input type="checkbox"/> SIEUR DE MONTS AREA (Wild Gardens, Nature Center, Abbe Museum) | |
| <input type="checkbox"/> SAND BEACH, THUNDER HOLE, OTTER POINT AREA | |
| <input type="checkbox"/> JORDAN POND HOUSE and AREA | |
| <input type="checkbox"/> SEAWALL AREA (Seawall, Wonderland, Ship Harbor, Bass Harbor Light) | |
| <input type="checkbox"/> ACADIA MOUNTAIN (Ledges) PARKING AREA | |



PLEASE GO ON TO NEXT PAGE

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19. a) Please check (✓) the information services which you or your group **used** during this trip to Acadia National Park.

b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

Use information service? Check (✓)	If used, how important?					If used, what quality?				
	Not		Extremely			Very		Very		
	important		important	important	important	poor	good			
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ PARK NEWSPAPER: <i>Beaver Log</i>										
_____ BULLETIN BOARDS										
_____ VISITOR CENTER EXHIBITS										
_____ NATURE CENTER EXHIBITS (Sieur de Monts)										
_____ ROADSIDE EXHIBITS										
_____ TRAILSIDE EXHIBITS										
_____ RANGER-LED PROGRAMS/ WALKS										
_____ VISITOR CENTER STAFF										
_____ NATURE CENTER STAFF										
_____ THOMPSON ISLAND INFORMATION CENTER STAFF										
_____ CAMPGROUND STAFF										
_____ ENTRANCE STATION STAFF										
_____ SELF-GUIDING TRAILS										
_____ PARK TRAVELERS INFORMATION RADIO STATION (1610 AM)										

20. a) Please check (√) the visitor services and facilities which you or your group **used** during this trip to Acadia National Park.
- b) Next, for only those services and facilities which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their **quality** from 1-5.

Use service/ facility? Check (√)	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ PARK ROAD DIRECTIONAL SIGNS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ PARK LOOP ROAD	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ CARRIAGE ROADS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ PARKING LOTS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ SHUTTLE BUS (<i>Downeast Transportation</i>)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ RESTROOMS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ HIKING TRAILS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ BEACHES	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ CAMPGROUNDS (Blackwoods/ Seawall)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ PICNIC AREAS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ JORDAN POND HOUSE RESTAURANT	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ JORDAN POND HOUSE GIFT SHOP	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ CADILLAC MOUNTAIN GIFT SHOP	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ THUNDER HOLE GIFT SHOP	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ WILDWOOD STABLES CARRIAGE RIDES	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

21. Overall, how would you rate the quality of the visitor services provided to you and your group at Acadia National Park during this trip? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

PLEASE GO ON TO NEXT PAGE



22. a) During this trip to Acadia National Park, did you and your group stay overnight on Mount Desert Island?

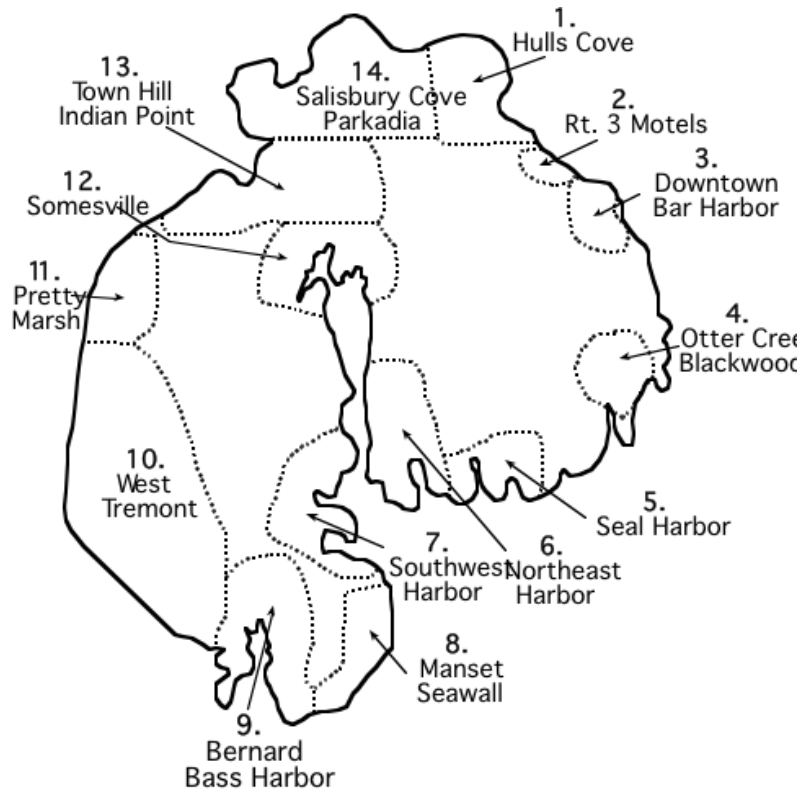
_____ YES _____ NO → **GO ON TO PART d**

[

b) If YES, what type of overnight accommodations did you and your group use during this visit? Please check (✓) **all** that apply.

- | | |
|--|--------------------------|
| _____ YEAR-ROUND RESIDENCE | _____ MOTEL OR HOTEL |
| _____ SUMMER RESIDENCE | _____ BED AND BREAKFAST |
| _____ CAMPGROUND IN ACADIA NP | _____ PRIVATE CAMPGROUND |
| _____ SHORT-TERM HOUSE RENTAL (less than one month stay) | |
| _____ OTHER (Please describe: _____) | |

c) On the map below, please circle numbers of the zones where you and your group stayed overnight on Mount Desert Island during this trip.



d) If you and your group did not stay overnight on Mount Desert Island during this trip, in what towns did you stay? Please check (✓) **all** that apply.

- | | |
|---------------|----------------------------------|
| _____ TRENTON | _____ ELLSWORTH |
| _____ BANGOR | _____ OTHER (Please list: _____) |

23. For each of the following features or qualities of Acadia National Park, please rate its importance (from 1 to 5 or "DK" for don't know) to you and your group during this visit. Please circle **one** answer for each feature or quality.

How important?	Not important	Somewhat important	Extremely important	Don't know		
SCENIC VIEWS	1	2	3	4	5	DK
NATIVE PLANTS AND ANIMALS	1	2	3	4	5	DK
RECREATIONAL OPPORTUNITIES (hiking, camping, fishing, etc.)	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
SOLITUDE/ QUIET	1	2	3	4	5	DK
WILDNESS	1	2	3	4	5	DK
CULTURAL/ HISTORIC SITES AND RESOURCES	1	2	3	4	5	DK
CLEAN AIR	1	2	3	4	5	DK
CLEAN WATER	1	2	3	4	5	DK

24. a) During this visit, did other visitors and their activities interfere with your visit and enjoyment of Acadia National Park?

YES NO → **GO ON TO QUESTION 25**



b) If YES, how? _____

25. The number of vehicles in Acadia National Park may need to be limited at some times of the year.

a) Would you and your group be willing to park your vehicle and ride a **free** island transport bus to visit major park attractions on a future trip? Please check (√) **only one**.

YES, LIKELY NO, UNLIKELY NOT SURE

b) Would you and your group be willing to park your vehicle and **pay a fee** to ride an island transport bus to visit major park attractions on a future trip? Please check (√) **only one**.

YES, LIKELY NO, UNLIKELY NOT SURE

PLEASE GO ON TO NEXT PAGE



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26. On this visit, what kind of entrance fee did you and your group pay to enter Acadia National Park? Please check (√) **only one**.

_____ DID NOT PAY A FEE OR USE A PASS TO ENTER THE PARK

_____ 7 DAY ENTRANCE FEE (\$10/vehicle or \$3/individual)

_____ PASS (Golden Eagle Pass, Annual Acadia Park Pass, Golden Age Pass, Golden Access Pass)

_____ FEE INCLUDED IN TOUR PACKAGE

_____ DON'T KNOW

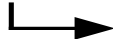
_____ OTHER (Please specify: _____)

27. a) Entrance fees at Acadia National Park are used to help fund park operations. Do you think an entrance fee should be charged?

_____ YES

_____ NO

_____ NOT SURE



GO ON TO QUESTION 28

b) In your opinion, what is the fairest way to charge entrance fees? Please check (√) **only one**.

Check (√)

_____ PER PERSON

_____ PER VEHICLE

_____ OTHER (Please specify: _____)

28. What do you think is the National Park Service's mission at Acadia National Park?

29. a) On this visit, what did you and your group like **most** about your visit to Acadia National Park?

b) On this visit, what did you and your group like **least** about your visit to Acadia National Park?

30. If you were a manager planning for the future of Acadia National Park, what would you propose? Please be specific.

31. Is there anything else you and your group would like to tell us about your visit to Acadia National Park?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
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