Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Glacier Bay National Park. This will assist us in our efforts to better manage this site 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 Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Forestry, Wildlife and Range Sciences, University of Idaho, Moscow, Idaho 83844-1133.

We appreciate your help.

Sincerely,

Tomie Patrick Lee
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. 20240.
YOUR VISIT TO GLACIER BAY NATIONAL PARK

1. Prior to this visit, were you aware that Glacier Bay National Park is a unit of the National Park System?
   _____ NO  _____ YES  _____ NOT SURE

2. a) Prior to this visit to Glacier Bay National Park, how did you and your group obtain information about the park? Please check (✓) all that apply.
   _____ RECEIVED NO INFORMATION PRIOR TO VISIT ➔ GO ON TO QUESTION 3
   _____ PREVIOUS VISIT(S)
   _____ TRAVEL GUIDE/ TOUR BOOK
   _____ TRAVEL AGENT
   _____ FRIENDS/ RELATIVES
   _____ TELEVISION/ RADIO PROGRAMS
   _____ TELEPHONE/ WRITTEN INQUIRY TO PARK
   _____ SCHOOL/ COLLEGE CLASS
   _____ NEWSPAPER/ MAGAZINE ARTICLES
   _____ INTERNET/ GLACIER BAY NP WEBSITE (www.nps.gov/glba)
   _____ ALASKA MILEPOST
   _____ CENTENNIAL HALL INFORMATION CENTER IN JUNEAU, ALASKA
   _____ OTHER (Please specify: ________________________________)

   b) From the sources checked above, did you and your group receive the type of information about the park that you needed?
   _____ NO  _____ YES  _____ NOT SURE

   GO ON TO QUESTION 2d

   c) If NO, what type of park information did you and your group need? Please be specific.

   ____________________________________________________________

   d) Please rate the amount of park information you received prior to your visit to Glacier Bay National Park. Please circle only one.

   NOT ENOUGH  ABOUT RIGHT  TOO MUCH
3. On this trip, what forms of transportation did you and your group use to arrive at Glacier Bay National Park? Please check (✓) all that apply.

Transport to park? (✓)

_____ STATE OR PRIVATE FERRY
_____ CHARTER BOAT
_____ BARE BOAT CHARTER (self-operated, rented vessel)
_____ TOUR BOAT (other than *Spirit of Adventure*)
_____ PRIVATE BOAT
_____ TAXI
_____ SHUTTLE FROM GUSTAVUS LODGE/ BED & BREAKFAST
_____ RENTAL CAR
_____ FOOT/ BICYCLE
_____ AIRPLANE
_____ PRIVATE VEHICLE (car, pickup, van, etc.)
_____ OTHER (Please specify: ____________________________________________)

4. On the list below, please check (✓) all of the activities you and your group participated in during this visit to Glacier Bay National Park.

_____ BOATING
_____ FISHING
_____ FLIGHTSEEING
_____ TRAVELING ON A TOUR BOAT
_____ KAYAKING
_____ HIKING IN THE BACKCOUNTRY
_____ CAMPING IN THE BACKCOUNTRY
_____ ATTENDING RANGER-LED ACTIVITIES
_____ RELAXING
_____ VIEWING WILDLIFE
_____ VIEWING GLACIERS
_____ VISITING BARTLETT COVE
_____ VISITING GUSTAVUS
_____ OTHER (Please specify: ____________________________________________)

PLEASE GO ON TO NEXT PAGE
6. On this visit, how long did you and your group spend visiting Glacier Bay National Park?

If less than 24 hours _____ NUMBER OF HOURS

If 24 hours or more _____ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)

7. On this visit, how long did you and your group spend visiting Bartlett Cove?

DID NOT VISIT BARTLET COVE _____ ➔ GO ON TO QUESTION 8

If less than 24 hours _____ NUMBER OF HOURS

If 24 hours or more _____ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)
8. On this visit, what kind of group were you with? Please check (√) only one.
   _____ ALONE           _____ FAMILY
   _____ FRIENDS         _____ FAMILY AND FRIENDS
   _____ OTHER (Please describe:______________________________)

9. On this visit, how many people were in your group, including yourself?
   _____ NUMBER OF PEOPLE

10. For you and each member of your group on this visit, please indicate:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS TO GLACIER BAY NP (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. How do you and your group prefer to learn about Glacier Bay National Park? Please check (√) all that apply.
   _____ MAPS AND BROCHURES
   _____ ACCESS TO A LIBRARY AT THE PARK
   _____ OTHER PUBLICATIONS (books, park newspaper, etc.)
   _____ INDOOR EXHIBITS
   _____ OUTDOOR EXHIBITS/ TRAIL SIGNS
   _____ RANGER-LED PROGRAMS
   _____ MOVIES/ VIDEOS SHOWN IN PARK
   _____ MOVIES/ VIDEOS TO TAKE HOME
   _____ OTHER (Please describe:_________________________________________)

PLEASE GO ON TO NEXT PAGE
12. a) Please check (√) the information services that you or your group **used** during this trip to Glacier Bay National Park.

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

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

<table>
<thead>
<tr>
<th>Use information service?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (√)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

- PARK BROCHURE/ MAP
- PARK MOVIE/ VIDEO
- VISITOR CENTER EXHIBITS
- OUTDOOR EXHIBITS/ TRAIL SIGNS
- ASSISTANCE FROM PARK EMPLOYEES
- RANGER AUDITORIUM PRESENTATION
- RANGER NARRATION ON TOUR BOAT
- RANGER-LED WALK/ HIKE
- RANGER INFORMATION DESK AT LODGE
- CAMPER ORIENTATION BY RANGER
- BOATER ORIENTATION BY RANGER
- BOATER MARINE VHF WEATHER AND INFORMATION REPORT BY RANGER
- SALES/ PUBLICATIONS IN VISITOR CENTER BOOK SALES AREA
13. a) Please check (√) the visitor facilities that you or your group used at Glacier Bay National Park during this visit. Use the map below to help you locate the facilities you used.

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

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

<table>
<thead>
<tr>
<th>a) Used facility in Glacier Bay NP?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check(√)</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>BARTLETT COVE CAMPGROUND</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>DOCK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESSIBILITY FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARTLETT COVE TRAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHORELINE TRAIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOREST LOOP TRAIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARTLETT LAKE TRAIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARTLETT RIVER TRAIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COOPER NOTCH TRAIL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE
14. a) Please check (✓) the concession/commercial services and facilities that you or your group used during this visit to Glacier Bay National Park.

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

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

<table>
<thead>
<tr>
<th>Use concession service/facility?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>GLACIER BAY LODGE HOTEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLACIER BAY LODGE RESTAURANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLACIER BAY LODGE GIFT SHOP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLACIER BAY LODGE RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLACIER BAY LODGE TOUR BOAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Spirit of Adventure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOURO BOAT (other than Spirit of Adventure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLIGHTSEEING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPER FACILITIES (shower, laundry)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARTER BOAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARE BOAT CHARTER (self-operated, rented vessel)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAYAK RENTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUIDED KAYAK TRIP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. a) Did you and/or any members of your group fish during this visit to Glacier Bay National Park?

   _____ YES   _____ NO ➔ GO ON TO QUESTION 16

   b) If YES, please indicate the total number of fish you and members of your group caught and kept.

   c) Finally, please check (✓) whether the fish were caught in freshwater or saltwater.

<table>
<thead>
<tr>
<th># CAUGHT</th>
<th># KEPT</th>
<th>FRESHWATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALMON</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALIBUT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. a) During this visit to Glacier Bay National Park, did you or anyone in your group kayak, hike, and/or camp in the backcountry (not at Bartlett Cove)?

_____ YES  _____ NO ➔ GO ON TO QUESTION 17

b) If YES, did you see any evidence of human use on the shore? Please check (√) all that apply.

_____ TRAILS
_____ CAMPFIRE RINGS
_____ HARDENED TENT SITES
_____ LITTER
_____ OTHER VEGETATION IMPACTS
_____ FOOD SCRAPS
_____ OTHER (Please specify: ____________________________)

c) While kayaking, hiking, and/or camping, on average, how many of the following (other than your group) did you see per day? Please check (√) one answer in each column.

<table>
<thead>
<tr>
<th>KAYAKERS/ CAMPERS</th>
<th>CRUISE SHIPS</th>
<th>OTHER BOATS</th>
<th>AIRPLANES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 - 2</td>
<td>1</td>
<td>1 - 2</td>
<td>1 - 2</td>
</tr>
<tr>
<td>3 - 10</td>
<td>2</td>
<td>3 - 10</td>
<td>3 - 10</td>
</tr>
<tr>
<td>11 OR MORE</td>
<td>DO NOT REMEMBER</td>
<td>11 OR MORE</td>
<td>11 OR MORE</td>
</tr>
<tr>
<td>DO NOT REMEMBER</td>
<td></td>
<td>DO NOT REMEMBER</td>
<td>DO NOT REMEMBER</td>
</tr>
</tbody>
</table>

d) While kayaking, hiking, and/or camping, how did seeing the following park uses affect you and your group's park experience? Please check (√) one answer for each item.

Affect your park experience?  Added to  No effect  Detracted from

KAYAKERS/ CAMPERS  _____  _____  _____
CRUISE SHIPS  _____  _____  _____
OTHER BOATS  _____  _____  _____
AIRPLANES  _____  _____  _____

PLEASE GO ON TO NEXT PAGE
17. a) On this visit to Glacier Bay National Park, did you and your group travel up into the bay (Glacier Bay proper) on a private, charter or tour boat (not a kayak)?
   _____ YES  _____ NO ➔ GO ON TO QUESTION 18

   b) While on the vessel, how many of the following on average (other than your group) did you see per day? Please check (√) one answer in each column.

<table>
<thead>
<tr>
<th>KAYAKERS/ CAMPERS</th>
<th>CRUISE SHIPS</th>
<th>OTHER BOATS</th>
<th>AIRPLANES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 - 2</td>
<td>1</td>
<td>1 - 2</td>
<td>1 - 2</td>
</tr>
<tr>
<td>3 - 10</td>
<td>2</td>
<td>3 - 10</td>
<td>3 - 10</td>
</tr>
<tr>
<td>11 OR MORE</td>
<td>DO NOT REMEMBER</td>
<td>11 OR MORE</td>
<td>DO NOT REMEMBER</td>
</tr>
<tr>
<td>DO NOT REMEMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c) While on the vessel, how did seeing the following park uses affect you and your group's park experience? Please check (√) one answer for each item.

   Affect your park experience?    Added to    No effect    Detracted from
   KAYAKERS/ CAMPERS              |           |             |           |
   CRUISE SHIPS                   |           |             |           |
   OTHER BOATS                    |           |             |           |
   AIRPLANES                      |           |             |           |

18. a) During this visit to Glacier Bay National Park, was there anything specific which you and your group wanted to see or do but were not able to?
   _____ YES  _____ NO ➔ GO ON TO QUESTION 19

   b) If YES, what was it?

   c) What prevented you from being able to see that feature or do that activity?

19. a) If you have visited Glacier Bay National Park in the past, have you noticed any changes to the park since your last visit?
   _____ YES  _____ NO ➔ GO ON TO QUESTION 20

   b) If YES, what changes did you notice?

   ________________________________
   ________________________________
   ________________________________
20. a) On this visit, what subjects were you most interested in learning about Glacier Bay National Park? Please check (√) all that apply.

   ______ NOT INTERESTED IN LEARNING ABOUT PARK ➔ GO ON TO QUESTION 21

   ______ EARLY EXPLORATIONS
   ______ TLINGIT HERITAGE AND CULTURE
   ______ WILDLIFE
   ______ GLACIERS
   ______ GEOLOGY
   ______ CLIMATE
   ______ RAIN FOREST
   ______ UNDERWATER ENVIRONMENT
   ______ WILDERNESS VALUES/ ETHICS
   ______ RESEARCH IN THE PARK
   ______ LIFE OF A RANGER
   ______ CAMPING/ KAYAKING SAFETY TIPS
   ______ PARK ISSUES
   ______ OTHER (Please describe:___________________________________________)

   b) On this visit, were there any subjects about which you did not receive enough information?

   ______ YES  ______ NO  ______ NOT SURE

   GO ON TO QUESTION 21

   c) If YES, what were the subjects?__________________________________________

   ________________________________________________________

   ________________________________________________________

   PLEASE GO ON TO NEXT PAGE
21. For any of the following elements that you and your group experienced in Glacier Bay National Park, please indicate how they affected your park experience.

<table>
<thead>
<tr>
<th>Affect your park experience?</th>
<th>Added to</th>
<th>No effect</th>
<th>Detracted from</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIRCRAFT NOISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACKCOUNTRY PERMIT SYSTEM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAYAKER/ CAMPER NOISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-MOTORIZED AREAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF BOATS AT ANCHORAGES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF PEOPLE AT BACK-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTRY CAMPSITES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF PEOPLE ON BARTLETT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVE TRAILS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER OF VESSELS AT GLACIERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEING HIKERS/ KAYAKERS/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VESSEL PERMIT SYSTEM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VESSEL NOISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VESSEL STACK EMISSIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

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

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________
23. If you were a manager planning for the future of Glacier Bay National Park, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

24. Is there anything else you and your group would like to tell us about your visit to Glacier Bay National Park?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. Overall, how would you rate the quality of the visitor services provided to you and your group at Glacier Bay National Park during this visit? Please circle only one.

VERY POOR  POOR  AVERAGE  GOOD  VERY GOOD

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

 Printed on recycled paper
OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
Moscow, Idaho 83844-1133