

Olympic National Park Visitor Study



The
Visitor Services
Project

**United States Department of the Interior****NATIONAL PARK SERVICE**

Olympic National Park
600 E. Park Avenue
Port Angeles, Washington 98362

IN REPLY REFER TO:

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Olympic 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 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 Natural Resources, University of Idaho, Moscow, Idaho 83844-1133, phone: 208-885-7863.

We appreciate your help.

Sincerely,

David K. Morris
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.

PLEASE GO ON TO THE NEXT PAGE ➔

YOUR VISIT TO OLYMPIC NATIONAL PARK

1. a) **Prior to this trip**, how did you and your group obtain information about Olympic 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
 TELEPHONE INQUIRY TO PARK
 WRITTEN INQUIRY TO PARK
 NEWSPAPER/ MAGAZINE ARTICLES
 INTERNET - OLYMPIC NP HOME PAGE (www.nps.gov/olymp/)
 INTERNET - OTHER WEB SITE
 CHAMBER OF COMMERCE/ VISITOR BUREAU
 TRAVEL AGENT
 OTHER (Please specify: _____)

- b) Was the information you received from all of the above sources what you needed?

NO YES → **GO ON TO QUESTION 2**



- c) If not, what information did you need? _____
- _____

2. On this trip, what was the **primary** reason that you and your group visited the Olympic Peninsula on this visit? Please check () **only one**.

- VISIT OLYMPIC NATIONAL PARK
 VISIT OTHER ATTRACTIONS IN THE AREA
 VISIT FRIENDS OR RELATIVES IN THE AREA
 BUSINESS OR OTHER REASONS

3. On this visit, how much time did you and your group spend in Olympic National Park?

_____ NUMBER OF HOURS (Please list partial hours as 1/2, 1/4, etc.)

_____ NUMBER OF DAYS (Please list partial days as 1/2, 1/4, etc.)

4. a) In the left column below, please check () **all** of the activities that you and your group participated in at Olympic National Park during **this trip**.
- b) In the column on the right, please check () **all** the activities you and your group have participated in during **past visits** to Olympic National Park.

This trip ()	Past visits ()
_____ SIGHTSEEING/SCENIC DRIVE	_____
_____ HIKING	_____
_____ WALKING ON NATURE TRAIL	_____
_____ VIEWING WILDLIFE	_____
_____ ATTENDING RANGER-LED PROGRAMS	_____
_____ CAMPING IN DEVELOPED CAMPGROUND	_____
_____ OVERNIGHT BACKPACKING	_____
_____ FISHING	_____
_____ VISITING CULTURAL SITES	_____
_____ STARGAZING	_____
_____ ENJOYING WILDERNESS, SOLITUDE, QUIET	_____
_____ BICYCLING	_____
_____ DOWNHILL SKIING	_____
_____ OTHER WINTER SPORTS AND ACTIVITIES	_____
_____ OTHER (Please describe: _____)	_____

5. a) On this visit to Olympic National Park, what was your favorite area of the park to visit?

b) Why? _____

PLEASE GO ON TO THE NEXT PAGE ➔

6. On this visit to Olympic National Park, did you and your group receive information about proper food storage?

_____ YES _____ NO _____ NOT SURE

7. a) During this visit to Olympic National Park, did you and your group go for a hike?
_____ YES _____ NO → **GO ON TO QUESTION 8**



b) Please check the length of hike you and your group took.

c) Finally, using the list of places in Question 8 below, write the location(s) where you and your group hiked?

Time spent hiking (√)

Locations (choose from list in Question 8)

_____ Day hike less than 2 hours

_____ Half-day (2-6 hour) hike

_____ All-day (6+ hour) hike

_____ Overnight

8. a) Please list the **order** in which you and your group visited the following sites in Olympic National Park. Simply write 1, 2, 3, etc. on the line beside each site you visited. Use the map on the next page to help you locate the sites you visited.

Order visited (1, 2, 3, etc.)

_____ MAIN PARK VISITOR CENTER
(in Port Angeles)

_____ MORA/ RIALTO BEACH

_____ HURRICANE RIDGE VISITOR CENTER

_____ SOUTH WILDERNESS
COAST

_____ DEER PARK

_____ HOH RAIN FOREST

_____ ELWHA

_____ KALALOCH

_____ LAKE CRESCENT

_____ QUEETS

_____ SOL DUC

_____ QUINAULT

_____ OZETTE

_____ DOSEWALLIPS

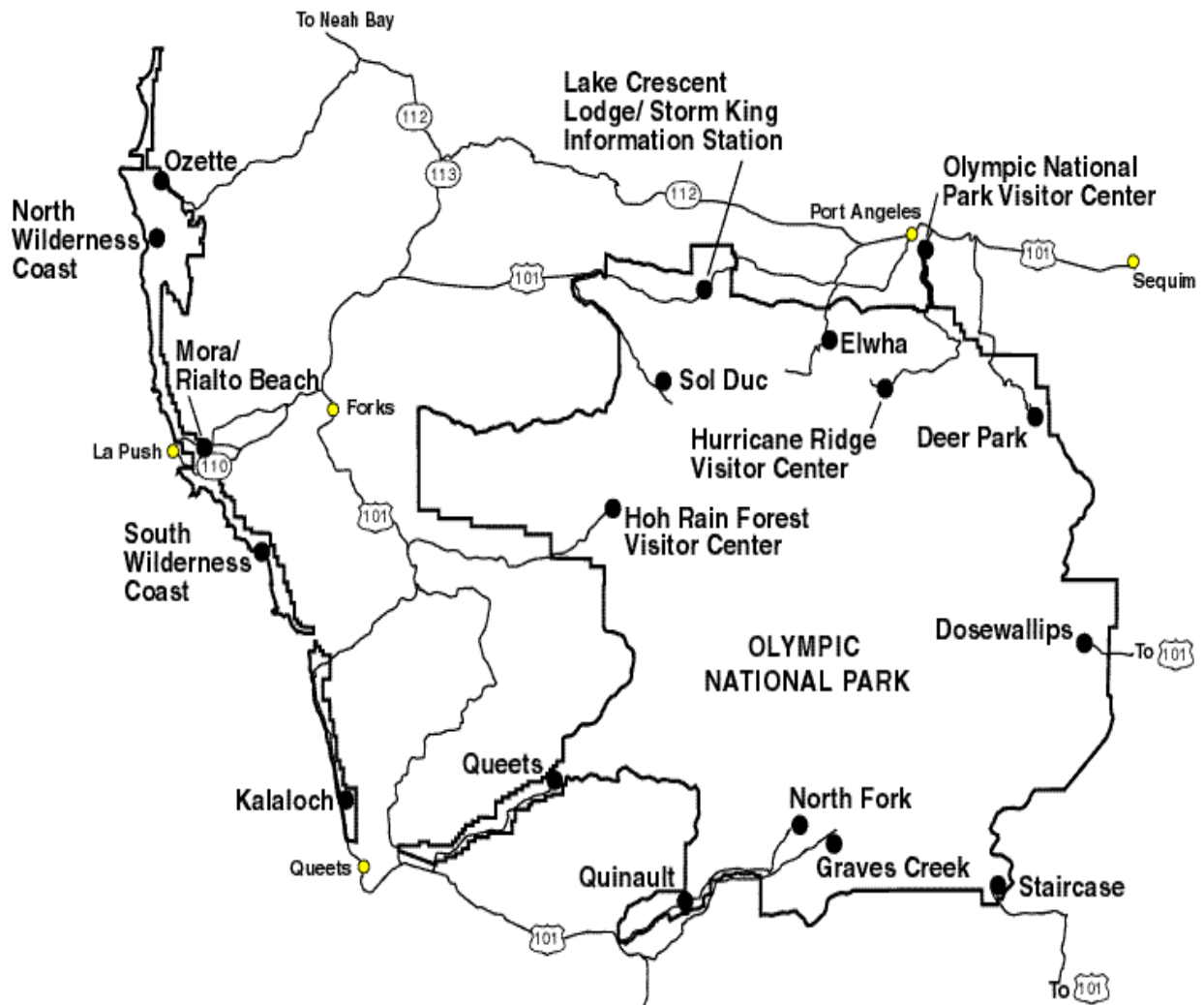
_____ NORTH WILDERNESS COAST

_____ STAIRCASE

_____ OTHER (Please specify: _____)

- b) Olympic National Park has numerous entrances. On this trip, how many times did you and your group enter the park during your stay in the area?

NUMBER OF TIMES YOU ENTERED THE PARK _____



9. On this visit, what kind of **personal** group (not tour/ school group) were you with? Please check () only **one**.

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

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

_____ NUMBER OF PEOPLE

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

- YES
- NO

PLEASE GO ON TO THE NEXT PAGE ➡

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

	GENDER	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO OLYMPIC NP (INCLUDING THIS VISIT)	
				PAST 12 MONTHS	PAST 1-5 YEARS
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

13. For you and each of the **adults** (age 18 or over) in your personal group on this visit, please indicate the highest level of education received. Please check () only **one** for each person.

	Highest level of education				
	SOME HIGH SCHOOL	HIGH SCHOOL GRADUATE/GED	SOME COLLEGE	BACHELOR'S DEGREE	GRADUATE DEGREE
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

14. a) Is English the primary language that you and your personal group speak?

_____ NO _____ YES ➔ **GO ON TO QUESTION 15**



b) If NO, please list the primary language: _____

15. a) Please () check all of the interpretive or visitor services that you and your group **used** during this visit to Olympic National Park.
- b) Next, for only those services that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those services that you and your group **used**, please rate their **quality** from 1-5.

Use service? Check (√)	If used, how important?					If used, what quality?				
	Very important		Not important			Very good		Very poor		
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ ENTRANCE STATION INFORMATION AND SERVICE										
_____ INFORMATION DESK SERVICE										
_____ CAMPFIRE PROGRAMS										
_____ RANGER-LED WALKS/TALKS										
_____ PARK PERSONNEL										
_____ VISITOR CENTER BOOKSTORES										
_____ SLIDE SHOW/ VIDEO										
_____ MUSEUM EXHIBITS										
_____ ROADSIDE EXHIBITS										
_____ NATURE TRAIL EXHIBITS										
_____ TRAILHEAD BULLETIN BOARDS										
_____ SELF-GUIDED TRAIL BROCHURE										
_____ WILDERNESS INFORMATION CENTER										
_____ EMERGENCY SERVICES										

PLEASE GO ON TO THE NEXT PAGE ➔

16. a) Please () check all of the facilities that you and your group **used** during this visit to Olympic National Park.
- b) Next, for only those facilities that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those facilities that you and your group **used**, please rate their **quality** from 1-5.

Use facility? Check (√)	If used, how important?					If used, what quality?				
	Very important		Not important			Very good		Very poor		
	1	2	3	4	5	1	2	3	4	5
___ RESTROOMS										
___ PICNIC AREAS										
___ PARK DIRECTIONAL ROAD SIGNS										
___ DEVELOPED CAMPGROUNDS										
___ BACKCOUNTRY TRAILS										
___ BACKCOUNTRY CAMPSITES										
___ ACCESS FOR DISABLED PERSONS										
___ RANGER STATIONS										
___ LODGING (Kalaloch Lodge, Log Cabin Resort, Lake Crescent Lodge, Sol Duc Hot Springs Resort)										
___ RESTAURANTS										
___ GIFT SHOPS										

17. Please rate how appropriate you feel the following structures or activities are in Olympic National Park. Use the following scale (from 1 to 4 or "don't know") to circle **one** answer for each structure or activity.

	How appropriate in Olympic NP?				
	Always	Usually	Some-times	Never	Don't know
HISTORIC STRUCTURES IN PARK WILDERNESS (cabins, shelters, ranger stations)	1	2	3	4	DK
DOWNHILL SKIING	1	2	3	4	DK
COLLECTING MUSHROOMS	1	2	3	4	DK
OPEN CAMPFIRES	1	2	3	4	DK

18. For each of the following features or qualities of Olympic National Park, please rate its importance (from 1 to 5) to you and your group. Please circle **one** answer for each feature or quality.

How important?	Not important		Moderately important		Extremely important	Don't know
NATIVE PLANTS AND ANIMALS	1	2	3	4	5	DK
SCENIC VIEWS	1	2	3	4	5	DK
RECREATIONAL ACTIVITIES (hiking, camping, fishing, etc.)	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
QUIET/SOUNDS OF NATURE	1	2	3	4	5	DK
SAFE, CRIME-FREE ENVIRONMENT	1	2	3	4	5	DK
Maintain healthy natural ecosystems by:						
PROTECTING THREATENED & ENDANGERED SPECIES	1	2	3	4	5	DK
RESTORING MISSING SPECIES	1	2	3	4	5	DK
REMOVING NON-NATIVE SPECIES	1	2	3	4	5	DK

19. In the future, if it were necessary to remove existing facilities such as campgrounds from Olympic National Park, would you be willing to use those visitor services outside the park?

_____ YES, LIKELY _____ NO, NOT LIKELY _____ NOT SURE

20. a) For the questions below, please indicate from 1 to 5 how safe you and your group felt from crime and accidents during this visit to Olympic National Park? Please circle **one** answer for each question.

Safety issue	How safe did you feel in the park?				
	Very Unsafe	Somewhat Unsafe	No Opinion	Somewhat Safe	Very Safe
Personal property—from crime	1	2	3	4	5
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5

- b) If you marked that you felt unsafe (if you circled 1 or 2) on any of the above questions, please explain why:

PLEASE GO ON TO THE NEXT PAGE ➔

21. For the questions below, please indicate from 1 to 5 how safe you and your group feel from crime and accidents in the town/city closest to your home?
Please circle only **one** answer for each question.

How safe do you feel in your home town/city?

Safety issue	Very Unsafe	Somewhat Unsafe	No Opinion	Somewhat Safe	Very Safe
Personal property—from crime	1	2	3	4	5
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5

22. a) On this trip, did you and your group stay overnight away from home on the Olympic Peninsula?

_____ YES _____ NO → **GO ON TO QUESTION 23**



- b) Please list the number of nights you and your group stayed away from home.

NUMBER OF NIGHTS IN PARK _____

NUMBER OF NIGHTS OUTSIDE PARK (Olympic Peninsula) _____

- c) Where on the Olympic Peninsula did you and your group stay?

- d) In what type of lodging did you and your group spend the night(s)? Please check () **all** that apply.

INSIDE PARK (√) _____ **OUTSIDE PARK (√)** _____

_____ LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B _____

_____ CAMPGROUND/ TRAILER PARK _____

_____ BACKCOUNTRY SITE _____

_____ SEASONAL RESIDENCE _____

_____ STAY WITH FRIENDS OR RELATIVES _____

_____ OTHER _____

(Please specify: _____)

23. Olympic National Park currently charges a \$10.00 per vehicle weekly entrance fee to visit the park. In your opinion, how appropriate is the amount of this entrance fee? Please circle your answer.

ENTRANCE FEE: TOO HIGH ABOUT RIGHT TOO LOW

24. a) Please use the scale below to rate (from 1 to 5) how crowded you and your group felt by **people** during this visit. Please circle **only one**.

Not at all crowded		Crowded		Extremely crowded
1	2	3	4	5

- b) If you rated the above question by circling 3, 4, or 5, where in Olympic National Park were you when you felt crowded? Please be as specific as possible.

- c) Please use the scale below to rate (from 1 to 5) how crowded you and your group felt by **vehicles** during this visit. Please circle **only one**.

Not at all crowded		Crowded		Extremely crowded
1	2	3	4	5

- d) If you rated the above question by circling 3, 4, or 5, where in Olympic National Park were you when you felt crowded? Please be as specific as possible.

25. If vehicle congestion at Olympic National Park reaches a point where the number of passenger vehicles must be limited, which of the following alternatives for entering the park would you find most acceptable? Please check () **only one**.

ANSWER ONLY ONE (✓)

_____ FIRST COME, FIRST SERVED UNTIL A DAILY LIMIT IS REACHED

_____ USE A RESERVATION SYSTEM

_____ USE A SHUTTLE SYSTEM

_____ OTHER (Please specify: _____)

PLEASE GO ON TO THE NEXT PAGE ➔

26. To reduce traffic congestion in crowded areas during peak summer and/or winter visitation, a shuttle bus system is being considered at Olympic National Park. Visitors would park near a park entrance and ride a shuttle bus into the park.

a) Would you and your group be willing to ride a shuttle bus on a future visit to Olympic National Park?

_____ YES, LIKELY _____ NO, NOT LIKELY _____ NOT SURE

b) In addition to the entrance fee, would you and your group be willing to pay a fee (up to \$5/person) to ride the shuttle bus?

_____ YES, LIKELY _____ NO, NOT LIKELY _____ NOT SURE

27. During this visit to Olympic National Park, please report all expenditures by you and/or your group members for the items listed below while you were on the Olympic Peninsula.

a) Please list your group's total expenditures inside Olympic National Park.

b) Please list your group's total expenditures anywhere on the Olympic Peninsula.

Olympic Peninsula residents should only include expenditures that were **directly related** to this visit to the park.

Expenditures while on the Olympic Peninsula

INSIDE PARK OUTSIDE PARK

Please write "0" if you and your group did not spend any money.

HOTELS, MOTELS, CABINS, B&B, etc.	\$ _____	\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
RESTAURANTS AND BARS	\$ _____	\$ _____
GROCERIES AND TAKE OUT FOOD	\$ _____	\$ _____
GAS AND OIL (auto, RV, boat, etc.)	\$ _____	\$ _____
OTHER TRANSPORTATION EXPENSES (excluding airfare)	\$ _____	\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

b) How many people do the above expenses cover?

ADULTS (18 years or over) _____

CHILDREN (under 18 years) _____

28. On a future visit to Olympic National Park, what subjects would you and your group be most interested in learning about? Please check () **all** that apply.

_____ NONE → **GO ON TO QUESTION 29**

_____ GEOLOGY

_____ WILDERNESS

_____ CULTURAL HISTORY

_____ PARK ANIMALS/ PLANTS

_____ PARK ECOSYSTEMS/ ECOLOGY

_____ PRESERVING THE PARK

_____ OTHER (Please specify: _____)

29. If you were a manager planning for the future of Olympic National Park, what would you propose? Consider both WINTER AND SUMMER issues in your answer. Please be specific.

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

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

VERY GOOD GOOD AVERAGE POOR VERY POOR

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
Department of Forest Resources
College of Natural Resources
University of Idaho
Moscow, Idaho 83844-1133**