Mount Rainier National Park
Visitor Study

The Visitor Services Project
August, 2000

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Mount Rainier 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 Natural Resources, University of Idaho, Moscow, Idaho 83844-1133, email: littelj@uidaho.edu.

We appreciate your help.

Sincerely,

Jonathan B. Jarvis
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 MOUNT RAINIER NATIONAL PARK

1. Prior to this trip, how did you and your group obtain information about Mount Rainier National Park? Please check (√) all that apply.
   _____ RECEIVED NO INFORMATION PRIOR TO VISIT ➔ GO ON TO QUESTION 2
   _____ PREVIOUS VISIT(S)
   _____ FRIENDS/ RELATIVES
   _____ TRAVEL GUIDE/ TOUR BOOK
   _____ LOCAL BUSINESSES
   _____ TELEVISION/ RADIO PROGRAMS
   _____ TELEPHONE INQUIRY TO PARK
   _____ WRITTEN INQUIRY TO PARK
   _____ NEWSPAPER/ MAGAZINE ARTICLES
   _____ INTERNET/ OFFICIAL MOUNT RAINIER NP HOME PAGE (www.nps.gov/mora/)
   _____ INTERNET/ TOURISM HOME PAGE
   _____ CHAMBER OF COMMERCE/ VISITORS BUREAU
   _____ OUTDOOR RECREATION INFORMATION IN RECREATION, EQUIPMENT, INC. (REI) STORE—Seattle
   _____ OTHER (Please specify: _________________________________)

2. On this visit to Mount Rainier National Park, what forms of transportation did you and your group use to reach the park? Please check (√) all that apply.
   _____ PRIVATE VEHICLE (car/ van/ pickup) _____ RENTAL VEHICLE
   _____ PRIVATE RV _____ RENTAL RV
   _____ COMMERCIAL BUS _____ FOOT
   _____ CRUISE SHIP TO SEATTLE _____ BICYCLE
   _____ COMMERCIAL AIRLINE TO SEATTLE/ TACOMA AIRPORT
   _____ OTHER (Please specify: _________________________________)
3. On the list below, please mark the number of times you or a member of your group have visited each of the nearby sites during the past 12 months.

**Number of times visited in past 12 months**

- [ ] MOUNT ST. HELENS NATIONAL VOLCANIC MONUMENT
- [ ] CRYSTAL MOUNTAIN SKI RESORT
- [ ] STEVENS PASS SKI RESORT
- [ ] CHINOOK PASS
- [ ] MOUNT BAKER/ SNOQUALMIE NATIONAL FOREST
- [ ] GIFFORD PINCHOT NATIONAL FOREST
- [ ] NORTH CASCADES NATIONAL PARK (including Lake Chelan National Recreation Area and Ross Lake National Recreation Area)
- [ ] OLYMPIC NATIONAL PARK
- [ ] WHITE PASS SKI AREA

4. During this trip, how much time did you and your group spend at Mount Rainier 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.)

5. What was the primary reason you and your group made this trip to this area? Please check (✓) only one.

   - [ ] VISIT MOUNT RAINIER NATIONAL PARK
   - [ ] VISIT OTHER ATTRACTIONS IN THE AREA
   - [ ] VISIT FRIENDS OR RELATIVES IN THE AREA
   - [ ] BUSINESS OR OTHER REASONS

**PLEASE GO ON TO THE NEXT PAGE ➤**
6. On the list below, please check (√) **all** of the activities that you and your group participated in at Mount Rainier National Park during this trip.

- √ ATTENDING A NATURALIST PROGRAM
- √ BICYCLING
- √ PICNICKING
- √ CAMPING IN DEVELOPED CAMPGROUND
- √ WILDERNESS CAMPING
- √ DAYHIKING
- √ CLIMBING TO THE SUMMIT OF MOUNT RAINIER
- √ FISHING
- √ VISITING VISITOR CENTERS, MUSEUMS, OR RANGER STATIONS
- √ VISITING LODGE OR INN
- √ VIEWING WILDFLOWERS
- √ DRIVING TO VIEW SCENERY
- √ VIEWING WILDLIFE
- √ PHOTOGRAPHY
- √ OTHER (Please describe: ________________________________)

7. a) On this trip to Mount Rainier National Park, did you and your group go hiking?

- YES
- NO ➔ GO ON TO QUESTION 8

  [ ]

b) If YES, please check (√) **all** the types of areas you and your group hiked on this trip to Mount Rainier National Park.

- √ HIKED ON TRAILS IN DEVELOPED AREAS
- √ HIKED IN A DESIGNATED WILDERNESS AREA
- √ HIKED ABOVE PANORAMA POINT ON MUIR SNOWFIELD

c) If YES, please indicate the length of hikes you and your group took on this trip to Mount Rainier National Park. Please check (√) **all** that apply.

- √ TOOK A HIKE SHORTER THAN 2 HOURS
- √ TOOK A HIKE BETWEEN 2 TO 4 HOURS LONG
- √ TOOK A HIKE MORE THAN 4 HOURS LONG
8. For each of the following attributes of Mount Rainier National Park, please rate its importance (from 1 to 5, or DK for “don’t know”) in planning for the preservation of the park for future generations. Please circle one answer for each attribute.

<table>
<thead>
<tr>
<th>How important?</th>
<th>Not important</th>
<th>Moderately important</th>
<th>Extremely important</th>
<th>Don't know/no opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIVE PLANTS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>WILDLIFE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLEAN AIR/ WATER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>HISTORIC BUILDINGS/ ARCHEOLOGICAL SITES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>DESIGNATED WILDERNESS BACKCOUNTRY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>DEVELOPED RECREATIONAL FACILITIES (campgrounds, trails, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>NATURAL QUIET/ SOUNDS OF NATURE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>EDUCATIONAL PROGRAMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

9. a) During this trip to Mount Rainier National Park, did you and your group stay overnight away from home within 30 miles of the park?
   _____ YES  _____ NO ➔ GO ON TO QUESTION 10

   b) If YES, please list the number of nights you stayed inside and/or outside Mount Rainier National Park, but within 30 miles? Please check (✓) all that apply.
   - NUMBER OF NIGHTS IN PARK
   - NUMBER OF NIGHTS OUTSIDE PARK (within 30 miles)

   c) 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
   - WILDERNESS CAMPSITE OR CROSSCOUNTRY ZONE
   - SEASONAL RESIDENCE
   - RESIDENCE OF FRIENDS OR RELATIVES
   - OTHER
   (Please specify: ____________________________)

   PLEASE GO ON TO THE NEXT PAGE ➔
Map/ center page goes here.
14. On this visit, what kind of personal group (not tour/ school group) were you with? Please check (✓) only one.

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

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

   _____ NUMBER OF PEOPLE

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

   _____ YES           _____ NO

17. a) On this visit to Mount Rainier National Park, did any members of your personal group have a disability or impairment? Please check (✓) all that apply.

   _____ NO GROUP MEMBERS HAVE DISABILITIES  ➔ GO ON TO QUESTION 18
   _____ VISUAL                      _____ HEARING
   _____ MOBILITY                  _____ MENTAL
   _____ OTHER (Please describe: ____________________________)

b) Because of the disability/ impairment, did you and your group encounter any access/ service problems in the park?

   _____ YES           _____ NO  ➔ GO ON TO QUESTION 18

c) If YES, what were the problems? ____________________________

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

   _____ NO           _____ YES  ➔ GO ON TO QUESTION 19

b) If NO, please list all of the languages that you and your group speak:

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

<table>
<thead>
<tr>
<th>GENDER</th>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS MADE TO THIS PARK (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M=MALE</td>
<td>F=FEMALE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PAST 12 MONTHS</th>
<th>PAST 2 to 5 YEARS</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>

20. 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.

<table>
<thead>
<tr>
<th>Highest level of education</th>
<th>SOME HIGH SCHOOL</th>
<th>HIGH SCHOOL GRADUATE/GED</th>
<th>SOME COLLEGE</th>
<th>BACHELOR'S DEGREE</th>
<th>GRADUATE DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #2</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #3</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #4</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #5</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #6</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>ADULT #7</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

PLEASE GO ON TO THE NEXT PAGE ➔
21. In what ethnicity and race would you place yourself?
   
a) Ethnicity: Please check (✓) one.
   
   ____ HISPANIC OR LATINO
   ____ NOT HISPANIC OR LATINO

b) Race: Please check (✓) all that apply.

   ____ AMERICAN INDIAN OR ALASKA NATIVE
   ____ ASIAN
   ____ BLACK OR AFRICAN AMERICAN
   ____ HISPANIC OR LATINO
   ____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
   ____ WHITE

22. Most of the entrance fees collected at Mount Rainier National Park remain at the park and are used for resource protection and visitor services. In the future, how would you like to see these funds used at Mount Rainier National Park? Please check (✓) all that apply.

   ____ GIVE VISITORS A BETTER UNDERSTANDING OF HOW TO PROTECT PARK ECOSYSTEMS FOR FUTURE GENERATIONS, BY STUDYING AND MONITORING WILDLIFE, PLANTS, AIR, WATER AND GEOLGY

   ____ MANAGEMENT OF HISTORIC BUILDINGS AND ARCHEOLOGICAL SITES

   ____ MAINTENANCE OF BUILDINGS AND DEVELOPED FACILITIES

   ____ PROTECTION OF PARK RESOURCES BY MANAGING VISITOR ACTIVITIES

   ____ EDUCATION AND INTERPRETATION

   ____ WILDERNESS AND BACKCOUNTRY MANAGEMENT

   ____ OTHER (Please specify: ____________________________)

23. In your opinion, what is the National Park Service’s mission at Mount Rainier National Park?

   ____________________________
24. During this trip to Mount Rainier National Park, please report all expenditures by you or your group members for the items listed below. Please write "0" if you and your group did not spend any money.

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

b) Please list your group's total expenditures within 30 miles of Mount Rainier National Park.

Mount Rainier area residents should only include expenditures that were directly related to this visit to the park.

<table>
<thead>
<tr>
<th>EXPENDITURES IN MT. RAINIER NP AREA (within 30 miles)</th>
<th>INSIDE PARK</th>
<th>OUTSIDE PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>GROCERIES AND TAKE OUT FOOD</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>(excluding airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION,</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>ENTERTAINMENT FEES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film,</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>books, sporting goods, clothing, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

   ADULTS (18 years or over)    _____
   CHILDREN (under 18 years)    _____

25. On a future trip to Mount Rainier 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 26
   _____ NATURAL HISTORY/ ECOLOGY
   _____ VOLCANOES/ GEOLOGY
   _____ NATIVE AMERICAN CULTURE
   _____ HISTORY
   _____ WILDERNESS MANAGEMENT
   _____ ALPINE CLIMBING HISTORY
   _____ NATIONAL PARK SYSTEM
   _____ OTHER (Please specify: ________________________________)

   PLEASE GO ON TO THE NEXT PAGE  ⇒
26. On a future trip, how would you and your group use to learn about the cultural and natural history of Mount Rainier National Park? Please check (√) all that apply.

_____ NOT INTERESTED IN LEARNING ABOUT PARK ➔ GO ON TO QUESTION 27

_____ VISITOR CENTER EXHIBITS
_____ ROADSIDE EXHIBITS
_____ TRAILSIDE EXHIBITS
_____ PRINTED MATERIALS (brochures, books, maps, etc.)
_____ AUDIOVISUAL PROGRAMS (videos, movies, slide shows, etc.)
_____ INTERACTIVE COMPUTER
_____ RANGER-LED TALKS/ACTIVITIES
_____ HISTORICAL RE-ENACTMENTS
_____ RANGERS ON TRAILS
_____ VISITOR CENTER OR INFORMATION STATION PERSONNEL
_____ INTERNET/WEBSITE
_____ OTHER (Please specify: ____________________________)

27. In order to provide a high quality visitor experience and protect park resources at Mount Rainier National Park in the future, would you and your group support restrictions on your use of the park?

YES, LIKELY     NO, UNLIKELY     NOT SURE

REQUIRED RESERVATIONS

TEMPORARY CLOSURES OF POPULAR AREAS (during peak periods such as summer weekends)

28. a) On a future trip, if the number of vehicles in Mount Rainier National Park needs to be limited at some times of the year, would you and your group be willing to park your vehicle and ride a free transport bus to visit major park attractions? Please check (√) only one.

_____ YES, LIKELY     _____ NO, UNLIKELY     _____ NOT SURE

b) On a future trip, would you and your group be willing to park your vehicle and pay up to $10 to ride a transport bus to visit major park attractions at Mount Rainier National Park? Please check (√) only one.

_____ YES, LIKELY     _____ NO, UNLIKELY     _____ NOT SURE

29. The use of personal transportation (automobiles) in the Puget Sound metropolitan area contributes to air pollution in that vicinity and within Mount Rainier National Park. Please answer questions on next page.
a) Are you a resident of the Puget Sound metropolitan area?
   _____ YES  _____ NO  ➔ GO ON TO QUESTION 30

b) If YES, would you consider significant deterioration of the air quality at Mount Rainier National Park as a major factor in deciding to use public transportation in your daily commute to work?
   _____ YES, LIKELY  _____ NO, UNLIKELY  _____ NOT SURE

c) If YES, would you consider significant deterioration of the air quality at Mount Rainier National Park as a major factor in making a decision to alter your driving habits (e.g., carpooling)?
   _____ YES, LIKELY  _____ NO, UNLIKELY  _____ NOT SURE

30. If you were a manager planning for the future of Mount Rainier 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 Mount Rainier National Park?

32. Overall, how would you rate the quality of the visitor services provided to you and your group at Mount Rainier 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.

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OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
College of Natural Resources
University of Idaho
Moscow, Idaho 83844-1133