

Mount Rainier National Park Visitor Study



The
Visitor Services
Project

OMB Approval 1024-0224 (NPS00-28)
Expiration Date: 02/28/01



United States Department of the Interior

NATIONAL PARK SERVICE
Mount Rainier National Park
Tahoma Woods, Star Route
Ashford, Washington 98304-9751

IN REPLY REFER TO:

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: littlej@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

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:

	GENDER M=MALE F=FEMALE	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS MADE TO THIS PARK (INCLUDING THIS VISIT)	
				PAST 12 MONTHS	PAST 2 to 5 YEARS
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

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.

	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	_____	_____	_____	_____	_____

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 GEOLOGY

_____ 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.

EXPENDITURES IN MT. RAINIER NP AREA (within 30 miles)

	INSIDE PARK	OUTSIDE PARK
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.)	\$ _____	\$ _____

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.

OFFICIAL BUSINESS

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Cooperative Park Studies Unit
College of Natural Resources
University of Idaho
Moscow, Idaho 83844-1133**