

Pictured Rocks National Lakeshore Visitor Study



The
Visitor Services
Project



United States Department of the Interior

NATIONAL PARK SERVICE
Pictured Rocks National Lakeshore
P.O. Box 40
Munising, Michigan 49862

IN REPLY REFER TO:

July—August 2001

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Pictured Rocks National Lakeshore. 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, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone: 208-885-7863.

We appreciate your help.

Sincerely,

Larry D. Hach
Acting 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 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 Pictured Rocks National Lakeshore

1. a) **Prior to this trip**, how did you and your group obtain information about Pictured Rocks National Lakeshore? Please check (✓) **all** that apply in the left column.
- a) **During this trip**, how did you and your group obtain information about Pictured Rocks National Lakeshore? Please check (✓) **all** that apply in the right column.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**

Prior to this trip (✓) **During this trip (✓)**

- | | |
|---|-------|
| _____ PREVIOUS VISIT(S) | _____ |
| _____ PERSONAL EXPERIENCE | _____ |
| _____ WORD OF MOUTH/ FRIENDS/ RELATIVES | _____ |
| _____ TRAVEL GUIDES/ TOUR BOOKS | _____ |
| _____ INTERNET/WEBSITE (www.nps.gov/piro/) | _____ |
| _____ OTHER WEBSITE | _____ |
| _____ WRITTEN INQUIRY TO NATIONAL LAKESHORE | _____ |
| _____ TELEPHONE INQUIRY TO NATIONAL LAKESHORE | _____ |
| _____ VIDEO/ TELEVISION/ RADIO PROGRAMS | _____ |
| _____ NEWSPAPER/ MAGAZINE ARTICLES | _____ |
| _____ MICHIGAN TRAVEL CENTER | _____ |
| _____ CHAMBER OF COMMERCE | _____ |
| _____ OTHER (Please specify: _____) | _____ |

c) Was the information you received from all of the above sources all that you needed?

_____ NO _____ YES → **Go on to Question 2**



d) If not, what information did you need that you did not receive? _____

2. How did this visit to Pictured Rocks National Lakeshore (NL) fit into your travel plans?

- _____ PICTURED ROCKS NL WAS PRIMARY DESTINATION
- _____ PICTURED ROCKS NL WAS ONE OF SEVERAL DESTINATIONS
- _____ PICTURED ROCK NL WAS NOT A PLANNED DESTINATION

3. On this visit, how much time did you and your group spend at Pictured Rocks National Lakeshore?

_____ 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. On the list below, please check (✓) **all** of the activities that you and your group participated in at Pictured Rocks National Lakeshore during this trip.

_____ FISHING

_____ MOTORIZED BOATING (jet ski, motor boat, etc .)

_____ NON-MOTORIZED BOATING (canoe, kayak, etc.)

_____ TAKING PICTURED ROCKS CRUISES/ SHIPWRECK TOURS

_____ DAY HIKING

_____ OVERNIGHT BACKCOUNTRY USE

_____ CAMPING IN VEHICLE ACCESS CAMPGROUND

_____ Little Beaver

_____ Twelvemile Beach

_____ Hurricane River

_____ BEACH ACTIVITIES (swimming, beach combing, etc.)

_____ ATTENDING INTERPRETIVE/ RANGER-GUIDED ACTIVITIES

_____ VISITING HISTORIC SITES

_____ Sand Point

_____ Au Sable Lighthouse

_____ Shipwrecks

_____ Grand Marais Maritime Museum

_____ SIGHTSEEING

_____ ENJOYING SOLITUDE/ QUIET

_____ NATURE STUDY (fossils/ geology/ plants/ animals)

_____ OTHER (Please specify: _____)

5. a) Pictured Rocks National Lakeshore 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 _____

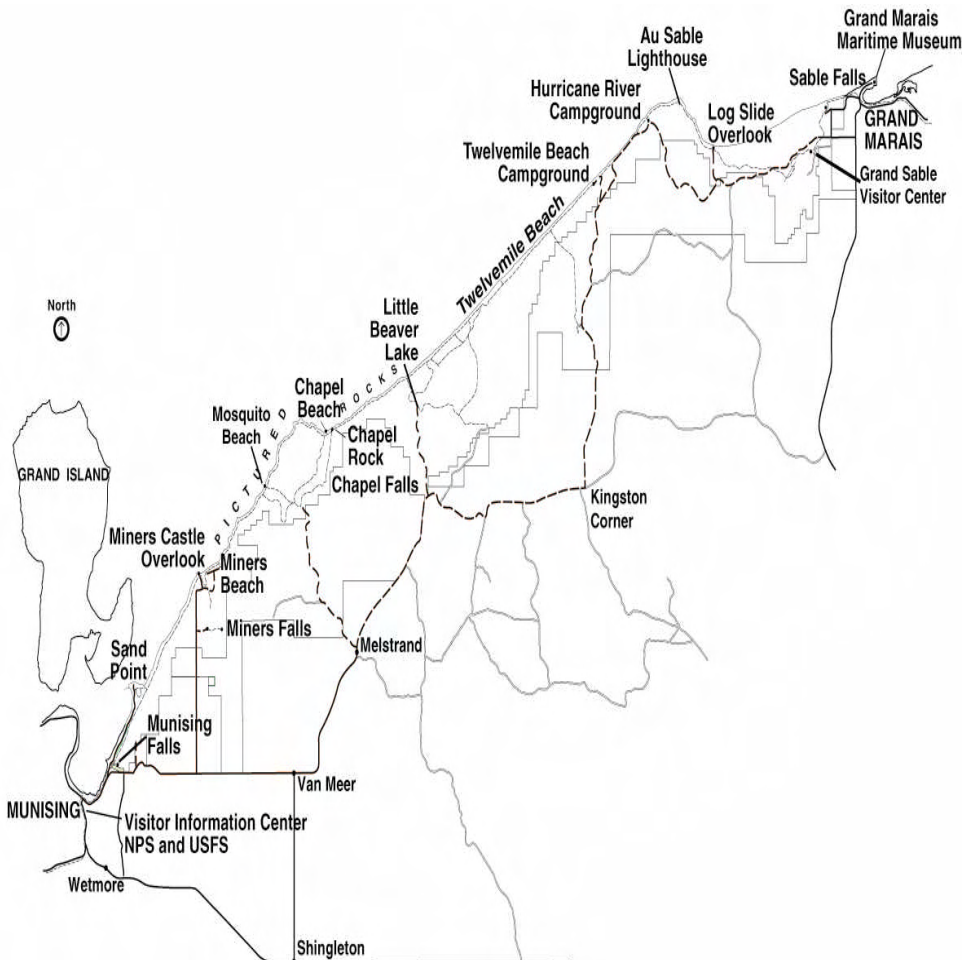
DON'T KNOW _____

Please go on to the next page ➡

5. b) Please list the **order** in which you and your group visited the following sites in Pictured Rocks National Lakeshore. Simply write 1, 2, 3, etc. on the line beside each site you visited. Use the map below to help you locate the sites you visited.

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

- | | |
|--|---|
| _____ VISITOR INFORMATION CENTER (in Munising) | _____ MINERS AREA (Castle, Falls, Beach) |
| _____ GRAND SABLE VISITOR CENTER (parking lot and campground) | _____ LITTLE BEAVER AREA |
| _____ MUNISING FALLS | _____ SAND POINT |
| _____ CHAPEL AREA (Rock, Falls, Beach) | _____ LOG SLIDE |
| _____ TWELVEMILE CAMPGROUND | _____ SABLE FALLS |
| _____ HURRICANE RIVER CAMPGROUND | _____ MOSQUITO BEACH |
| _____ GRAND MARAIS MARITIME MUSEUM | _____ AU SABLE LIGHTHOUSE |
| _____ OTHER (Please specify: _____) | |



6. 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 _____) | |

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

8. On this visit, were you and your personal group with a guided tour group?
 _____ YES _____ NO

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

| | Current age | U.S. Zip Code or name of foreign country | Number of visits to Pictured Rocks NL (including this visit) | |
|-----------|-------------|--|--|----------------|
| | | | Past 12 months | Past 2-5 years |
| YOURSELF | _____ | _____ | _____ | _____ |
| MEMBER #2 | _____ | _____ | _____ | _____ |
| MEMBER #3 | _____ | _____ | _____ | _____ |
| MEMBER #4 | _____ | _____ | _____ | _____ |
| MEMBER #5 | _____ | _____ | _____ | _____ |
| MEMBER #6 | _____ | _____ | _____ | _____ |
| MEMBER #7 | _____ | _____ | _____ | _____ |

10. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Pictured Rocks National Lakeshore?

_____ YES _____ NO ➔ **Go on to Question 11**
 ↓

b) If yes, what kind of disability? Please check (✓) **all** that apply.

_____ HEARING _____ VISUAL
 _____ MOBILITY _____ LEARNING
 _____ MENTAL

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

_____ YES _____ NO ➔ **Go on to Question 11**
 ↓

d) If YES, what were the problems? _____

Please go on to the next page ➔

11. On this trip, what was the **primary** reason that you and your group visited Pictured Rocks National Lakeshore? Please check (✓) **only one**.

- VISIT PICTURED ROCKS NATIONAL LAKESHORE
- VISIT OTHER ATTRACTIONS IN THE AREA
- VISIT FRIENDS OR RELATIVES IN THE AREA
- BUSINESS OR OTHER REASONS

12. a) During this trip to Pictured Rocks National Lakeshore, did you and your group stay overnight away from home within 60 miles of the park?

YES NO → **Go on to Question 13**



b) If YES, please list the number of nights you stayed inside and/ or outside Pictured Rocks National Lakeshore, but within 60 miles.

NUMBER OF NIGHTS IN PARK _____

NUMBER OF NIGHTS OUTSIDE PARK (within 60 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 _____

BACKCOUNTRY CAMPSITE _____

SEASONAL RESIDENCE _____

RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER _____

(Please specify: _____)

13. On this visit to Pictured Rocks National Lakeshore, please indicate how the following elements may have affected your park experience.

| <u>Affect your park experience?</u> | <u>Added to</u> | <u>No effect</u> | <u>Detracted from</u> |
|-------------------------------------|-----------------|------------------|-----------------------|
| UNNATURAL NOISE | _____ | _____ | _____ |
| WILDLIFE | _____ | _____ | _____ |
| OTHER VISITORS' PETS | _____ | _____ | _____ |
| PERSONAL WATERCRAFT | _____ | _____ | _____ |
| TOUR BOATS | _____ | _____ | _____ |
| AIRCRAFT OVERFLIGHTS | _____ | _____ | _____ |

14. a) Please (✓) check all of the interpretive or visitor services that you and your group **used** during this visit to Pictured Rocks National Lakeshore.
- 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 | | | | | | | | | | |
| _____ INFORMATION DESK SERVICE | | | | | | | | | | |
| _____ CAMPFIRE PROGRAMS | | | | | | | | | | |
| _____ RANGER-LED WALKS/ TALKS (other than campfire programs) | | | | | | | | | | |
| _____ PARK PERSONNEL | | | | | | | | | | |
| _____ VISITOR CENTER BOOKSTORES | | | | | | | | | | |
| _____ MUSEUM EXHIBITS | | | | | | | | | | |
| _____ ROADSIDE EXHIBITS | | | | | | | | | | |
| _____ NATURE TRAIL EXHIBITS | | | | | | | | | | |
| _____ TRAILHEAD BULLETIN BOARDS | | | | | | | | | | |
| _____ SELF-GUIDED TRAIL BROCHURE | | | | | | | | | | |
| _____ EMERGENCY SERVICES | | | | | | | | | | |

Please go on to the next page ➡

15. During this visit to Pictured Rocks National Lakeshore, please list all expenditures by you and/or your group members for the items listed below while you were in the area.

- a) Please list your group's total expenditures **inside** Pictured Rocks National Lakeshore.
- b) Please list your group's total expenditures **in the area** around Pictured Rocks National Lakeshore (within 60 miles of the lakeshore).

Local residents: only include expenditures that were **directly related** to this visit to the park.

Expenditures within 60 miles of Pictured Rocks NL

| | Inside Pictured Rocks NL | Outside Pictured Rocks NL |
|---|-------------------------------------|--------------------------------------|
| 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.) | \$ _____ | \$ _____ |

c) How many people do the above expenses cover?

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

16. On a future trip, how would you and your group prefer to learn about the cultural and natural history of Pictured Rocks National Lakeshore? Please check (✓) **all** that apply.

- _____ NOT INTERESTED IN LEARNING ABOUT PARK → **Go on to Question 17**
- _____ VISITOR CENTER EXHIBITS _____ ROADSIDE EXHIBITS
- _____ INTERACTIVE COMPUTER _____ TRAILSIDE EXHIBITS
- _____ PRINTED MATERIALS _____ AUDIOVISUAL PROGRAMS
(brochures, books, maps, etc.) (videos, movies, slide shows, etc.)
- _____ RANGER-LED TALKS/
ACTIVITIES _____ VISITOR CENTER
PERSONNEL
- _____ RANGERS ON TRAILS _____ INTERNET/ WEBSITE
- _____ HISTORICAL RE-ENACTMENTS
- _____ OTHER (Please specify: _____)

17. a) On this trip, what did you and your group like **most** about your visit to Pictured Rocks National Lakeshore?

b) On this trip, what did you and your group like **least** about your visit to Pictured Rocks National Lakeshore?

18. If you were a manager planning for the future of Pictured Rocks National Lakeshore, what would you propose? Please be specific.

19. Is there anything else you and your group would like to tell us about your visit to Pictured Rocks National Lakeshore?

20. Overall, how would you rate the quality of the visitor services provided to you and your group at Pictured Rocks National Lakeshore 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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