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.

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**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.
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 ➔ Go on to Question 2                          ______ 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)
_____ GRAND SABLE VISITOR CENTER (parking lot and campground)
_____ MUNISING FALLS
_____ CHAPEL AREA (Rock, Falls, Beach)
_____ TWELVE MILE CAMPGROUND
_____ HURRICANE RIVER CAMPGROUND
_____ GRAND MARAIS MARITIME MUSEUM
_____ 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:  

<table>
<thead>
<tr>
<th>Current age</th>
<th>U.S. Zip Code or name of foreign country</th>
<th>Number of visits to Pictured Rocks NL (including this visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Past 12 months Past 2-5 years</td>
</tr>
<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>
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<tr>
<td>MEMBER #4</td>
<td></td>
<td></td>
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<tr>
<td>MEMBER #5</td>
<td></td>
<td></td>
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<tr>
<td>MEMBER #6</td>
<td></td>
<td></td>
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<tr>
<td>MEMBER #7</td>
<td></td>
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</tr>
</tbody>
</table>

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

d) 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.

<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>UNNATURAL NOISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILDLIFE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER VISITORS' PETS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSONAL WATERCRAFT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOUR BOATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRCRAFT OVERFLIGHTS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td>Very important 1 2 3 4 5</td>
<td>Very good 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>Not important 1 2 3 4 5</td>
<td>Very poor 1 2 3 4 5</td>
</tr>
<tr>
<td>PARK BROCHURE/ MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFORMATION DESK SERVICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPFIRE PROGRAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGER-LED WALKS/ TALKS (other than campfire programs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARK PERSONNEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER BOOKSTORES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSEUM EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROADSIDE EXHIBITS</td>
<td></td>
<td></td>
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<tr>
<td>NATURE TRAIL EXHIBITS</td>
<td></td>
<td></td>
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<tr>
<td>TRAILHEAD BULLETIN BOARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SELF-GUIDED TRAIL BROCHURE</td>
<td></td>
<td></td>
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<tr>
<td>EMERGENCY SERVICES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Inside Pictured Rocks NL</th>
<th>Outside Pictured Rocks NL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$__________</td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$__________</td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$__________</td>
</tr>
<tr>
<td>GROCERIES AND TAKE OUT FOOD</td>
<td>$__________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$__________</td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES (excluding airfare)</td>
<td>$__________</td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$__________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$__________</td>
</tr>
</tbody>
</table>

   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 (brochures, books, maps, etc.)   ____ AUDIOVISUAL PROGRAMS (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

Visitor Services Project
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College of Natural Resources
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