



**National Park Service
U.S. Department of the Interior**

Visitor Services Project

Pinnacles National Monument

Visitor Study



OMB Approval 1024-0224 (NPS 02-010)
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United States Department of the Interior

NATIONAL PARK SERVICE
Pinnacles National Monument
5000 Highway 146
Paicines, California 95043

IN REPLY REFER TO:

March - April, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Pinnacles National Monument. This information 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 to complete.

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, National Park Service 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, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Cicely Muldoon
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 PINNACLES NATIONAL MONUMENT

1. Prior to your visit, were you aware that Pinnacles National Monument (NM) is a unit of the National Park System?

_____ YES _____ NO _____ NOT SURE

2. a) Prior to your visit, how did you and your group get information about Pinnacles NM? Please check () **all** that apply.

- b) Prior to past visits, how did you and your group get information about Pinnacles NM? Please check () **all** that apply. Please leave this column blank if you have not visited in the past.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 3**

This visit () _____ Past visits () _____

_____ PREVIOUS VISIT(S)	_____
_____ FRIENDS/ RELATIVES/ WORD OF MOUTH	_____
_____ TRAVEL GUIDE/ TOUR BOOK	_____
_____ VIDEOS/ TELEVISION/ RADIO PROGRAMS	_____
_____ TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK	_____
_____ NEWSPAPER/ MAGAZINE ARTICLES	_____
_____ INTERNET—PINNACLES NM HOME PAGE (www.nps.gov/pinn/)	_____
_____ INTERNET—OTHER WEB SITE	_____
_____ LOCAL BUSINESSES	_____
_____ CHAMBER OF COMMERCE/ VISITOR'S BUREAU	_____
_____ OTHER (Please specify: _____)	_____

- c) Which of the above sources of information was most influential in your decision to visit Pinnacles NM on this visit? Please list **one**.

3. On this trip, what was the **primary** reason that you and your group visited the Pinnacles NM/Salinas Valley/Hollister area? Please check () only **one**.

_____ VISIT PINNACLES NATIONAL MONUMENT

_____ VISIT OTHER ATTRACTIONS IN THE AREA

_____ VISIT FRIENDS/ RELATIVES IN THE AREA

_____ BUSINESS OR OTHER REASONS

4. On this visit, how long did you and your group stay at Pinnacles NM? Please list partial hours or days as 1/4, 1/2, 3/4.

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

5. For this visit to Pinnacles NM, please provide the following information for you and your group.

FIRST ARRIVAL TIME _____ a.m. _____ p.m.

LAST DEPARTURE TIME _____ a.m. _____ p.m.

DAY OF THE WEEK THAT YOU FIRST ARRIVED. Please circle **one** below.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

NUMBER OF TIMES YOU ENTERED the monument on this visit _____
(write number or check "don't know") DON'T KNOW _____

6. a) On this visit, in what activities did you and your group participate at Pinnacles NM? Please check () **all** that apply.
- b) On a future visit, in what activities would you and your group likely participate at Pinnacles NM? Please check () **all** that apply.

On this visit () _____ On future visits () _____

_____ VIEWING SCENERY/ SIGHTSEEING/ SCENIC DRIVE _____

_____ HIKING _____

_____ VIEWING WILDFLOWERS _____

_____ VIEWING WILDLIFE _____

_____ STUDYING NATURAL HISTORY
(geology, plants, animals, etc.) _____

_____ LEARNING ABOUT HISTORY _____

_____ CAMPING _____

_____ PICNICKING _____

_____ PHOTOGRAPHY _____

_____ ATTENDING RANGER-LED ACTIVITIES _____

_____ CLIMBING _____

_____ CAVING _____

_____ VISITING VISITOR CENTER _____

_____ OTHER
(Please describe: _____)

Please go on to the next page ➡

c) Which activity in Question 6a was your **primary** reason for visiting?

7. a) On this visit to Pinnacles NM, did you and/or your group go hiking?

YES NO → **Go on to Question 8**



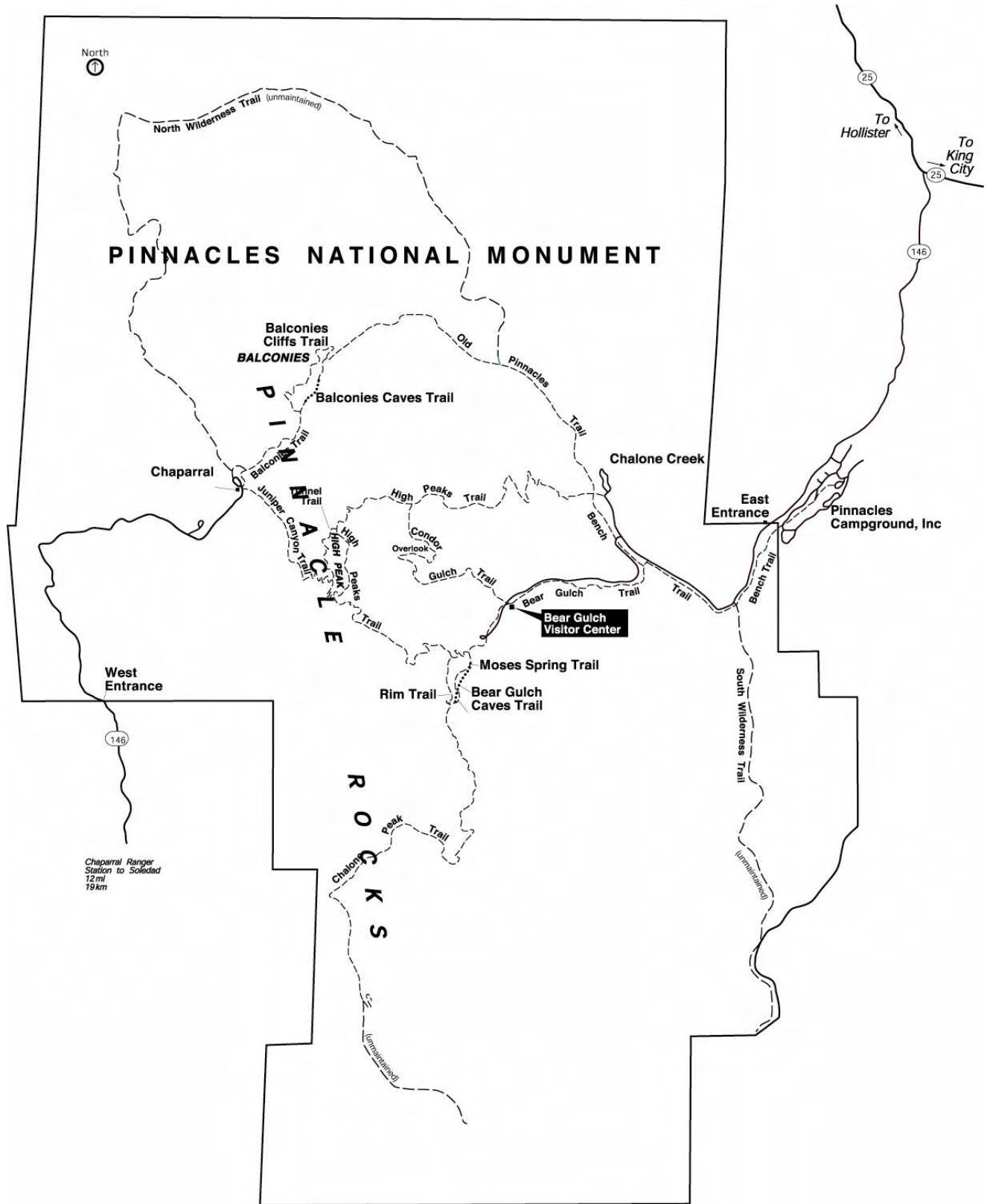
b) If YES, which trailhead did you and/or your group start from?

c) On this visit, which trails did you and/or your group hike? Please list the trails you hiked, using the map on the next page to help you.

8. a) On this visit, which of the following places in Pinnacles NM did you and your group visit? Please check () **all** that apply. Use the map on the next page to help you locate the places visited.

b) On past visits, which of the following places in Pinnacles NM did you and your group visit? Please check () **all** that apply. Please leave this column blank if you have not visited in the past.

This visit ()	Past visits ()
<input type="checkbox"/> BEAR GULCH VISITOR CENTER	<input type="checkbox"/>
<input type="checkbox"/> BEAR GULCH PICNIC AREA	<input type="checkbox"/>
<input type="checkbox"/> BEAR GULCH CAVES	<input type="checkbox"/>
<input type="checkbox"/> BEAR GULCH RESERVOIR	<input type="checkbox"/>
<input type="checkbox"/> NORTH CHALONE PEAK	<input type="checkbox"/>
<input type="checkbox"/> CHALONE CREEK PICNIC AREA	<input type="checkbox"/>
<input type="checkbox"/> CHAPARRAL CONTACT STATION	<input type="checkbox"/>
<input type="checkbox"/> CHAPARRAL PICNIC AREA	<input type="checkbox"/>
<input type="checkbox"/> BALCONIES CAVES	<input type="checkbox"/>
<input type="checkbox"/> CENTRAL HIGH PEAKS	<input type="checkbox"/>
<input type="checkbox"/> BACKCOUNTRY—OFF TRAIL	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Please describe: _____)	<input type="checkbox"/>



Please go on to the next page ➡

9. a) On this trip, did you and your group stay overnight away from home in the Pinnacles NM/Salinas Valley/Hollister area?

YES NO → **Go on to Question 10**



- b) Please list the number of nights you and your group stayed in the Pinnacles NM/Salinas Valley/Hollister area?

NUMBER OF NIGHTS IN PINNACLES CAMPGROUND, INC. _____

NUMBER OF NIGHTS IN SALINAS VALLEY/HOLLISTER AREA _____

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

OUTSIDE PARK ()

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

CAMPGROUND/ TRAILER PARK _____

BACKCOUNTRY CAMPSITE _____

PERSONAL SEASONAL RESIDENCE _____

RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER (Please specify: _____) _____

- d) Where did you and your group stay on the night prior to arriving at Pinnacles NM?

CITY/TOWN _____ STATE _____

- e) Where did you and your group stay on the night after leaving Pinnacles NM?

CITY/TOWN _____ STATE _____

10. a) On this visit to Pinnacles NM, was there anything specific that you and your group wanted to see or do, but were not able to?

YES NO → **Go on to Question 10**



- b) If so, what were you unable to see or do? _____

- c) What prevented you and your group from being able to see or do what you wanted?

11. a) Please check () the information services that you or your group **used** during this visit to Pinnacles National Monument.
- b) Next, for only those services that you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services that you or your group used, please rate their **quality** from 1-5.

Use service in Pinnacles NM? Check ()	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ OTHER PARK BROCHURES (other than brochure/ map above)										
_____ BULLETIN BOARDS										
_____ BEAR GULCH VISITOR CENTER										
_____ CHAPARRAL VISITOR CENTER										
_____ VISITOR CENTER EXHIBITS										
_____ VISITOR CENTER BOOKS/ SALES ITEMS										
_____ ROADSIDE EXHIBITS										
_____ ASSISTANCE FROM PARK STAFF										
_____ RANGER-LED PROGRAMS (walks, talks, campfire programs)										
_____ SELF-GUIDING TRAIL SIGNS/ BROCHURE										
_____ JUNIOR RANGER PROGRAM										
_____ ADVENTURE PACKS										
_____ INTERPRETIVE DEMONSTRATIONS										

Please go on to the next page ➡

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

_____ NUMBER OF PEOPLE

16. For you and your personal group, please indicate:

	Current age	U.S. Zip Code or name of foreign country	Number of visits made to this park (including this visit)	
			past 12 months	2 to 5 years ago
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

17. a) Is English the **primary** language that you and/or your group members speak and read?

_____ NO _____ YES → **Go on to Question 18**



b) If NO, what languages do you and/or members of your group speak and read?

c) Would you and your group like to have more park information provided in your primary language?

_____ YES _____ NO

18. 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

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

_____ WHITE

Please go on to the next page →

22. Park managers are trying to provide a high quality visitor experience and protect park resources for future generations at Pinnacles NM. Please rate the importance (from 1 to 5, or DK for "don't know") of each of the following elements/qualities to you and your group. Please circle **one** answer for each.

How important?	Not important	Somewhat important	Extremely important	Don't know		
NATIVE PLANTS/ANIMALS	1	2	3	4	5	DK
SCENIC VIEWS	1	2	3	4	5	DK
CLEAN AIR/ WATER	1	2	3	4	5	DK
HISTORIC BUILDINGS/ ARCHEOLOGICAL SITES	1	2	3	4	5	DK
DESIGNATED WILDERNESS/ BACKCOUNTRY	1	2	3	4	5	DK
DEVELOPED RECREATIONAL FACILITIES (trails, etc.)	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
NIGHT SKY/ STARGAZING	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATION PROGRAMS	1	2	3	4	5	DK
PROTECTION OF THREATENED AND ENDANGERED SPECIES	1	2	3	4	5	DK
SAFE, CRIME-FREE ENVIRONMENT	1	2	3	4	5	DK
REINTRODUCING NATIVE SPECIES	1	2	3	4	5	DK
REMOVING NON-NATIVE SPECIES	1	2	3	4	5	DK

23. a) On this visit or on past visits to Pinnacles NM, did you and/or your group go rock climbing?

_____ NO _____ YES → **Go on to Part e of this Question**



- b) If you and/or your group members are not climbers, did you observe any rock climbing activities during this visit to Pinnacles NM?

_____ YES _____ NO → **Go on to Question 24**



- c) If YES, did you and your group enjoy watching the rock climbing activities?

_____ NO _____ YES → **Go on to Question 24**



- d) If NO, why not? _____

Please go on to the next page →

24. e) If you climbed, in which of the following areas did you climb on **this** visit?

f) In which of the following areas did you climb on **past** visits? Please leave this column blank if you did not climb on past visits.

This visit ()	Past visits ()
_____ THE BALCONIES	_____
_____ HIGH PEAKS (including The Anvil area)	_____
_____ CONDOR GULCH	_____
_____ MACHETE RIDGE	_____
_____ BEAR GULCH	_____
_____ MARMOT AND YAKS AREA	_____
_____ CITADEL	_____
_____ JUNIPER CANYON	_____
_____ RESERVOIR	_____
_____ OTHER (Please describe: _____)	_____

25. For this visit to Pinnacles NM, please report all expenditures by you and/or your group for the items listed below while in the SalinasValley/Hollister area. Please list expenditures **directly related** to this visit to the park. Write "0" if you and your group did not spend any money.

a) Please list your group's total expenditures inside Pinnacles NM.

b) Please list your group's total expenditures in the Salinas Valley/Hollister area.

EXPENDITURES IN PINNACLES NM/ SALINAS VALLEY/HOLLISTER AREA

	INSIDE PARK	OUTSIDE PARK
HOTELS, MOTELS, CABINS, B&B, etc.		\$_____
CAMPING FEES AND CHARGES		\$_____
GUIDE FEES AND CHARGES		\$_____
RESTAURANTS AND BARS		\$_____
GROCERIES AND TAKE OUT FOOD		\$_____
GAS AND OIL (auto, RV, 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) _____

26. The bookstores at Pinnacles NM visitor centers currently sell publications and other sales items. On a future visit, what bookstore sales items would you like to have available for purchase? Please check () **all** that apply.

- NONE → **Go on to Question 27**
- MORE PUBLICATIONS MULTI-LINGUAL ITEMS
- VIDEOS CDs/DVDs
- OTHER (Please specify: _____)

27. If you were a manager planning for the future of Pinnacles National Monument what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Pinnacles National Monument?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at Pinnacles National Monument during this visit? 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
College of Natural Resources
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Moscow, Idaho 83844-1133**