Pinnacles
National Monument

Visitor Study
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.
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.

   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.

   This visit (✓)                                             Past visits (✓)

   ______ BEAR GULCH VISITOR CENTER                          ______
   ______ BEAR GULCH PICNIC AREA                              ______
   ______ BEAR GULCH CAVES                                   ______
   ______ BEAR GULCH RESERVOIR                               ______
   ______ NORTH CHALONE PEAK                                 ______
   ______ CHALONE CREEK PICNIC AREA                          ______
   ______ CHAPARRAL CONTACT STATION                          ______
   ______ CHAPARRAL PICNIC AREA                              ______
   ______ BALCONIES CAVES                                   ______
   ______ CENTRAL HIGH PEAKS                                 ______
   ______ BACKCOUNTRY—OFF TRAIL                             ______
   ______ OTHER (Please describe: _____________________________)
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.

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

Please go on to the next page ➔
12. a) Please check (√) the visitor services and facilities that you or your group used during this visit to Pinnacles National Monument.

b) Next, for only those services and facilities that you or your group used, please rate their importance from 1-5.

c) Finally, for only those services and facilities that you or your group used, please rate their quality from 1-5.

<table>
<thead>
<tr>
<th>Use service/facility in Pinnacles NM?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (√)</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>Very poor</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>Good</td>
</tr>
</tbody>
</table>

_____ DIRECTIONAL ROAD SIGNS
_____ ROADS
_____ PARKING LOTS
_____ PULL OUTS
_____ RESTROOMS
_____ PICNIC AREAS
_____ ACCESS FOR DISABLED PERSONS
_____ PUBLIC TELEPHONE
_____ TRAILS
_____ SIGNS ON TRAILS
_____ ACCESS TO POTABLE DRINKING WATER

13. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check (√) only one.

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

14. On this visit to Pinnacles NM, were you and your personal group

WITH A GUIDED TOUR GROUP? _____ YES _____ NO
WITH AN EDUCATION/SCHOOL GROUP? _____ YES _____ NO
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:

<table>
<thead>
<tr>
<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) past 12 months</th>
<th>2 to 5 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
</tbody>
</table>

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 ➔
9. a) On this visit to Pinnacles NM, 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 20
   ____ 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 20

c) If YES, what were the problems?

   ____________________________________________

20. At some point in the future, vehicle congestion at Pinnacles NM may reach a point where the number of passenger vehicles must be limited. Please rank the following potential alternatives for limiting the number of vehicles.

   RANK (1, 2, 3, 4, 5)

   ____ FIRST-COME, FIRST-SERVED UNTIL A DAILY LIMIT IS REACHED
   ____ USE A RESERVATION SYSTEM
   ____ USE A FREE SHUTTLE SYSTEM
   ____ USE A PAY-TO-RIDE SHUTTLE SYSTEM (charge a modest fee to ride)
   ____ OTHER (Please specify: ____________________________)

21. In your opinion, what is the National Park Service’s mission at Pinnacles National Monument?

   ____________________________________________
   ____________________________________________
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.

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

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.

<table>
<thead>
<tr>
<th>This visit (✓)</th>
<th>Past visits (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ THE BALCONIES</td>
<td>___</td>
</tr>
<tr>
<td>___ HIGH PEAKS (including The Anvil area)</td>
<td>___</td>
</tr>
<tr>
<td>___ CONDOR GULCH</td>
<td>___</td>
</tr>
<tr>
<td>___ MACHETE RIDGE</td>
<td>___</td>
</tr>
<tr>
<td>___ BEAR GULCH</td>
<td>___</td>
</tr>
<tr>
<td>___ MARMOT AND YAKS AREA</td>
<td>___</td>
</tr>
<tr>
<td>___ CITADEL</td>
<td>___</td>
</tr>
<tr>
<td>___ JUNIPER CANYON</td>
<td>___</td>
</tr>
<tr>
<td>___ RESEVOIR</td>
<td>___</td>
</tr>
<tr>
<td>___ OTHER (Please describe: _________________________)</td>
<td>___</td>
</tr>
</tbody>
</table>

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 Salinas Valley/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**

<table>
<thead>
<tr>
<th>INSIDE PARK</th>
<th>OUTSIDE PARK</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>GUIDE 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>$__________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, etc.)</td>
<td>$__________</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) _____
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
P.O. Box 441133
University of Idaho
Moscow, Idaho 83844-1133