



National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Catoctin Mountain Park Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Catoctin Mountain Park  
6602 Foxville Road  
Thurmont, Maryland 21788

IN REPLY REFER TO:

August 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 Catoctin Mountain Park. This will assist us in our efforts to better manage this park 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 the questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS 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](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

J. M. Poole  
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 stickers 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 20 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 CATOCTIN MOUNTAIN PARK

1. Prior to this visit, were you aware that Catoctin Mountain (Mt.) Park is managed as a unit of the National Park System (NPS)?
 

YES                       NO                       NOT SURE
  
2. Prior to this visit, how did you and your group obtain information about Catoctin Mountain Park? Please check ( ) **all** that apply.
 

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

PREVIOUS VISIT(S)

WORD OF MOUTH/FRIENDS/RELATIVES

TRAVEL GUIDE/TOUR BOOK/MAPS/BROCHURES

TELEPHONE/WRITTEN INQUIRY TO PARK

TELEVISION/RADIO PROGRAMS

NEWSPAPER/MAGAZINE ARTICLES

SCHOOL PROGRAM THAT CHILD ATTENDED

OFFICIAL NPS INTERNET/WEB SITE: <[www.nps.gov/cato/](http://www.nps.gov/cato/)>

CHAMBER OF COMMERCE/VISITOR BUREAU/LOCAL BUSINESSES

OTHER (Please specify: \_\_\_\_\_)
  
3. On this visit, what forms of transportation did you and your group use to arrive at and visit Catoctin Mountain Park? Please check ( ) **all** that apply.
 

PERSONAL OR RENTAL VEHICLE (including car, truck, van, RV, motorcycle)

FOOT

BICYCLE

COMMERCIAL VAN (up to 15 passengers)

SMALL COMMERCIAL BUS (up to 20 passengers)

COMMERCIAL BUS (more than 20 passengers)

AIRPLANE (Please specify which airport: \_\_\_\_\_)

OTHER (Please specify: \_\_\_\_\_)

4. On this trip, how much time did you and your group spend in Catoctin Mt. Park? (Please list partial hours or days, e.g. 6-1/2 hours; 1-3/4 days).

If less than 24 hours \_\_\_\_\_ NUMBER OF HOURS

If 24 hours or more \_\_\_\_\_ NUMBER OF DAYS

5. a) On this trip, in what activities did you and your group participate at Catoctin Mountain Park? Please check ( ) **all** that apply.

b) On past trips, in what activities did you and your group participate at Catoctin Mountain Park? Please check ( ) **all** that apply. If you have not visited in the past, please go on to Question 6.

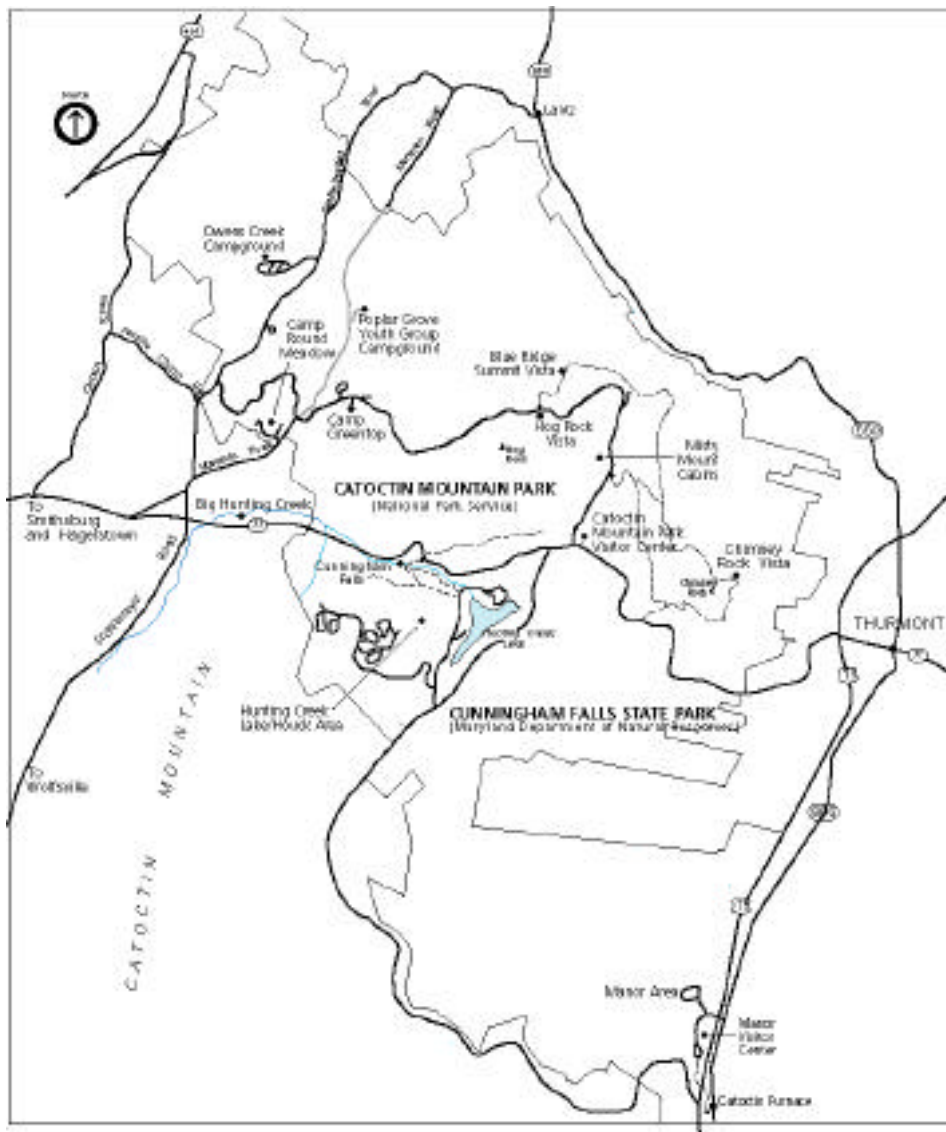
On this trip ( ) \_\_\_\_\_ On past trips ( ) \_\_\_\_\_

- \_\_\_\_\_ VIEWING WILDLIFE AND SCENERY \_\_\_\_\_
- \_\_\_\_\_ DRIVING THROUGH \_\_\_\_\_
- \_\_\_\_\_ HIKING (up to 1 hour) \_\_\_\_\_
- \_\_\_\_\_ HIKING (1 hour or more) \_\_\_\_\_
- \_\_\_\_\_ WALKING DOGS \_\_\_\_\_
- \_\_\_\_\_ PICNICKING \_\_\_\_\_
- \_\_\_\_\_ CAMPING \_\_\_\_\_
- \_\_\_\_\_ FISHING \_\_\_\_\_
- \_\_\_\_\_ GATHERING BERRIES/MUSHROOMS \_\_\_\_\_
- \_\_\_\_\_ PHOTOGRAPHY \_\_\_\_\_
- \_\_\_\_\_ ROCK SCRAMBLING/CLIMBING \_\_\_\_\_
- \_\_\_\_\_ HORSEBACK RIDING \_\_\_\_\_
- \_\_\_\_\_ VISITING CULTURAL/HISTORIC SITES \_\_\_\_\_
- \_\_\_\_\_ CROSSCOUNTRY SKIING \_\_\_\_\_
- \_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_) \_\_\_\_\_

Please go on to the next page ➡

6. On this visit, which of the following places in Catoctin Mountain Park and Cunningham Falls State Park did you and your group visit? Please check ( ) **all** that apply. Use the map below to help you locate the places visited. If you did not visit a site, please leave the line blank.

- \_\_\_\_\_ CATOCTIN MOUNTAIN PARK VISITOR CENTER  
 \_\_\_\_\_ POPLAR GROVE YOUTH GROUP CAMPGROUND  
 \_\_\_\_\_ CAMP GREENTOP \_\_\_\_\_ OWENS CREEK CAMPGROUND  
 \_\_\_\_\_ CAMP ROUND MEADOW \_\_\_\_\_ CAMP MISTY MOUNT  
 \_\_\_\_\_ CHIMNEY ROCK VISTA \_\_\_\_\_ BLUE RIDGE SUMMIT VISTA  
 \_\_\_\_\_ HOG ROCK VISTA \_\_\_\_\_ BIG HUNTING CREEK  
 \_\_\_\_\_ CUNNINGHAM FALLS \_\_\_\_\_ HUNTING CREEK LAKE/HOUCK AREA  
 \_\_\_\_\_ MANOR AREA



7. a) On this trip to Catoctin Mountain Park, did you and your group stay overnight inside and/or outside the park (within 50 miles)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO      ➔ **Go on to Question 8**



b) Please list the number of nights you and your group stayed inside and/or outside the park (within 50 miles).

NUMBER OF NIGHTS SPENT **INSIDE** CATOCTIN MT. PARK \_\_\_\_\_

NUMBER OF NIGHTS SPENT **OUTSIDE** CATOCTIN MT. PARK \_\_\_\_\_

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

**(√) Inside park** \_\_\_\_\_ **Outside park-within 50 miles ( ) (√)**

\_\_\_\_\_ ORGANIZED GROUP CAMP \_\_\_\_\_

\_\_\_\_\_ CAMPGROUND/TRAILER PARK \_\_\_\_\_

\_\_\_\_\_ BACKCOUNTRY CAMPSITE \_\_\_\_\_

\_\_\_\_\_ LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B \_\_\_\_\_

PERSONAL SEASONAL RESIDENCE \_\_\_\_\_

RESIDENCE OF FRIENDS OR RELATIVES \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

(Please specify: \_\_\_\_\_)

d) What community within 50 miles did you use for support services (such as groceries, ice, gas, etc.) during your stay in the park/area? Please check ( ) **all** that apply.

\_\_\_\_\_ THURMONT                      \_\_\_\_\_ HAGERSTOWN

\_\_\_\_\_ SMITHSBURG                      \_\_\_\_\_ EMMITSBURG

\_\_\_\_\_ FREDERICK                      \_\_\_\_\_ GETTYSBURG

\_\_\_\_\_ OTHER (Please describe \_\_\_\_\_)

e) During your stay, were there any services that you and your group wanted to use, but were not able to obtain in the town(s) above?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO      ➔ **Go on to Question 8**



f) If YES, what were they? \_\_\_\_\_

**Please go on to the next page ➔**

7. g) In your opinion, does Catoctin Mountain Park offer enough evening programs/activities for overnight users?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE/NO OPINION



**Go on to Question 8**

- h) If NO, what types of evening programs/activities would you and your group prefer to attend on a future visit? Please be specific.

\_\_\_\_\_

\_\_\_\_\_

8. What was the **primary** reason you and your group made this trip to this area? Please check ( ) only **one**.

\_\_\_\_\_ VISIT CATOCTIN MOUNTAIN PARK

\_\_\_\_\_ VISIT OTHER ATTRACTIONS IN THE AREA

\_\_\_\_\_ VISIT FRIENDS OR RELATIVES IN THE AREA

\_\_\_\_\_ BUSINESS OR OTHER REASONS

9. 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 \_\_\_\_\_)

10. During your stay in the area, how many times did you and your group enter Catoctin Mountain Park?

\_\_\_\_\_ NUMBER OF TIMES ENTERED

\_\_\_\_\_ DON'T KNOW

11. On this visit, how many people were in your **personal** group (not tour/school group), including yourself?

\_\_\_\_\_ NUMBER OF PEOPLE

12. On this visit, were you and your personal group part of a family reunion, church, school or other organized group?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

13. What **one** language do you and members of your group prefer to speak and write?

\_\_\_\_\_



14. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Catoctin Mountain Park?

YES                       NO                      ➔ **Go on to Question 15**



b) If yes, what kind of disability/impairment? 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 15**



d) If YES, what were the problems? \_\_\_\_\_

15. For you and 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 to Catoctin Mountain Park (including this visit) past 12 months    lifetime	
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

Please go on to the next page    ➔

16. 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 completed. Please check ( ) **only one** for each person.

	<b>Highest level of education</b>				
	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	_____	_____	_____	_____	_____

17. Are you Hispanic or Latino?

\_\_\_\_\_ YES - HISPANIC OR LATINO

\_\_\_\_\_ NO - NOT HISPANIC OR LATINO

18. Which of these categories best indicates your race? Please check ( ) **all** that apply.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE

\_\_\_\_\_ ASIAN

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN

\_\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\_\_\_\_\_ WHITE

\_\_\_\_\_ DO NOT WISH TO ANSWER

19. On this visit to Catoctin Mountain Park, please indicate how the following elements may have affected your park experience. Please check ( ) **one** for each element.

Affect your park experience?	Added to	No effect	Detracted from
UNNATURAL NOISE (construction, motorized vehicles, generators, etc.)	_____	_____	_____
LARGE GROUPS	_____	_____	_____
BUS TRAFFIC (noise, parking, exhaust, etc.)	_____	_____	_____
PARKING AVAILABILITY	_____	_____	_____
OTHER VISITORS' PETS	_____	_____	_____
PARK NIGHT LIGHTING (effect on viewing night skies)	_____	_____	_____
AIRCRAFT OVERFLIGHTS	_____	_____	_____
CLOSED/RESTRICTED AREAS	_____	_____	_____
AIR QUALITY (vista clarity, health effects, ozone)	_____	_____	_____

20. Please rate how appropriate you feel the following activities are in Catoctin Mt. Park. Use the following scale (from 1 to 4 or "don't know") to rate each activity. Please circle **one** answer for each activity.

Activity	How appropriate in Catoctin Mt. Park?				
	Always	Usually	Sometimes	Never	No opinion/ Don't know
VISITORS COLLECTING MUSHROOMS	1	2	3	4	DK
VISITORS GATHERING BERRIES	1	2	3	4	DK
REMOVAL OF NON-NATIVE PLANT SPECIES (Japanese barberry, rose, stiltgrass, etc.)	1	2	3	4	DK
CONTROL OF WHITE-TAILED DEER POPULATION	1	2	3	4	DK
BICYCLING ON ROAD	1	2	3	4	DK
BICYCLING OFF ROAD	1	2	3	4	DK
FISHING—CATCH AND KEEP	1	2	3	4	DK
FISHING—CATCH AND RELEASE	1	2	3	4	DK

Please go on to the next page ➡

21. For each of the following elements of Catoctin Mountain Park, please rate its importance (from 1 to 5) in planning for the preservation of the park for future generations. Please circle **one** answer for each element.

Element	How important?					
	Not Important		Moderately important		Extremely important	Don't know/ no opinion
VIEWING DEER	1	2	3	4	5	DK
VIEWING BIRDS	1	2	3	4	5	DK
VIEWING OTHER NATIVE ANIMALS	1	2	3	4	5	DK
VIEWING NATIVE PLANTS/FOREST	1	2	3	4	5	DK
VIEWING NIGHT SKY	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
NATURAL QUIET/SOUNDS OF NATURE	1	2	3	4	5	DK
VEWS WITHOUT DEVELOPMENT	1	2	3	4	5	DK
CULTURAL LANDSCAPE/ HISTORIC STRUCTURES	1	2	3	4	5	DK

22. a) For the questions below, please indicate from 1 to 5 how safe you and your group felt from crime and accidents during this visit to Catoctin Mt. Park? Please circle **one** answer for each question.

Safety issue	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
--------------	-------------	-----------------	------------	---------------	-----------

**How safe did you feel in Catoctin Mt. Park?**

PERSONAL PROPERTY—from crime	1	2	3	4	5
PERSONAL SAFETY—from crime	1	2	3	4	5
PERSONAL SAFETY—from accidents	1	2	3	4	5

b) If you marked that you felt unsafe (if you circled 1 or 2) on any of the above questions, please explain why:

\_\_\_\_\_

\_\_\_\_\_

c) In preparing for this trip, what safety measures did you and your group take? Please be specific.

\_\_\_\_\_

\_\_\_\_\_

23. For the questions below, please indicate from 1 to 5 how safe you and your group feel from crime and accidents in the town/city closest to your home. Please circle **one** answer for each question.

Safety issue	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
<b>How safe do you feel in your home town/city?</b>					
PERSONAL PROPERTY—from crime	1	2	3	4	5
PERSONAL SAFETY—from crime	1	2	3	4	5
PERSONAL SAFETY—from accidents	1	2	3	4	5

24. During this visit to Catoctin Mountain Park, please report all expenditures by you and/or your group members for the items listed below.

- a) Please list your group's total expenditures inside Catoctin Mountain Park.
- b) Please list your group's total expenditures within a 50-mile drive of the park.

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

**Expenditures within 50-mile drive of park**  
**inside park                      outside park**

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) \_\_\_\_\_

**Please go on to the next page      ➡**

25. a) On a future visit, for which of the following audiences would you like to have ranger programs presented at Catoctin Mountain Park? Please prioritize (list 1, 2, 3, etc.) the audiences for which you would like to have programs presented. If you are not interested in ranger programs, please check "none."

\_\_\_\_\_ NONE → **Go on to Question 26**

\_\_\_\_\_ ALL FAMILY MEMBERS

\_\_\_\_\_ ADULTS

\_\_\_\_\_ CHILDREN ONLY

\_\_\_\_\_ SENIORS ONLY

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

- b) For these programs, what length of program would you and your group most prefer? Please check **one**.

\_\_\_\_\_ UNDER 1/2 HOUR

\_\_\_\_\_ 1/2 - 1 HOUR

\_\_\_\_\_ 1 - 2 HOURS

- c) What time of day is best to hold programs? Please circle your **one** preferred time period.

MORNING (9 a.m. to Noon)

Afternoon (1-4 p.m.)

Evening (6-9 p.m.)

- d) What day(s) of the week is(are) best to hold programs? Please circle **all** that apply.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

26. On a future visit, what subjects would you and your group be most interested in learning about at Catoctin Mountain Park? Please check ( ) **all** that apply.

\_\_\_\_\_ NONE → **Go on to Question 27**

\_\_\_\_\_ NATURAL HISTORY/ECOLOGY

\_\_\_\_\_ GEOLOGY

HISTORY:

\_\_\_\_\_ NATIVE AMERICAN CULTURE

\_\_\_\_\_ EUROPEAN SETTLEMENTS/EARLY INDUSTRIES

\_\_\_\_\_ AFRICAN AMERICAN HISTORY/UNDERGROUND RAILROAD

\_\_\_\_\_ NEW DEAL ERA (WPA, CCC)

\_\_\_\_\_ WORLD WAR II

\_\_\_\_\_ WOMEN'S HISTORY

\_\_\_\_\_ RECREATIONAL OPPORTUNITIES

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

27. On a future visit, how would you and your group prefer to learn about Catoctin Mt. Park? Please check ( ) **all** that apply.

- NOT INTERESTED IN LEARNING ABOUT PARK → **Go on to Question 28**
- VISITOR CENTER OR INFORMATION STATION
- VISITOR CENTER EXHIBITS
- PARK ORIENTATION PROGRAM
- OTHER AUDIOVISUAL PROGRAMS (videos, movies, slide shows, etc.)
- PRINTED MATERIALS (brochures, books, maps, etc.)
- EDUCATIONAL PROGRAMS ON INTERACTIVE COMPUTER
- INTERNET/WEB SITE
- TRAILSIDE EXHIBITS
- RANGER-LED TALKS/ACTIVITIES
- RANGERS ON TRAILS
- JUNIOR RANGER OPPORTUNITIES
- VOLUNTEER OPPORTUNITIES
- OTHER (Please specify: \_\_\_\_\_)

28. Is there anything else you and your group would like to tell us about your visit to Catoctin Mountain Park?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Overall, how would you rate the quality of the visitor services provided to you and your group at Catoctin Mt. 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 stickers provided and drop it in any U.S. mailbox.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441133  
Moscow, Idaho 83844-1133**