Capulin Volcano National Monument
Visitor Study
IN REPLY
REFER TO:

July, 2003

Dear Visitor:

Thank you for participating in this study to learn about the expectations, opinions, and interests of visitors to Capulin Volcano National Monument. This information will help us better manage this site and better serve you, the visitor.

This questionnaire is given to a select number of visitors, so your participation is very important! It should only take a few minutes to complete.

When your visit is over, please fill out 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, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Margaret A. Johnston
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.
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 CAPULIN VOLCANO NATIONAL MONUMENT

1. a) Prior to your visit, how did you and your group obtain information about Capulin Volcano National Monument? Please check (√) all that apply in the left column below.

_____ Obtained no information prior to visit ▶ Go on to Part (b) of this Question

b) Prior to future visits to Capulin Volcano National Monument, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (√) all that apply in the right column below.

a) Prior to this visit? (✓)

_____ Previous visit(s)                             □

_____ Friends/relatives/word of mouth              □

_____ Travel guide/tour book                       □

_____ Maps/brochures                               □

_____ State welcome center/chamber of commerce    □

_____ Internet—national park service web site:
www.nps.gov/cavo/                                   □

_____ Other internet web site                      □

_____ Telephone/written/e-mail inquiry to monument □

_____ Newspaper/magazine articles                  □

_____ Television/radio/video programs             □

_____ Other national park site                     □

_____ Other (Please specify: ______________________) □

c) From the sources you used prior to this visit, did you and your group receive the type of information about the monument that you needed?

_____ No                                            □

_____ Yes ▶ Go on to Question 2

d) If NO, what additional information did you and your group need? Please be specific. ____________________________________________________________

2. On this visit, how much time did you and your group spend at Capulin Volcano National Monument?

_____ Number of hours (Please list partial hours as 1/4, 1/2, 3/4)
3. On this trip, what was the primary reason that you and your group visited the Capulin Volcano National Monument area (within a 1-hour drive)? Please check (√) only one.

- □ VISIT CAPULIN VOLCANO NATIONAL MONUMENT
- □ VISIT OTHER ATTRACTIONS IN THE AREA
- □ VISIT FRIENDS/RELATIVES IN THE AREA
- □ TRAVELING THROUGH THE AREA
- □ BUSINESS OR OTHER REASONS

4. How did this visit to Capulin Volcano National Monument fit into your travel plans? Please check (√) only one.

- □ CAPULIN VOLCANO NATIONAL MONUMENT WAS PRIMARY DESTINATION
- □ CAPULIN VOLCANO NATIONAL MONUMENT WAS ONE OF SEVERAL DESTINATIONS
- □ CAPULIN VOLCANO NATIONAL MONUMENT WAS NOT A PLANNED DESTINATION

5. On this visit, what were your reasons for visiting Capulin Volcano National Monument? Please check (√) all that apply.

- □ SEE VIEW FROM TOP OF VOLCANO
- □ DRIVE ROAD TO TOP OF VOLCANO
- □ ATTEND INFORMATIONAL/INTERPRETIVE PROGRAMS
- □ LEARN GEOLOGY (including vulcanology)
- □ ENJOY SCENIC BEAUTY
- □ USE RESTROOMS
- □ HIKE A TRAIL
- □ PICNIC
- □ OTHER (Please specify: ____________________________)

6. For this visit to Capulin Volcano NM, please provide the following information for you and your group.

FIRST ARRIVAL TIME AT PARK

- □ 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

Please go on to the next page ➔
7. On this visit, which of the following sites at Capulin Volcano National Monument did you and your group visit? Please check (v) all that apply.

- [ ] VISITOR CENTER
- [ ] VISITOR CENTER NATURE TRAIL
- [ ] CRATER PARKING LOT
- [ ] CRATER RIM TRAIL
- [ ] CRATER VENT TRAIL
- [ ] LAVA FLOW TRAIL
- [ ] PICNIC AREA
- [ ] OTHER (Please specify: _____________________________)

8. a) On this trip, in what activities did you and your group participate while at Capulin Volcano National Monument? Please check (v) all that apply in the column on the left.

b) On past visits, in what activities did you and your group participate while at Capulin Volcano National Monument? Please check (v) all that apply in the column on the right. If you have not visited before, please go on to Question 9.

<table>
<thead>
<tr>
<th>On this visit (v)</th>
<th>On past visits (v)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] ENJOYING SCENERY/SIGHTSEEING</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] WATCHING VISITOR CENTER MOVIE</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] VIEWING VISITOR CENTER EXHIBITS</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] ATTENDING RANGER GEOLOGY TALK</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] COMPLETE JUNIOR RANGER ACTIVITIES</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] NATURE STUDY (INCLUDING BIRDWATCHING)</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] STUDY GEOLOGY/VULCANOLOGY</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] DRIVING TO VOLCANO SUMMIT</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] SHOPPING AT VISITOR CENTER BOOKSTORE</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] PHOTOGRAPHY</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] PICNICKING</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] WALKING/HIKING ON TRAILS</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] ENJOYING SOLITUDE</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] OTHER (Please specify: _____________________________)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
9. a) On this trip, did you and your group stay overnight away from home within a 1-hour drive of Capulin Volcano National Monument?

   _____ YES   _____ NO  ➔ Go on to Question 10

b) Please list the number of nights you and your group stayed.

   NUMBER OF NIGHTS STAYED (within 1-hour drive) _____

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

   OUTSIDE MONUMENT (√)
   LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B _____
   CAMPGROUND/TRAILER PARK _____
   PERSONAL SEASONAL RESIDENCE _____
   RESIDENCE OF FRIENDS OR RELATIVES _____
   OTHER _____
   (Please specify: ____________________________) _____

d) During your Capulin Volcano National Monument stay in the area, how many times did you and your group enter the monument?

   NUMBER OF TIMES YOU ENTERED THE MONUMENT _____

10. a) On this trip, where did you and your group spend the night before you arrived at Capulin Volcano National Monument?

   TOWN/CITY___________________________________ STATE__________

b) On this trip, where did you and your group spend the night after leaving Capulin Volcano National Monument?

   TOWN/CITY___________________________________ STATE__________

   Please go on to the next page ➔
11. a) Please check (✓) all of the visitor services and facilities that you or your group used during this trip to Capulin Volcano 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?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>Check (✓)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>MONUMENT BROCHURE/MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER MONUMENT BROCHURES (besides brochure/map above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSISTANCE FROM PARK STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGER-LED TALKS/WALKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUNIOR RANGER PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SELF-GUIDED TRAIL SIGNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER BOOKS/SALES ITEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER VIDEO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTIONAL ROAD SIGNS (outside monument)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICNIC AREA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARKING</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. 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: ____________________________)

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

   ____ NUMBER OF PEOPLE

   b) For this visit, please list the number of vehicles in which you and your group arrived.

   ____ NUMBER OF VEHICLES

14. 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 Capulin Volcano during your lifetime (including this visit)</th>
</tr>
</thead>
<tbody>
<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>
<td>____</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>____ ___________________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>____ ___________________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>____ ___________________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>____ ___________________________</td>
<td>____</td>
</tr>
</tbody>
</table>

Please go on to the next page ➔
15. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Capulin Volcano National Monument?

_____ YES  _____ NO  → Go on to Question 16

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

_____ HEARING  _____ VISUAL

_____ MOBILITY  _____ LEARNING

_____ MENTAL

_____ OTHER (Please describe:___________________________________________________________)

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

_____ YES  _____ NO  → Go on to Question 16

d) If YES, what were the problems?

____________________________________________________________________________________

16. In your opinion, how appropriate is the amount of the entrance fee for Capulin Volcano National Monument?

_____ TOO LOW  _____ ABOUT RIGHT  _____ TOO HIGH

17. a) Please use the scale below to rate (from 1 to 5) how crowded you and your group felt during this visit to Capulin Volcano National Monument. Please circle only one.

<table>
<thead>
<tr>
<th>Not at all crowded</th>
<th>Somewhat uncrowded</th>
<th>No opinion</th>
<th>Somewhat crowded</th>
<th>Extremely crowded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

b) If you answered the above question by circling 4 or 5, where in the monument did you feel crowded? Please be as specific as possible.

____________________________________________________________________________________
18. On this visit to Capulin Volcano National Monument, 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 experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARK DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(buildings, roads, housing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIEW OF SURROUNDING AREA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIR QUALITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please specify:____________________________________________________)

19. a) On this visit to Capulin Volcano National Monument, did you and your group experience any parking problems?

   _____ YES       _____ NO  ➔ **Go on to Question 20**

   b) If YES, where were the problems? ________________________________

   c) What parking problems did you encounter? _________________________

20. a) During this visit to Capulin Volcano National Monument, 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 21**

   b) If YES, what was it you expected to see or do? ____________________

   c) What prevented you from seeing or doing what you expected to?

   ________________________________________________________________

   **Please go on to the next page ➔**
21. It is the National Park Service’s responsibility to protect Capulin Volcano National Monument's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/qualities in the monument to you? Please circle one response for each resource.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCENIC VIEWS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATURAL SETTING</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>WILDLIFE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATIVE PLANTS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>SOUNDS OF NATURE/NATURAL QUIET</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>SOLITUDE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

22. a) How important to your visit was being able to drive to the top of Capulin Volcano? Please circle one answer.

b) How important was your visit to Capulin Volcano National Monument to your understanding of volcanic geology? Please circle one answer.
23. For you and your group, please report all expenditures for the items listed below for this visit to Capulin Volcano National Monument and the **surrounding area** within a 1-hour drive. Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Capulin Volcano National Monument.

b) Please list your group's total expenditures in the **surrounding area** outside the monument, but within a 1-hour drive.

Surrounding area residents should only include expenditures that were **directly related** to this visit to the monument.

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Inside monument</th>
<th>In surrounding area outside monument</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>GUIDE FEES AND CHARGES</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>GROCERIES AND TAKE OUT FOOD</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>(rental cars, auto repairs, taxies, but not including airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION,</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>ENTERTAINMENT FEES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs,</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>books, sporting goods, clothing,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ➔
24. On a future visit to Capulin Volcano National Monument, how would you and your group prefer to learn about the cultural and natural history of the monument? Please check (√) all that apply.

   ______ NOT INTERESTED IN LEARNING ABOUT MONUMENT ➔ Go on to Question 25
   ______ PRINTED MATERIALS (books, brochures, maps, etc.)
   ______ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)
   ______ RANGER-GUIDED WALKS/TOURS
   ______ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS
   ______ CHILDREN'S PROGRAMS
   ______ INDOOR EXHIBITS
   ______ ROADSIDE EXHIBITS
   ______ TRAILSIDE EXHIBITS
   ______ OTHER (Please specify: ___________________________________________)

25. a) During this visit to Capulin Volcano National Monument, did you and your group learn about the following topics? Please check (√) yes or no for each topic.

   b) Next, whether or not you checked yes or no for this visit, please check (√) if you are interested in learning about each topic during a future visit to Capulin Volcano National Monument.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Learn on this visit?</th>
<th>√ Yes</th>
<th>√ No</th>
<th>√ Interested on future visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEOLOGY/VOLCANOES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISTORY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLANTS/ANIMALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please specify:______________________________________________________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. a) What did you like most about your visit to Capulin Volcano National Monument?

   ________________________________________________________________
   ________________________________________________________________
b) What did you like **least** about your visit to Capulin Volcano National Monument?

________________________________________________________________________

________________________________________________________________________

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

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

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29. Overall, how would you rate the quality of the visitor services provided to you and your group at Capulin Volcano National Monument 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.

 Printed on recycled paper
OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
College of Natural Resources
University of Idaho
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Moscow, Idaho 83844-1133