Oregon Caves
National Monument
Visitor Study
July, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Oregon Caves 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 stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, 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,

Craig W. Ackerman
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 OREGON CAVES NATIONAL MONUMENT

1. Prior to your visit, were you and your group aware that Oregon Caves National Monument (NM) is a unit of the National Park System?
   ______ YES    ______ NO    ______ NOT SURE

2. a) **Prior to this trip**, how did you and your group obtain information about Oregon Caves NM? Please check (√) all that apply.
   ______ RECEIVED NO INFORMATION PRIOR TO VISIT ➔ Go on to Question 3
   ______ LIVE IN THE LOCAL AREA
   ______ PREVIOUS VISIT(S)
   ______ FRIENDS/RELATIVES/WORD OF MOUTH
   ______ ILLINOIS VALLEY VISITOR CENTER
   ______ OREGON STATE WELCOME CENTER
   ______ TRAVEL GUIDE/TOUR BOOK
   ______ MAPS/BROCHURES
   ______ WRITTEN/TELEPHONE INQUIRY TO PARK
   ______ NEWSPAPER/MAGAZINE ARTICLES
   ______ INTERNET—OREGON CAVES NM HOME PAGE: www.nps.gov/orca/
   ______ INTERNET—OTHER WEB SITE
   ______ CHAMBER OF COMMERCE/VISITOR BUREAU
   ______ HIGHWAY SIGNS
   ______ TRAVEL AGENT
   ______ OTHER (Please specify: ________________________________)

   b) From the sources check above, did you and your group receive the information about Oregon Caves NM that you needed?
      ______ NO     ______ YES ➔ Go on to Question 3

   c) If NO, what information did you need that was not available? __________________
      __________________________________________________________________________
3. Oregon Caves NM is a small site that does not appear on all maps. Prior to your visit, were you able to locate Oregon Caves NM on a map?

_____ YES  _____ NO  _____ DID NOT LOOK AT A MAP

4. a) Prior to your trip to Oregon Caves NM, were you and your group aware of the on-call shuttle from the Illinois Valley Visitor Center?

_____ YES  _____ NO

b) On a future visit, would you and your group use the on-call shuttle to get to the monument?

_____ YES, LIKELY  _____ NO, UNLIKELY  _____ NOT SURE

5. Prior to your visit, what information would you have liked to have regarding height restrictions and the wait for the tour prior to your visit to Oregon Caves National Monument?


6. On this trip, what was the primary reason that you and your group visited southwestern Oregon? Please check (✓) only one.

_____ VISIT OREGON CAVES NATIONAL MONUMENT
_____ VISIT REDWOOD NATIONAL AND STATE PARKS
_____ VISIT CRATER LAKE NATIONAL PARK
_____ VACATION TRAVELS THROUGHOUT SW OREGON
_____ VISIT FRIENDS OR RELATIVES IN THE AREA
_____ BUSINESS OR OTHER REASONS

7. On this trip, in which of the following towns did you and your group stop/visit before arriving at Oregon Caves NM? Please check (✓) all that apply.

_____ ASHLAND  _____ HAPPY CAMP
_____ BROOKINGS  _____ JACKSONVILLE
_____ CRESCENT CITY  _____ MEDFORD
_____ EUREKA  _____ ROSEBURG
_____ GRANTS PASS

Please go on to the next page ➤
8. On this trip, what other Southwest Oregon attractions did you and your group visit or do you plan to visit? Please check (√) all that apply.

- ILLINOIS VALLEY VISITOR CENTER
- OREGON WINERIES
- CRATER LAKE NATIONAL PARK
- OREGON COVERED BRIDGES
- REDWOOD NATIONAL AND STATE PARKS
- OREGON BEACHES
- OTHER (Please specify: ____________________________)

9. On this visit, how much time did you and your group spend in Oregon Caves NM? (Please list partial hours or days, for example 6-1/2 hours and 1-3/4 days).

   NUMBER OF HOURS
   NUMBER OF DAYS

10. On this visit, how much time did you and your group spend in Illinois Valley (including Cave Junction, Selma, Kerby and O’Brien)? (Please list partial hours or days, for example 6-1/2 hours and 1-3/4 days).

    NUMBER OF HOURS
    NUMBER OF DAYS

11. a) On this trip, did you and your group stay overnight away from home within 1 hour of Oregon Caves NM?

   YES           NO  ➔ Go on to Question 12

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

   NUMBER OF NIGHTS AT OREGON CAVE CHATEAU
   NUMBER OF NIGHTS OUTSIDE OREGON CAVES NM (within 1-hour drive)
c) In what type of lodging did you and your group spend the night(s)? Please check (√) all that apply for the area within a 1-hour drive of Oregon Caves NM.

In Oregon Caves NM (✓) within 1-hour drive of Oregon Caves NM (✓)

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

____ CAMPGROUN/D TRAILER PARK

____ BACKCOUNTRY CAMPSITE

____ PERSONAL SEASONAL RESIDENCE

____ RESIDENCE OF FRIENDS OR RELATIVES

____ OTHER (Please specify: ____________________________ )

12. On the list below, please check all of the activities in which you and your group participated at Oregon Caves NM during this visit. Please check (√) all that apply.

____ TAKING CAVE TOUR

____ TAKING SPECIAL TOUR (off-trail tour/candlelight)

____ ATTENDING RANGER TALK

____ VISITING HISTORIC CHATEAU

____ DINING IN CHATEAU

____ TRAIL ACTIVITIES FOR CHILDREN (self-guided booklet)

____ JUNIOR RANGER PROGRAM

____ HIKING

____ CAMPING (USFS campgrounds adjacent to park)

____ PICNICKING

____ VIEWING WILDLIFE/BIRDING

____ OTHER (Please describe: ________________________________ )

Please go on to the next page ➤
13. a) On this trip, did you and your group take the cave tour?
   ____ YES  ____ NO  ➞ Go on to Question 15
   
   b) How long was your wait for the cave tour? ______
   
   c) On a future visit, would you and your group be willing to tolerate a slightly longer wait for the cave tour in order to provide better protection of the cave?
   ____ YES, LIKELY  ____ NO, UNLIKELY  ____ NOT SURE
   
14. a) Was this the first time you and your group have gone on a cave tour at Oregon Caves NM?
   ____ NO  ____ YES  ➞ Go on to Question 15
   
   b) Compared to your last Oregon Caves NM cave tour, did you and your group find THIS cave tour to be:
      
      | INFORMATIVE | More | Less | About the same |
      |-------------|------|------|---------------|
      | ______      |      |      |               |
      | INTERESTING | ______|      |               |
      | ______      |      |      |               |
      | ENJOYABLE   | ______|      |               |
      
15. a) On a future visit, would your and your group use a reservation system to obtain cave tour tickets if it was available?
   ____ YES, LIKELY  ____ NO, UNLIKELY  ____ NOT SURE  ➞ Go on to Question 16
   
   b) Would a reservation system for cave tours have made your trip planning easier?
   ____ YES  ____ NO  ____ NOT SURE
   
   c) Would you be willing to pay an extra $1.90/person (in addition to the cave tour fee) to use the reservation system?
   ____ YES, LIKELY  ____ NO, UNLIKELY  ____ NOT SURE
   
16. Please rate the appropriateness of the current cave tour fees ($7.50/adult, $5/children 16 years and under, Golden Eagle, National Park, Golden Age or Golden Access passes—FREE)
   ____ ABOUT RIGHT  ____ TOO LOW  ____ TOO HIGH
17. a) For this visit, please rate how crowded you and your group felt on the cave tour. Please circle only one answer.

<table>
<thead>
<tr>
<th>Extremely Crowded</th>
<th>Somewhat Crowded</th>
<th>No Opinion</th>
<th>Somewhat Uncrowded</th>
<th>Not at all Crowded</th>
</tr>
</thead>
</table>

b) What do you think is the maximum acceptable number of people on each cave tour group before it becomes too crowded? Please check (√) one of the following:

- [ ] IT WOULD BE ACCEPTABLE TO SEE
- [ ] A MAXIMUM OF _____ PEOPLE.
- [ ] THE NUMBER OF PEOPLE IS IMPORTANT, BUT I CANNOT GIVE A MAXIMUM.
- [ ] IT WOULD NOT MATTER HOW MANY PEOPLE I SAW.

c) If cave tour size has to be reduced to protect cave resources, which of the following options would you prefer? Please check (√) only one.

- [ ] SEEING LESS OF THE CAVE
- [ ] CHARGING HIGHER PRICES FOR LONGER CAVE TOUR
- [ ] OFFERING MORE CANDLELIGHT TOURS
- [ ] OTHER (please specify: __________________________)

18. What would make you and your group stay longer in the Illinois Valley area? Please check (√) all that apply.

- [ ] WOULD NOT STAY LONGER IN AREA ➔ Go on to Question 19
- [ ] TRAILS THAT HAVE A FEATURE (waterfalls, views, big trees, etc.)
- [ ] EVENING PROGRAMS
- [ ] CHILDREN’S PROGRAMS
- [ ] OTHER (please specify: __________________________)

19. In your opinion, what was the most interesting information you learned during your visit to the Oregon Caves NM?

______________________________________________________________________________________________

Please go on to the next page ➔
20. For each of the following attributes of Oregon Caves National Monument, please rate its importance (from 1 to 5, or DK for “don’t know”) in planning for the preservation of the park for future generations. Please circle one answer for each attribute.

<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</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>WILDLIFE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLEAN AIR/ WATER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>HISTORIC BUILDINGS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>OLD GROWTH FOREST</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>RECREATIONAL FACILITIES (camping, trails, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>NATURAL QUIET/ SOUNDS OF NATURE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CAVE FEATURES/ENVIRONMENT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FOSSILS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>SOLITUDE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>EDUCATIONAL PROGRAMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

21. a) In some national parks, the National Park Service follows a prescribed burn policy. This policy involves setting fires under specific weather and fire conditions to reduce the buildup of undergrowth and help prevent catastrophic fires. Prior to this visit to Oregon Caves NM, were you aware of this burn policy?

   _____ YES        _____ NO        _____ NOT SURE

b) Would you and your group be willing to tolerate short periods (up to 2 days) of smoke or reduced visibility during a future visit to Oregon Caves NM?

   _____ YES, LIKELY  _____ NO, UNLIKELY  _____ NOT SURE
22. a) Please (√) check all of the facilities that you and your group **used** during this visit to Oregon Caves National Monument.

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

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

<table>
<thead>
<tr>
<th>Use park facility?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very important 1 2 3 4 5</td>
<td>Very good 1 2 3 4 5</td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARK DIRECTIONAL ROAD SIGNS (outside of park)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILLINOIS VALLEY VISITOR CENTER (visitor center in Cave Junction)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICNIC AREAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIFT SHOPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LODGING AT CHATEAU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DINING ROOM (dinner only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COFFEE SHOP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONUMENT VISITOR CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. a) On this visit did you and your group eat in the coffee shop or dining room?

   _____ YES  _____ NO  ➔ **Go on to Part d of this Question**

b) Please indicate how the following elements may have affected your dining experience. Please check (√) **one** for each element.

<table>
<thead>
<tr>
<th>Affect your dining experience?</th>
<th>Added to</th>
<th>No effect</th>
<th>Detracted from</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOICE OF MENU ITEMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRICE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENGTH OF WAIT (specify: _________)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COFFEE SHOP/DINING ROOM HOURS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please go on to the next page ➔**
c) If you checked "detracted from," please explain. ____________________________________________

__________________________________________________________________________________

d) If you did not eat in the coffee shop/dining room, please explain why not.

__________________________________________________________________________________

__________________________________________________________________________________

24. 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: _____________________________________________)

25. On this visit, were you and your personal group with the following types of groups?
   Tour group  _____ YES  _____ NO
   School/educational group  _____ YES  _____ NO

26. 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

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

<table>
<thead>
<tr>
<th>Current age</th>
<th>U.S. Zip Code or name of country other than U.S.</th>
<th>Number of visits made to this park over 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>
28. 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 received. Please check (✓) only one for each person.

<table>
<thead>
<tr>
<th>Highest level of education (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOME HIGH SCHOOL</td>
</tr>
<tr>
<td>YOURSELF</td>
</tr>
<tr>
<td>ADULT #2</td>
</tr>
<tr>
<td>ADULT #3</td>
</tr>
<tr>
<td>ADULT #4</td>
</tr>
<tr>
<td>ADULT #5</td>
</tr>
<tr>
<td>ADULT #6</td>
</tr>
<tr>
<td>ADULT #7</td>
</tr>
</tbody>
</table>

29. a) What did you and your group like most about your visit to the Oregon Caves NM?

________________________________________________________

________________________________________________________

b) What did you and your group like least about your visit to the Oregon Caves NM?

________________________________________________________

________________________________________________________

30. a) Currently there are no cave tours offered in the winter to protect the bat population. Would you be willing to travel to Oregon Caves NM in the winter to participate in other activities?

YES, LIKELY  NO, UNLIKELY  NOT SURE

b) If YES, in which of the following activities would you be interested?

_____ SNOWSHOE WALKS

_____ CROSS COUNTRY SKIING

_____ WINTER TOUR OF HISTORIC CHATEAU

_____ OTHER (Please specify: _____________________________)

Please go on to the next page ➤
For you and your group, please report all expenditures for the items listed below for this visit to Oregon Caves NM and the Illinois Valley area (including Cave Junction, Selma, Kirby and O'Brien). Please write "0" if no money was spent in a particular category.

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

b) Please list your group's total expenditures in the Illinois Valley area outside the park.

NOTE: Surrounding area residents should only include expenditures that were directly related to this visit to Oregon Caves NM.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Inside Oregon Caves NM</th>
<th>In Illinois Valley area outside park</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>$__________</td>
</tr>
<tr>
<td>(rental cars, auto repairs, taxies, but NOT including airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

NUMBER OF ADULTS (18 years or over) _____
NUMBER OF CHILDREN (under 18 years) _____
32. On a future visit to Oregon Caves NM, what subjects would you and your group like to learn more about? Please check (√) all that apply.

- [ ] GEOLOGY
- [ ] PLANTS
- [ ] OLD GROWTH FOREST
- [ ] CAVE ANIMALS
- [ ] FOREST WILDLIFE
- [ ] PLATE TECTONICS
- [ ] WATER
- [ ] HUMAN HISTORY
- [ ] FOSSILS
- [ ] OTHER (Please specify: ____________________________)

33. If you were a manager planning for the future of the Oregon Caves NM, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

34. Is there anything else you and your group would like to tell us about your visit to Oregon Caves NM?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

35. Overall, how would you rate the quality of the visitor services provided to you and your group at Oregon Caves NM on this visit? 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.