



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

Visitor Services Project

Arches National Park

Visitor Study



OMB Approval 1024- 0224 (NPS #03-045)
Expiration Date: 02/29/2004



United States Department of the Interior

NATIONAL PARK SERVICE
Arches National Park
P.O. Box 907
Moab, Utah 84532-0907

IN REPLY REFER
TO:

August, 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 Arches National Park. 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, 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,

J. Rockford Smith
Superintendent

This visitor study is partially funded by Fee Demonstration Funding and by Canyonlands Natural History Association.

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 ➡

b) Did you visit Arches NP on more than one day on this visit?

YES NO → **Please go to Question 2d**



c) If YES, on how many days did you visit. (Please list partial days, for example: 1-3/4 days).

NUMBER OF DAYS

d) Did you enter the park more than once on the day(s) you visited?

NO YES → e) If YES, how many times did you enter
Arches NP on your visit to the Moab area?



NUMBER OF ENTRIES

3. On this visit to the Moab, Utah area, in what activities did you and your group participate? Please check (✓) **all** that apply.

VISITING CANYONLANDS NP ISLAND IN THE SKY AREA

VISITING CANYONLANDS NP NEEDLES AREA

VISITING DEAD HORSE POINT STATE PARK

VISITING LA SAL MOUNTAINS

VISITING OTHER PUBLIC LANDS/BUREAU OF LAND MANAGEMENT
RECREATION SITES

TAKING SCENIC DRIVES/SIGHTSEEING

4-WHEEL DRIVING

SHOPPING

DINING

CAMPING

MOUNTAIN BIKING

ROAD BIKING

RIVER RUNNING

OTHER (Please describe: _____)

4. On this visit, did you and your group learn about safety issues (such as wearing sunscreen, wearing a hat, carrying water) at Arches NP?

YES NO NOT SURE

Please go on to the next page ➡

5. a) On this visit to Arches NP, did you and your group learn about cryptobiotic crust?

YES NO NOT SURE



- b) If YES, from which of the following sources did you learn about it? Please check (√) **all** that apply.

DO NOT REMEMBER → **Go on to Question 6**

PARK BROCHURE PARK NEWSPAPER

VISITOR CENTER EXHIBITS PARK WEB SITE

PARK SLIDE SHOW TRAIL EXHIBITS

RANGER-LED PROGRAM RANGERS

TRAVELERS INFORMATION RADIO STATION (1610 AM) LOCAL BUSINESSES

MOAB INFORMATION CENTER BICYCLE SHOPS

OTHER (Please specify: _____)

6. On this trip, what was the **primary** reason that you and your group visited the **Moab area (within a 1- hour drive of Moab)**? Please check (√) only **one**.

RESIDENT OF MOAB AREA

VISIT ARCHES NATIONAL PARK

VISIT OTHER ATTRACTIONS IN THE AREA (besides Arches NP) or PARTICIPATE IN ACTIVITIES IN THE AREA/OUTSIDE THE PARK

VISIT FRIENDS/ RELATIVES IN THE AREA

BUSINESS OR OTHER REASONS

7. a) On this visit, in what activities did you and your group participate in Arches NP? Please check (✓) **all** that apply.

- TAKING A SCENIC DRIVE/SIGHTSEEING
- VISITING VISITOR CENTER
- WALKING/ HIKING
- RANGER-GUIDED HIKE THROUGH FIERY FURNACE
- SELF-GUIDED HIKE THROUGH FIERY FURNACE (with permit)
- NATURE STUDY
- VIEWING ROADSIDE EXHIBITS
- CAMPING
- BICYCLING
- PICNICKING
- 4-WHEEL DRIVING
- VIEWING SUNRISE/SUNSET
- PHOTOGRAPHY/PAINTING/DRAWING
- OTHER (Please describe:_____)

8. On this trip, how important were the following features/qualities to you at Arches NP. Please circle **one** response for each feature/quality.

Feature/quality	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/ don't care
VIEWS WITHOUT DEVELOPMENT	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
NIGHT SKIES/ STARGAZING	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
RANGER-GUIDED EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
RECREATIONAL OPPORTUNITIES	1	2	3	4	5	DK

Please go on to the next page ➡

9. a) On this visit, did you and your group go walking/hiking in Arches NP?

_____ YES _____ NO → **Go on to Question 10**



b) If YES, where did you and your group walk/hike? Please check ✓) **all** that apply.

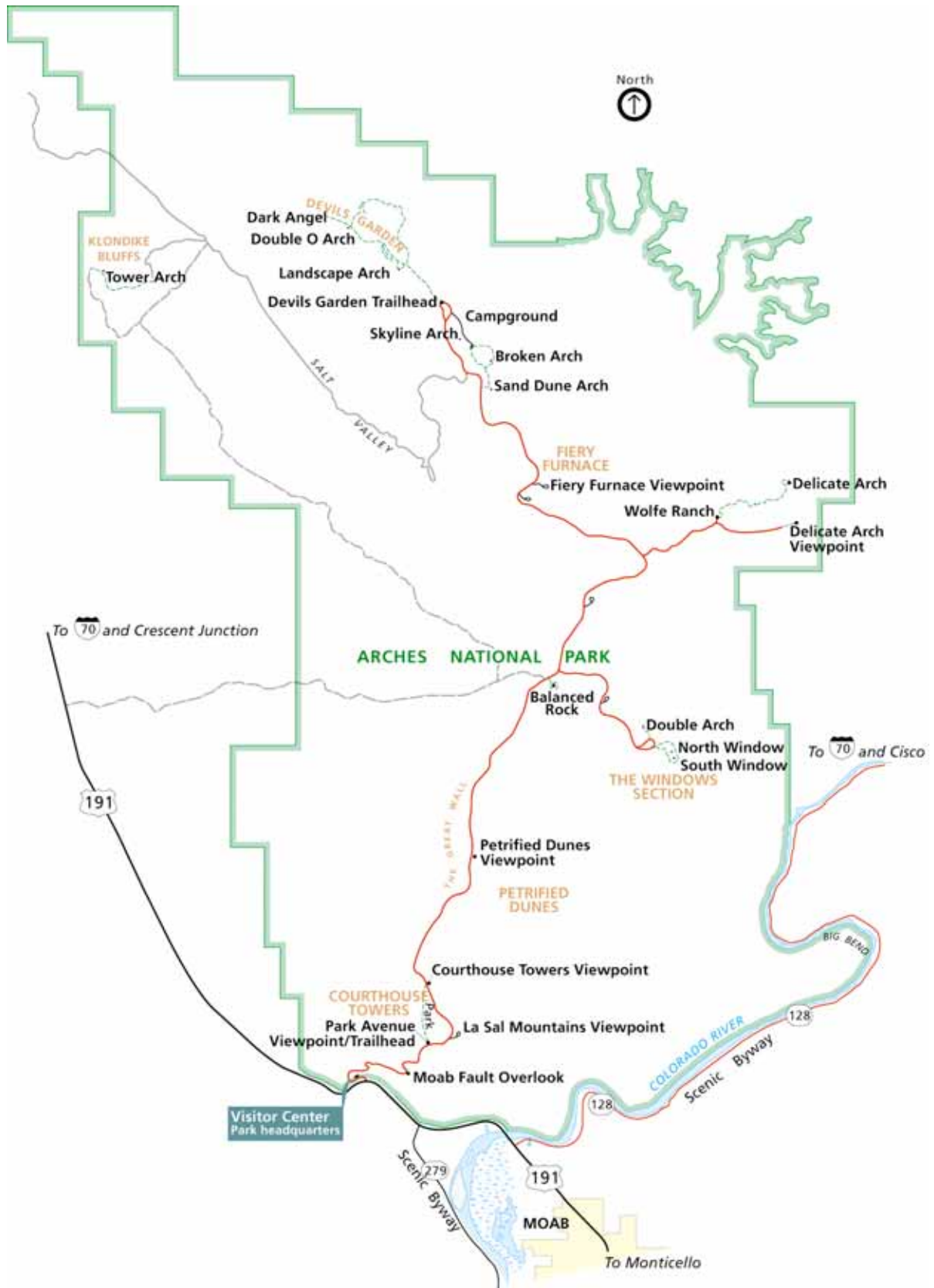
_____ PARK AVENUE	_____ BALANCED ROCK
_____ THE WINDOWS	_____ DOUBLE ARCH
_____ DELICATE ARCH	_____ DELICATE ARCH VIEWPOINT
_____ SAND DUNE ARCH	_____ BROKEN ARCH
_____ SKYLINE ARCH	_____ TOWER ARCH/KLONDIKE BLUFFS
_____ BACKCOUNTRY (trail-less)	
_____ FIERY FURNACE (with permit or ranger)	

DEVILS GARDEN:

_____ LANDSCAPE ARCH	_____ DOUBLE O ARCH
_____ PRIMITIVE LOOP (between Landscape Arch & Double O Arch)	
_____ OTHER (Please specify: _____)	

10. For this trip, please list the order (#1, 2, 3, etc.) in which you and your group visited the following sites in Arches NP. If you did not visit a site, please leave that line blank. Use the map on the next page to help you locate the sites you visited.

_____ VISITOR CENTER	_____ MOAB FAULT OVERLOOK
_____ PARK AVENUE	_____ LA SAL MOUNTAINS VIEWPOINT
_____ COURTHOUSE TOWERS VIEWPOINT	_____ BALANCED ROCK
_____ THE WINDOWS	_____ FIERY FURNACE
_____ DELICATE ARCH	_____ FIERY FURNACE VIEWPOINT
_____ DELICATE ARCH VIEWPOINT	_____ WOLFE RANCH
_____ DEVILS GARDEN TRAILHEAD	_____ KLONDIKE BLUFFS
_____ OTHER (Please describe: _____)	



Please go on to the next page ➡

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

Use facility/ service?	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor			Very good	
Check (√)	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ PARK NEWSPAPER: <i>Visitor Guide</i>										
_____ ORIENTATION SLIDE PROGRAM (at visitor center)										
_____ BULLETIN BOARDS										
_____ ROADSIDE EXHIBITS										
_____ VISITOR CENTER EXHIBITS										
_____ ASSISTANCE FROM VISITOR CENTER STAFF										
_____ ASSISTANCE FROM ENTRANCE STATION STAFF										
_____ ROVING RANGERS										
_____ SELF-GUIDED TRAIL BROCHURES										
_____ VISITOR CENTER SALES PUBLICATIONS										
_____ RANGER-LED PROGRAMS (walks, talks, etc.)										
_____ TRAVELERS INFORMATION RADIO STATION(AM 1610)										
_____ WEB SITE (www.nps.gov/arch/) use before or during visit										

12. a) Please check (√) the visitor services and facilities that you or your group **used** during this visit to Arches NP.
- b) Next, for only those services and facilities which you or your group used, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ service?	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
Check (√)	1	2	3	4	5	1	2	3	4	5
_____ DIRECTIONAL ROAD SIGNS OUTSIDE PARK										
_____ DIRECTIONAL ROAD SIGNS IN PARK										
_____ CAMPGROUND										
_____ PICNIC AREAS										
_____ PAVED ROADS										
_____ UNPAVED ROADS										
_____ OVERLOOKS/PULLOUTS										
_____ TRAILS										
_____ ACCESS FOR DISABLED PERSONS										
_____ RESTROOMS										

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: _____) | |

Please go on to the next page ➡

14. On this visit, were you and your personal group with a guided tour group?

_____ YES _____ NO

15. 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

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

	Gender M=male F=female	Current age	U.S. Zip Code or name of foreign country	Number of visits made to this park during lifetime (including this visit)
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

17. What is the **one** language you and/or members of your group prefer to speak and read?

18. a) Does anyone in your group have any disabilities/impairments that affected their visit to Arches NP?

_____ YES _____ NO ➔ **Go on to Question 19**



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

_____ HEARING _____ VISUAL

_____ MOBILITY _____ LEARNING

_____ MENTAL _____ OTHER (specify _____)

c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to Arches NP?

YES NO ➔ **Go on to Question 19**



d) If YES, what were the problems? _____

19. a) Are you aware that most of the fee money collected at Arches NP is used in the park?

YES, in detail NO YES, but uncertain about details

b) What would you like these fees to be used for? Please be specific.

BACKLOGGED MAINTENANCE/INFRASTRUCTURE IMPROVEMENTS (water/ sewer systems, etc.)

VISITOR SERVICES STAFF (field rangers, interpreters/naturalists, maintenance workers, etc.)

NATURAL/CULTURAL RESOURCE MANAGEMENT (scientific research, long-term monitoring projects etc.)

OTHER (please be specific) _____

20. From the following choices, select **three** ways you prefer to learn new subjects at a national park such as Arches NP. Please check (√) **3 answers**.

NOT INTERESTED IN LEARNING ➔ **Go on to Question 21**

READING A BOOK

READING ILLUSTRATED BROCHURE

READING A SIGN (text & photos)

WATCHING MOVIE/VIDEO/DVD

LEARNING FROM VISITOR CENTER EXHIBITS

HIKING IN THE PARK

DRIVING THROUGH THE PARK

TAKING GUIDED TOUR OF PARK (with ranger)

TAKING GUIDED TOUR OF PARK (with guide other than ranger)

OTHER WAYS YOU PREFER TO LEARN

(Please specify: _____)

Please go on to the next page ➔

21. For you and your group, please report all expenditures for the items listed below for this visit to Arches NP and the Moab **area (within a 1- hour drive of Moab)**. Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Arches NP.
- b) Please list your group's total expenditures in the **Moab area** outside the park.

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Arches NP.

	EXPENDITURES	
	Inside Arches NP	In Moab area 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, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxis, but not including airfare)	\$ _____	\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____

CHILDREN (under 18 years) _____

22. a) Arches NP is considering the concept of a trash-free environment to reduce waste collection time and costs. Are you willing to haul out your own trash on a future visit to Arches NP?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

b) Do you support the concept of a trash-free park environment?

_____ YES _____ NO _____ NOT SURE

c) Please provide any additional comments about this concept.

23. If you were a manager planning for the future of Arches NP, what would you propose? Please be specific.

24. Is there anything else you and your group would like to tell us about your visit to Arches NP?

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

OFFICIAL BUSINESS

**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**