Arches National Park

Visitor Study
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
YOUR VISIT TO ARCHES NATIONAL PARK

1. a) Prior to your visit, how did you and your group get information about Arches National Park (NP)? Please check (√) all that apply.

- [ ] RECEIVED NO INFORMATION PRIOR TO VISIT  → Go on to Question 2
- [ ] 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—National Park Service or Arches NP web site: <www.nps.gov> <www.nps.gov/arch/>
- [ ] INTERNET—OTHER WEB SITE
- [ ] OTHER NATIONAL PARKS
- [ ] GRAND COUNTY TRAVEL COUNCIL
- [ ] MOAB INFORMATION CENTER (Center & Main Streets, Moab)
- [ ] CABLE TV VISITOR CHANNEL IN MOAB HOTELS/MOTELS
- [ ] UTAH TRAVEL COUNCIL
- [ ] OTHER (Please specify: ________________________________)

b) From the sources checked above, did you and your group receive the type of information about the park that you needed?

- [ ] NO
- [ ] YES  → Go on to Question 2
- [ ] NOT SURE

c) If NO, what type of park information did you and your group need that was not available? Please be specific.

______________________________________________________________

2. a) On this visit, how long did you and your group stay at Arches NP on the day you received this questionnaire?

- [ ] NUMBER OF HOURS
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.

<table>
<thead>
<tr>
<th>Feature/quality</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/ don’t care</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIEWS WITHOUT DEVELOPMENT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATURAL QUIET/ SOUNDS OF NATURE</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>
<tr>
<td>NIGHT SKIES/ STARGAZING</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>EDUCATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>RANGER-GUIDED EDUCATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>RECREATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

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 \( \checkmark \) 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.

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

<table>
<thead>
<tr>
<th>Use facility/service?</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 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>____ DIRECTIONAL ROAD SIGNS OUTSIDE PARK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ DIRECTIONAL ROAD SIGNS IN PARK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ CAMPGROUND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ PICNIC AREAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ PAVED ROADS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ UNPAVED ROADS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ OVERLOOKS/PULLOUTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ TRAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ ACCESS FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ RESTROOMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Current age</th>
<th>U.S. Zip Code or name of foreign country</th>
<th>Number of visits made to this park during lifetime (including this visit)</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. 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  \rightarrow Go on to Question 19

\downarrow

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  \rightarrow 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:________________________________________________)

\rightarrow 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.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Inside Arches NP</th>
<th>In Moab 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 (rental cars, auto repairs, taxis, 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?

   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.