



**Social Science Program  
National Park Service  
U.S. Department of the Interior**

**Visitor Services Project**

# **Joshua Tree National Park Visitor Study**



OMB Approval 1024-0224 (NPS #04-014)  
Expiration Date: 10/31/2004



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Joshua Tree National Park  
74485 National Park Drive  
Twentynine Palms, California 92277

IN REPLY REFER TO:

April 2004

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Joshua Tree 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](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Curt Sauer  
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 JOSHUA TREE NATIONAL PARK

1. a) Prior to your visit, how did you and your group get information about Joshua Tree 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 GUIDES/TOUR BOOKS
- \_\_\_\_\_ VIDEOS/TELEVISION/RADIO PROGRAMS
- \_\_\_\_\_ TELEPHONE, E-MAIL/WRITTEN INQUIRY TO PARK
- \_\_\_\_\_ NEWSPAPER/MAGAZINE ARTICLES
- \_\_\_\_\_ INTERNET: NATIONAL PARK SERVICE OR JOSHUA TREE NP WEB SITE:     <[www.nps.gov](http://www.nps.gov)>             <[www.nps.gov/jotr/](http://www.nps.gov/jotr/)>
- \_\_\_\_\_ INTERNET—OTHER WEB SITE(S)
- \_\_\_\_\_ STATE WELCOME CENTER/CHAMBER OF COMMERCE
- \_\_\_\_\_ HIGHWAY SIGNS
- \_\_\_\_\_ OTHER NATIONAL PARK SITES
- \_\_\_\_\_ 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                             \_\_\_\_\_ NOT SURE
- ↓                                     →                                     ↓
- Go on to Question 2**
- c) If NO, what type of park information did you and your group need that was not available? Please be specific.
- \_\_\_\_\_
2. How did this visit to Joshua Tree NP fit into your travel plans? Please check (✓) **one**.
- \_\_\_\_\_ JOSHUA TREE NP WAS PRIMARY DESTINATION
- \_\_\_\_\_ JOSHUA TREE NP WAS ONE OF SEVERAL DESTINATIONS
- \_\_\_\_\_ JOSHUA TREE NP WAS NOT A PLANNED DESTINATION
3. a) On this visit, how long did you and your group stay at Joshua Tree NP on the day you received this questionnaire?
- NUMBER OF HOURS     \_\_\_\_\_

- b) Did you and your group visit Joshua Tree NP on more than one day on this visit?  
 YES       NO → **Please go to Question 3d**



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

NUMBER OF DAYS

- d) How many times did you enter Joshua Tree NP on this visit?

NUMBER OF ENTRIES

DON'T KNOW/DON'T REMEMBER

4. a) Prior to your visit, did you know that Joshua Tree NP has Congressionally designated wilderness areas?

YES       NO       NOT SURE

- b) During this visit to Joshua Tree NP, did you visit these wilderness areas?

YES       NO       NOT SURE

5. a) Prior to your visit, were you aware of the following issues facing Joshua Tree NP? Please check (√) **all** that apply.

- b) Did you learn about these issues on this visit? Please check (√) **all** that apply.

- (a) Prior awareness of issue ? (√) \_\_\_\_\_ (b) Learn about issue this visit? (√) \_\_\_\_\_

ILLEGAL TRASH DUMPING IN PARK

OFF-ROAD VEHICLES DAMAGING DESERT

THEFT OF NATURAL RESOURCES

THEFT OF CULTURAL RESOURCES

AIR POLLUTION IMPACTS

PROBLEMS WITH BEGGING COYOTES

THREATS TO DESERT TORTOISE POPULATIONS

URBAN/INDUSTRIAL DEVELOPMENT NEAR PARK

DAMAGE TO CRYPTOBIOTIC CRUST (a living crust of bacteria, algae, fungi, lichen and moss that decreases soil erosion and increases water and nutrient retention)

6. a) Prior to this visit, did you or members of your group attempt to make reservations for campsites in Joshua Tree NP for this trip?

YES       NO → **Please go to Question 7**



- b) Were you able to make campsite reservations for this trip?

YES       NO

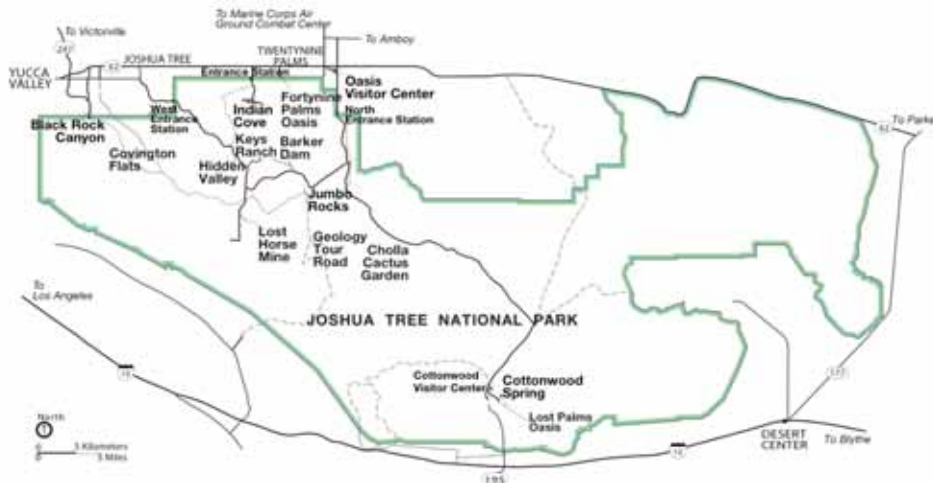
7. a) For this trip, please list the order (1, 2, 3, etc.) in which you and your group visited the following sites in Joshua Tree NP. If you did not visit a site, please leave that line blank. Use the map below to help you locate the sites you visited.

**Order visited 1, 2, 3, etc.**

- |                             |                                     |
|-----------------------------|-------------------------------------|
| _____ OASIS VISITOR CENTER  | _____ INDIAN COVE                   |
| _____ KEYS RANCH            | _____ BLACK ROCK CANYON             |
| _____ BARKER DAM            | _____ LOST HORSE MINE               |
| _____ HIDDEN VALLEY         | _____ COVINGTON FLATS               |
| _____ JUMBO ROCKS AREA      | _____ GEOLOGY TOUR ROAD             |
| _____ CHOLLA CACTUS GARDEN  | _____ COTTONWOOD SPRING             |
| _____ FORTYNINE PALMS OASIS | _____ OTHER (Please specify: _____) |

b) At which entrance did you and your group first enter the park? Please check **one**.

- |                              |                                     |
|------------------------------|-------------------------------------|
| _____ INDIAN COVE            | _____ COTTONWOOD SPRING             |
| _____ NORTH ENTRANCE STATION | _____ BLACK ROCK CANYON             |
| _____ WEST ENTRANCE STATION  | _____ OTHER (Please specify: _____) |



8. On this visit to Joshua Tree NP, in what activities did you and your group participate? Please check (√) **all** that apply.

- SIGHTSEEING  
 VISITING VISITOR CENTER(S)  
 VISITING HISTORICAL OR ARCHEOLOGICAL SITES  
 ATTENDING RANGER-LED PROGRAMS  
 WALKING SELF-GUIDED NATURE TRAILS (with brochures or signs)  
 DAYHIKING  
 BACKPACKING OVERNIGHT  
 BOULDERING (without specialized gear or skills)  
 TECHNICAL CLIMBING (with specialized gear and skills)  
 CAMPING  
 BICYCLING  
 STARGAZING/ VIEWING NIGHT SKY  
 OTHER (Please describe: \_\_\_\_\_)

9. a) On this visit, did you and your group stay overnight away from home in Joshua Tree NP and the surrounding area (Yucca Valley, Joshua Tree, Twentynine Palms)?

YES                       NO    ➔ **Go on to Question 10**



- b) Please list the number of nights you and your group stayed in the following areas.

NUMBER OF NIGHTS in Joshua Tree NP \_\_\_\_\_

NUMBER OF NIGHTS in the surrounding area  
(Yucca Valley, Joshua Tree, Twentynine Palms) \_\_\_\_\_

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

In Joshua Tree NP (√)	Outside park in surrounding area (√) Twentynine Palms, etc.
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- |  |  |       |
|--|--|-------|
| <input type="checkbox"/> LODGE, MOTEL, CABIN, RENTED CONDO/HOME,<br>OR BED & BREAKFAST |  | _____ |
| <input type="checkbox"/> RV/TRAILER CAMPING  |  | _____ |
| <input type="checkbox"/> TENT CAMPING IN DEVELOPED CAMPGROUND                          |  | _____ |
| <input type="checkbox"/> BACKCOUNTRY CAMPSITE  |  | _____ |
| <input type="checkbox"/> PERSONAL SEASONAL RESIDENCE                                   |  | _____ |
| <input type="checkbox"/> RESIDENCE OF FRIENDS OR RELATIVES                             |  | _____ |
| <input type="checkbox"/> OTHER (Please specify: _____)                                 |  | _____ |

**Please go on to the next page ➔**





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

a) Use facility/service? Check (√)	b) If used, how important?					c) If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ DIRECTIONAL ROAD SIGNS—outside park										
_____ DIRECTIONAL ROAD SIGNS—in park										
_____ CAMPGROUNDS										
_____ PICNIC AREAS										
_____ PAVED ROADS										
_____ UNPAVED ROADS										
_____ OVERLOOKS/PULLOUTS										
_____ TRAILS										
_____ ACCESS FOR DISABLED PERSONS										
_____ RESTROOMS										
_____ GARBAGE DISPOSAL										

12. On this trip, what was the **primary** reason that you and your group visited the Joshua Tree NP area (Yucca Valley, Joshua Tree, Twentynine Palms)? Please check (√) **only one**.

- \_\_\_\_\_ VISIT JOSHUA TREE NP
- \_\_\_\_\_ VISIT OTHER ATTRACTIONS IN THE AREA
- \_\_\_\_\_ VISIT FRIENDS/RELATIVES IN THE AREA
- \_\_\_\_\_ BUSINESS OR OTHER REASONS

13. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check (√) **only one**.

- \_\_\_\_\_ ALONE
- \_\_\_\_\_ FRIENDS
- \_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)
- \_\_\_\_\_ FAMILY
- \_\_\_\_\_ FAMILY AND FRIENDS

Please go on to the next page ➡

14. 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

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

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

16. On this trip, how important were the following to you at Joshua Tree NP? Please circle **one** response for each 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
CLEAN AIR	1	2	3	4	5	DK
ACCESS TO ROCK FORMATIONS	1	2	3	4	5	DK
ACCESS TO HISTORICAL/ CULTURAL SITES	1	2	3	4	5	DK

17. a) Most of the entrance fees collected at Joshua Tree NP remain at the park. Were you aware of this policy prior to your visit?

- YES, in detail
- YES, but uncertain about details
- NO
- NOT SURE

b) In the future, how would you like to see these funds used at Joshua Tree NP? Please check (✓) **all** that apply.

- 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: \_\_\_\_\_)

18. 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 Joshua Tree NP? Please circle **one** answer for each question.

Safety issue	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
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**How safe did you feel in Joshua Tree NP?**

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.

\_\_\_\_\_

\_\_\_\_\_

**Please go on to the next page ➡**

19. 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
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**How safe do you feel in your home town/city?**

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

20. How important are the following services to the enjoyment of your visit to Joshua Tree National Park? Please circle one answer for each question.

Service	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/Don't care
AVAILABILITY OF PHONES	1	2	3	4	5	DK
LAW ENFORCEMENT PRESENCE	1	2	3	4	5	DK
AVAILABILITY OF EMERGENCY MEDICAL SERVICES	1	2	3	4	5	DK
AVAILABILITY OF SEARCH AND RESCUE	1	2	3	4	5	DK
AVAILABILITY OF WILDLAND FIREFIGHTING	1	2	3	4	5	DK
AVAILABILITY OF WATER	1	2	3	4	5	DK
RECYCLING RECEPTACLES	1	2	3	4	5	DK
INTERNET PORTALS AT VISITOR CENTER	1	2	3	4	5	DK

21. For you and your group, please report all expenditures for the items listed below for this visit to Joshua Tree NP and **surrounding area (Yucca Valley, Joshua Tree, Twentynine Palms)**. Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Joshua Tree NP.
- b) Please list your group's total expenditures in the surrounding area outside the park (Yucca Valley, Joshua Tree, Twentynine Palms).

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

<u>Expenditures</u>	<u>Inside Joshua Tree NP</u>	<u>Outside park</u>
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 <b>not</b> 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) During this visit to Joshua Tree NP, did you observe wildlife approaching you or other visitors and begging for food?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE

b) Do you think it is appropriate to feed wild animals in a national park?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE

c) During this visit, did you receive any information (written or verbal) regarding the policies of feeding wildlife in national parks?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE

23. a) Joshua Tree NP is considering the concept of a trash-free environment to reduce waste collection time and costs. Would you willing to haul out your own trash on a future visit to Joshua Tree 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.

\_\_\_\_\_

24. On a future visit, would you or members of your group be willing to stay in a campground with showers that is not located in the park, but within 10 miles of park boundaries?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

25. a) What did you like **most** about your visit to Joshua Tree NP?

\_\_\_\_\_

\_\_\_\_\_

b) What did you like **least** about your visit to Joshua Tree NP?

\_\_\_\_\_

\_\_\_\_\_

26. Joshua Tree NP was established because of its significance to the nation. In your opinion, what is the national significance of this park?

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27. If you were manager planning for the future of Joshua Tree NP, 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 Joshua Tree NP?

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29. Overall, how would you rate the quality of the visitor services provided to you and your group at Joshua Tree 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  
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