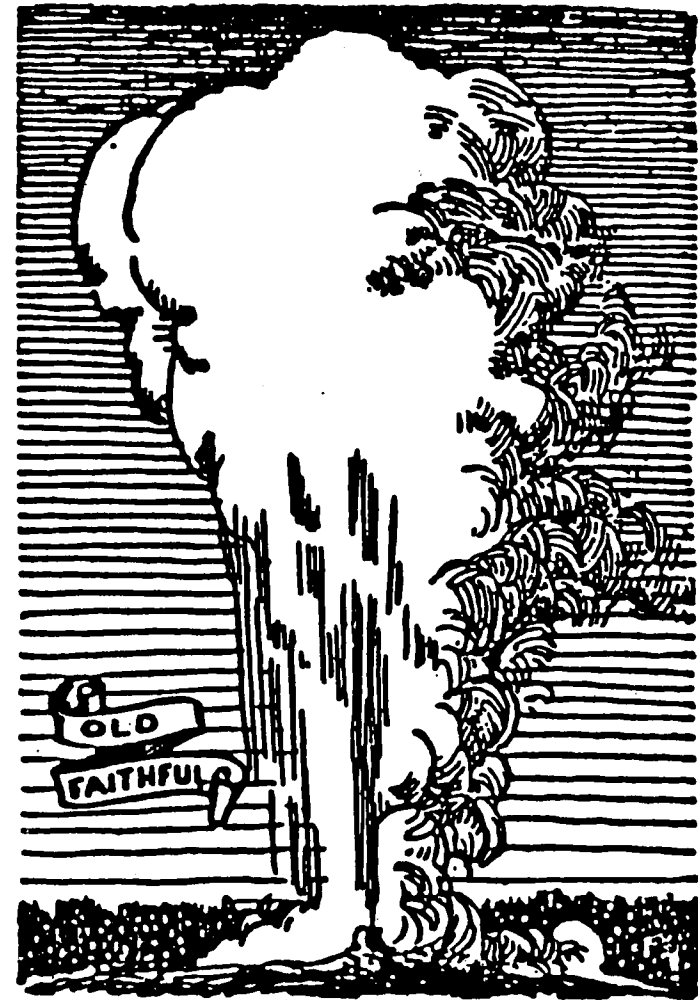


Yellowstone Visitor Study



**The
Visitor Services
Project**



United States Department of the Interior
 NATIONAL PARK SERVICE
 YELLOWSTONE NATIONAL PARK
 WYOMING 82190

IN REPLY REFER TO:

July, 1987

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Yellowstone enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Yellowstone.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Robert Barbee,
 Superintendent

IMPORTANT

When did you first enter Yellowstone National Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,S,Su)

_____ TIME OF DAY _____ am. _____ pm.

DIRECTIONS

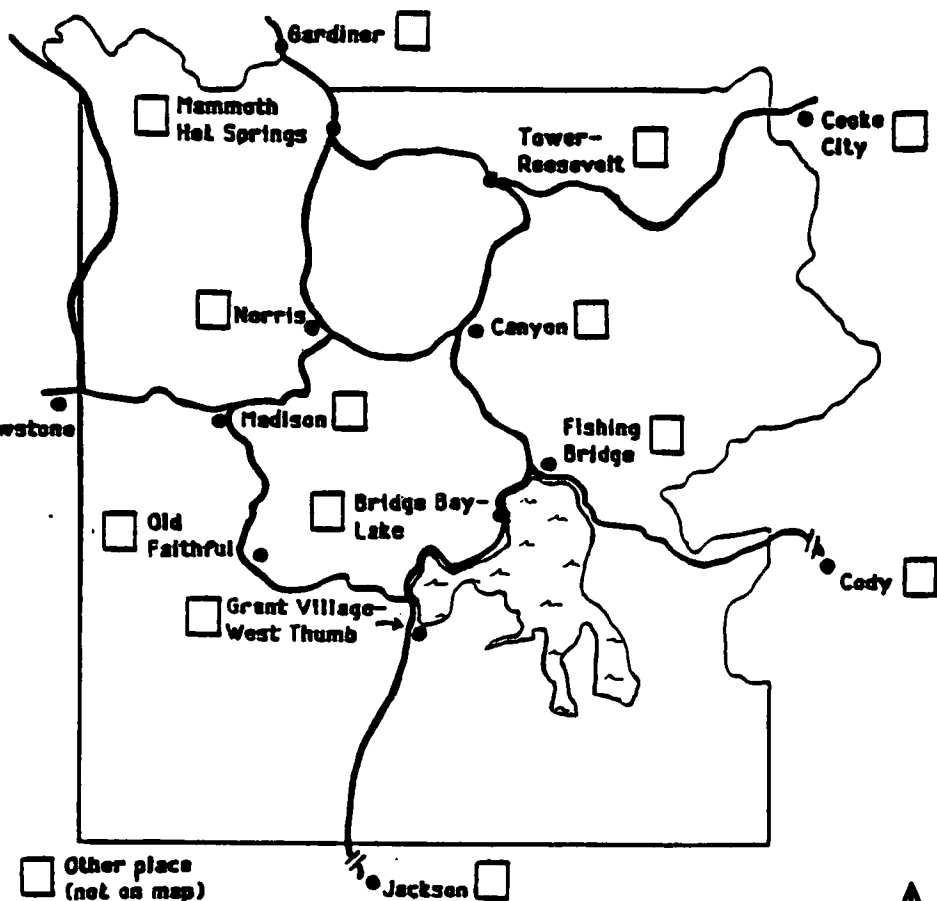
One person in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. No postage is needed.

PLEASE GO ON TO NEXT PAGE

DAY 1 OF YOUR VISIT

- For day 1 of your visit, please check (✓) the box on the map below closest to the place where you began the day.
- Next, indicate the order in which you stopped at places in Yellowstone during this day by writing 1st, 2nd, 3rd, and so forth in the box beside each place you visited. The last number should be the stop where you ended the day.
- Draw an arrow between each of the sites you stopped at, showing the route you traveled.

For example:



Yellowstone National Park

DAY 1 OF YOUR VISIT

- On the list below, please check (✓) the activities that you or your group did in Yellowstone National Park on day 1 of your visit (Please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> ATTEND WALK OR TALK GIVEN BY RANGER | <input type="checkbox"/> VISIT MUSEUMS OR VISITOR CENTER |
| <input type="checkbox"/> BICYCLE | <input type="checkbox"/> SHOP |
| <input type="checkbox"/> FISH | <input type="checkbox"/> RIDE HORSEBACK |
| <input type="checkbox"/> BOAT | <input type="checkbox"/> WALK FOR PLEASURE |
| <input type="checkbox"/> SWIM | <input type="checkbox"/> PICNIC |
| <input type="checkbox"/> HIKE IN BACKCOUNTRY | <input type="checkbox"/> OTHER (Please describe: _____) |

- During day 1 of your visit, how much money did you and your group spend inside and outside Yellowstone National Park? (Please give your best estimates.)

INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
\$ _____ LODGING (hotel, camping, etc.)	\$ _____
\$ _____ TRAVEL (gas, bus fare, etc.)	\$ _____
\$ _____ FOOD	\$ _____
\$ _____ OTHER (film, gifts, etc.)	\$ _____

- Did you spend the night in the Yellowstone area?

NO → PLEASE GO ON TO PAGE 10

YES

▼ If so, where? (Please check one location, inside or outside the park)

INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
<input type="checkbox"/> CABIN OR HOTEL	<input type="checkbox"/>
<input type="checkbox"/> DEVELOPED CAMPGROUND	<input type="checkbox"/>
<input type="checkbox"/> BACKCOUNTRY CAMPSITE	<input type="checkbox"/>

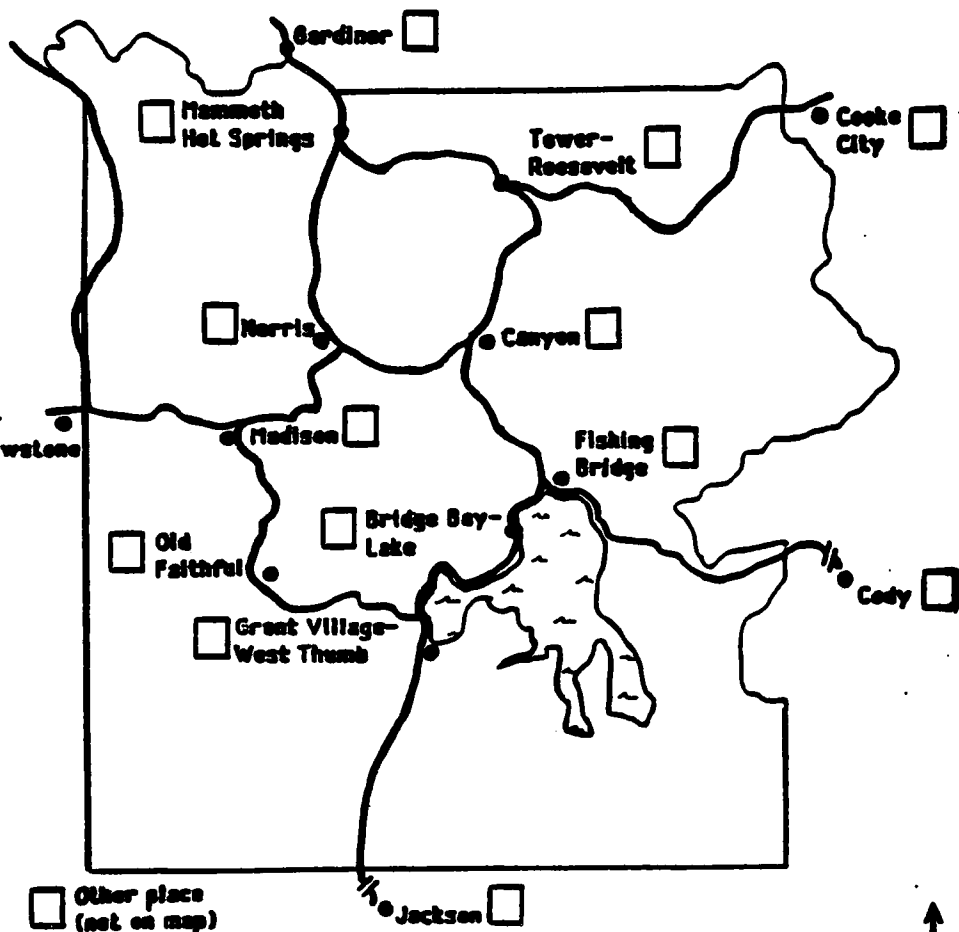
OTHER (Please describe: _____)

PLEASE GO ON TO DAY 2, NEXT PAGE

DAY 2 OF YOUR VISIT

- For day 2 of your visit, please check (✓) the box on the map below closest to the place where you began the day.
- Next, indicate the order in which you stopped at places in Yellowstone during this day by writing 1st, 2nd, 3rd, and so forth in the box beside each place you visited. The last number should be the stop where you ended the day.
- Draw an arrow between each of the sites you stopped at, showing the route you traveled.

For example:



Yellowstone National Park



DAY 2 OF YOUR VISIT

- On the list below, please check (✓) the activities that you or your group did in Yellowstone National Park on day 2 of your visit (Please check all that apply).

<input type="checkbox"/> ATTEND WALK OR TALK GIVEN BY RANGER	<input type="checkbox"/> VISIT MUSEUMS OR VISITOR CENTER
<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SHOP
<input type="checkbox"/> FISH	<input type="checkbox"/> RIDE HORSEBACK
<input type="checkbox"/> BOAT	<input type="checkbox"/> WALK FOR PLEASURE
<input type="checkbox"/> SWIM	<input type="checkbox"/> PICNIC
<input type="checkbox"/> HIKE IN BACKCOUNTRY	<input type="checkbox"/> OTHER (Please describe: _____)

- During day 2 of your visit, how much money did you and your group spend inside and outside Yellowstone National Park? (Please give your best estimates.)

INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
\$ _____ LODGING (hotel, camping, etc.)	\$ _____
\$ _____ TRAVEL (gas, bus fare, etc.)	\$ _____
\$ _____ FOOD	\$ _____
\$ _____ OTHER (film, gifts, etc.)	\$ _____

- Did you spend the night in the Yellowstone area?

NO → PLEASE GO ON TO PAGE 10

YES

- ↓ If so, where? (Please check one location, inside or outside the park)

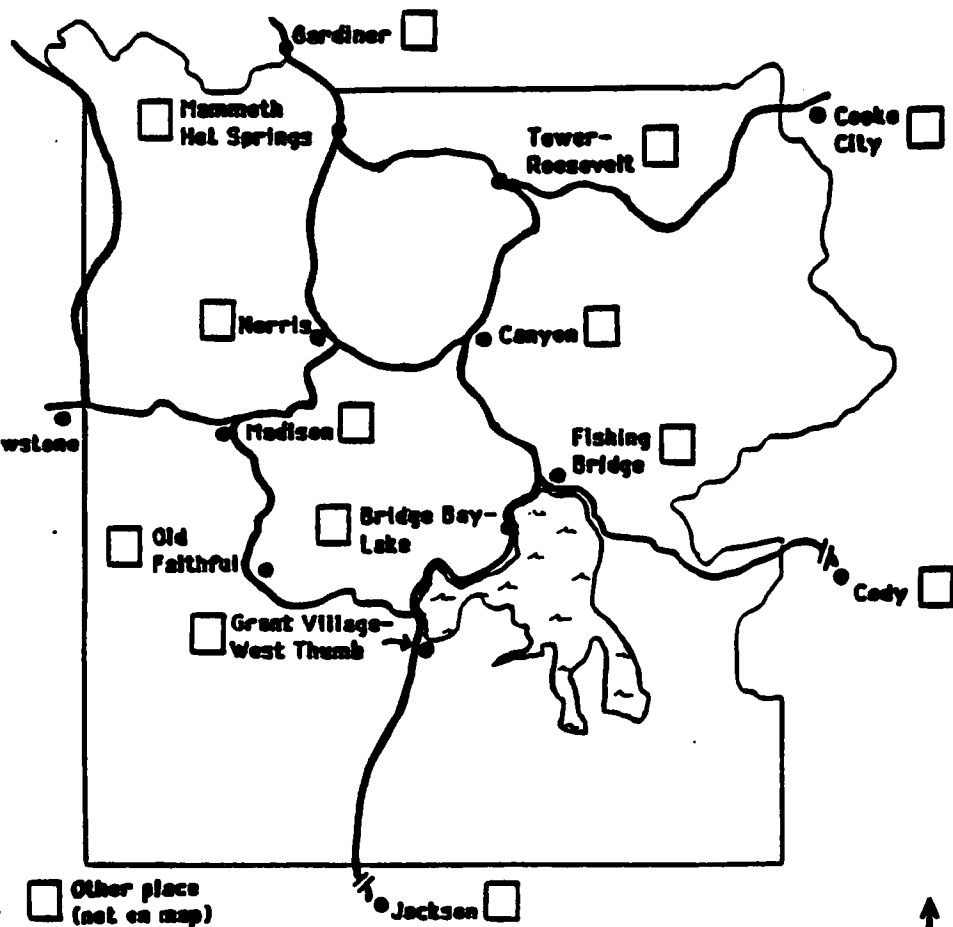
INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
<input type="checkbox"/> CABIN OR HOTEL	<input type="checkbox"/>
<input type="checkbox"/> DEVELOPED CAMPGROUND	<input type="checkbox"/>
<input type="checkbox"/> BACKCOUNTRY CAMPSITE	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Please describe: _____)	

PLEASE GO ON TO DAY 3, NEXT PAGE

DAY 3 OF YOUR VISIT

1. For day 3 of your visit, please check (✓) the box on the map below closest to the place where you began the day.
2. Next, indicate the order in which you stopped at places in Yellowstone during this day by writing 1st, 2nd, 3rd, and so forth in the box beside each place you visited. The last number should be the stop where you ended the day.
3. Draw an arrow between each of the sites you stopped at, showing the route you traveled.

For example:



Yellowstone National Park



DAY 3 OF YOUR VISIT

4. On the list below, please check (✓) the activities that you or your group did in Yellowstone National Park on day 3 of your visit (Please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> ATTEND WALK OR TALK GIVEN BY RANGER | <input type="checkbox"/> VISIT MUSEUMS OR VISITOR CENTER |
| <input type="checkbox"/> BICYCLE | <input type="checkbox"/> SHOP |
| <input type="checkbox"/> FISH | <input type="checkbox"/> RIDE HORSEBACK |
| <input type="checkbox"/> BOAT | <input type="checkbox"/> WALK FOR PLEASURE |
| <input type="checkbox"/> SWIM | <input type="checkbox"/> PICNIC |
| <input type="checkbox"/> HIKE IN BACKCOUNTRY | <input type="checkbox"/> OTHER (Please describe: _____) |

5. During day 3 of your visit, how much money did you and your group spend inside and outside Yellowstone National Park? (Please give your best estimates.)

INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
\$ _____ LODGING (hotel, camping, etc.)	\$ _____
\$ _____ TRAVEL (gas, bus fare, etc.)	\$ _____
\$ _____ FOOD	\$ _____
\$ _____ OTHER (film, gifts, etc.)	\$ _____

6. Did you spend the night in the Yellowstone area?

NO YES → PLEASE GO ON TO PAGE 10

↓ If so, where? (Please check one location, inside or outside the park)

INSIDE YELLOWSTONE N.P.	OUTSIDE YELLOWSTONE N.P.
<input type="checkbox"/> CABIN OR HOTEL	<input type="checkbox"/>
<input type="checkbox"/> DEVELOPED CAMPGROUND	<input type="checkbox"/>
<input type="checkbox"/> BACKCOUNTRY CAMPSITE	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Please describe: _____)	

PLEASE GO ON TO NEXT PAGE

YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Yellowstone National Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How much time did you spend in Yellowstone National Park this visit?

_____ NUMBER OF DAYS _____ NUMBER OF HOURS

2. How many people were in your group?

_____ NUMBER OF PEOPLE

3. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER GROUP (please describe: _____)

_____)

4. For yourself and each member of your group, please indicate:

1) each person's age on their last birthday

2) the zip code of their permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times they have visited Yellowstone National Park, including this visit.

	AGE	ZIP CODE (country)	# TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
additional members:	_____		

5. Where did you start your trip on the day you arrived in Yellowstone National Park?

_____ NEAREST TOWN

_____ STATE

6. Where is your planned destination on the day you leave Yellowstone National Park?

_____ NEAREST TOWN

_____ STATE

7. The roads in the Yellowstone region provide many different routes to and from the park. When did you and your group decide which entrance to use when arriving at the park? (Check one.)

_____ BEFORE LEAVING HOME

_____ WHILE TRAVELING TO YELLOWSTONE

_____ A COMBINATION OF THE ABOVE

8. When did you and your group decide which exit to use when leaving the park? (Check one.)

_____ BEFORE LEAVING HOME

_____ WHILE TRAVELING TO YELLOWSTONE

_____ DURING YOUR VISIT IN YELLOWSTONE

_____ A COMBINATION OF THE ABOVE

9. Many things contribute to an enjoyable visit to Yellowstone. Please do the following:

a) First, indicate the importance of the following items to you and your group (1=EXTREMELY IMPORTANT, 2=VERY IMPORTANT, 3=MODERATELY IMPORTANT, 4=SOMEWHAT IMPORTANT, 5=NOT IMPORTANT).

b) Then, rate the quality of each item you or your group used during this visit to Yellowstone. (1=VERY GOOD, 2=GOOD, 3=AVERAGE, 4=POOR, 5=VERY POOR).

How important?

What quality?

_____ INFORMATION AND DIRECTION SIGNS _____

_____ DRIVING CONDITIONS _____

_____ NUMBER AND VARIETY OF STORES _____

_____ MEDICAL SERVICES _____

_____ RESTROOMS _____

_____ HANDICAPPED ACCESS _____

_____ INFORMATION ABOUT THE PARK _____

_____ ROADSIDE PULLOUTS & TURNAROUNDS _____

_____ RANGER-LED WALKS AND TALKS _____

_____ BOATING FACILITIES _____

10. Is there anything else you would like to tell us about your visit to Yellowstone National Park?



Did you...

- ... indicate the order in which you visited different places each day?
- ... draw arrows to indicate the routes you traveled between places?
- ... check your activities, indicate how much you spent, and where you spent the night?
- ... complete the information about you, your group, and your opinions about the park?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox--no postage is needed.