August 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 John Day Fossil Beds 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, 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,

James F. Hammett
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. 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.
YOUR VISIT TO JOHN DAY FOSSIL BEDS NATIONAL MONUMENT

1. Prior to this visit, were you aware that John Day Fossil Beds National Monument (NM) is managed by the National Park Service?
   _____ YES  _____ NO

2. a) Prior to your visit, how did you and your group obtain information about John Day Fossil Beds NM? Please check ( ) all that apply.
   _____ OBTAINED NO INFORMATION PRIOR TO VISIT ➔ Go on to Question 3
   _____ PREVIOUS VISIT(S)
   _____ FRIENDS/RELATIVES/WORD OF MOUTH
   _____ TRAVEL GUIDES/TOUR BOOKS
   _____ MAPS/BROCHURES
   _____ VIDEOS/TELEVISION/RADIO PROGRAMS
   _____ TELEPHONE, E-MAIL, OR WRITTEN INQUIRY TO PARK
   _____ NEWSPAPER/MAGAZINE ARTICLES
   _____ INTERNET—National Park Service or John Day Fossil Beds NM website: www.nps.gov  www.nps.gov/joda/
   _____ INTERNET—OTHER WEBSITE
   _____ HIGHWAY DIRECTIONAL SIGNS
   _____ OTHER NATIONAL PARKS
   _____ STATE WELCOME CENTER
   _____ 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 3

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

   ___________________________________________________________________________________________

3. a) Where did you start your trip on the day you and your group arrived at John Day Fossil Beds NM?
   CITY/TOWN __________________________ STATE ____________________
b) What was your planned destination on the night after you visited John Day Fossil Beds NM?

CITY/TOWN__________________________________ STATE____________________

4. On this visit, what was your primary reason for visiting this part of eastern Oregon? Please check (✓) only one.

_____ VISIT JOHN DAY FOSSIL BEDS NM
_____ VISIT OTHER AREA ATTRACTIONS
_____ VISIT FRIENDS/RELATIVES
_____ BUSINESS TRIP
_____ TRAVELING THROUGH (no planned destination in area)
_____ RECREATION (camping, fishing, hunting, rock collecting, etc.)
_____ OTHER (Please specify:__________________________________________)

5. Were the signs directing you to John Day Fossil Beds NM adequate? Please check ( ) one answer for each of the following roads/places.

SIGNS ON INTERSTATES  _____ YES  _____ NO  _____ NOT SURE
SIGNS ON STATE HIGHWAYS  _____ YES  _____ NO  _____ NOT SURE
SIGNS IN COMMUNITIES  _____ YES  _____ NO  _____ NOT SURE

6. What forms of transportation did you and your group use to get to John Day Fossil Beds NM? Please check (✓) all that apply.

_____ PRIVATE VEHICLE  _____ RV (including towed trailers)
_____ RENTED VEHICLE  _____ TOUR BUS
_____ MOTORCYCLE  _____ BICYCLE
_____ OTHER (Please specify:__________________________________________)

7. a) On this trip, did you and your group stay overnight away from home within the John Day Fossil Beds NM area (within 50 miles of any unit)?

_____ YES  _____ NO  ➜ Go on to Question 8

b) If YES, please list the number of nights you and your group stayed in the John Day Fossil Beds NM area (within 50 miles of any unit).

NUMBER OF NIGHTS  ______

Please go on to the next page ➜
c) In what type of lodging did you and your group spend the night(s)? Please check ( ) all that apply.

Overnight stay in area ( )

- LODGE, MOTEL, CABIN, RENTED CONDO/HOME, OR BED & BREAKFAST
- RV/TRAILER CAMPING
- TENT CAMPING
- PERSONAL SEASONAL RESIDENCE
- RESIDENCE OF FRIENDS OR RELATIVES
- OTHER (Please specify: ____________________________ )

8. On this visit, what Oregon towns listed below did you drive through to get to John Day Fossil Beds NM? Please check (√) all that apply. See map on page 9 of this questionnaire.

- MITCHELL
- SPRAY
- MONUMENT
- DAYVILLE
- MT. VERNON
- JOHN DAY/CANYON CITY
- FOSSIL
- LONG CREEK
- PRAIRIE CITY

9. a) What services did you and your group use in the "gateway" communities listed in Question 8 that were specifically related to this park visit?

Used on this visit ( ) Would have used if available ( )

- BUY GASOLINE
- EAT A MEAL
- STAY OVERNIGHT IN MOTEL
- STAY OVERNIGHT IN RV PARK/CAMPGROUND
- SHOP
- OBTAIN INFORMATION ABOUT JOHN DAY FOSSIL BEDS NM
- OBTAIN OTHER TRAVEL/TOURISM INFORMATION
- OTHER (Please specify: ____________________________ )

b) Do you have any comments about the above services? Please be specific.

<table>
<thead>
<tr>
<th>Service (list)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. On this visit, what was your primary reason for visiting John Day Fossil Beds NM? Please check (✓) only one.

   - VIEW SCENERY
   - SEE FOSSILS
   - LEARN ABOUT GEOLOGY
   - SEE HISTORIC RESOURCES
   - RANGER PROGRAM/TALK
   - RECREATION (picnicking, hiking, wildlife viewing, etc.)
   - VISIT THE JAMES CANT RANCH
   - VISIT THE THOMAS CONDON PALEONTOLOGY CENTER
   - OTHER (Please specify: ________________________________)

11. On this visit, in what activities did you and your group participate at John Day Fossil Beds NM? Please check ( ) all that apply.

   - VISITING THOMAS CONDON PALEONTOLOGY CENTER
   - VISITING JAMES CANT RANCH HOUSE
   - VISITING ROADSIDE EXHIBITS
   - ATTENDING RANGER TALK
   - VIEWING SCENERY
   - VIEWING/STUDYING FOSSILS
   - VIEWING/STUDYING GEOLOGY
   - VIEWING/STUDYING CULTURAL EXHIBITS AT CANT RANCH GROUNDS
   - VIEWING WILDLIFE/BIRDS
   - VIEWING WILDFLOWERS
   - WALKING TRAILS
   - TAKING PHOTOGRAPHS
   - PICNICKING
   - OTHER (Please specify: ________________________________)

Please go on to the next page ➔
12. On this visit, how long did you and your group stay at John Day Fossil Beds NM on the day you received this questionnaire? Please list partial hours as 1/4, 1/2, 3/4.

   ______ NUMBER OF HOURS

13. a) For this trip, which of the three unit(s) of John Day Fossil Beds NM did you and your group visit (Sheep Rock, Painted Hills, and/or Clarno)? Please circle all that apply.

   SHEEP ROCK UNIT  PAINTED HILLS UNIT  CLARNO UNIT

b) For this trip, please list the order (#1, 2, 3, etc.) in which you and your group visited the following sites in John Day Fossil Beds NM. If you did not visit a site, please leave that line blank. Use the maps on the next page to help you locate the sites you visited.

   SHEEP ROCK UNIT
   ______ THOMAS CONDON PALEONTOLOGY CENTER
   ______ JAMES CANT RANCH
   ______ CANT RANCH TRAILS
   ______ BLUE BASIN TRAILS
   ______ FOREE PICNIC AREA & TRAILS
   ______ MASCALL FORMATION OVERLOOK

   PAINTED HILLS UNIT
   ______ PICNIC AREA
   ______ PAINTED HILLS OVERLOOK
   ______ LEAF HILL TRAIL
   ______ PAINTED COVE TRAIL
   ______ CARROLL RIM TRAIL

   CLARNO UNIT
   ______ PICNIC AREA
   ______ TRAILS
14. a) Please check ( ) the visitor services/facilities that you or your group **used** during this visit to John Day Fossil Beds NM.

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

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

<table>
<thead>
<tr>
<th>a) Use service/facility?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check ( )</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>_____ HIGHWAY DIRECTIONAL SIGNS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ BROCHURE/MAP</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ TRAIL GUIDES</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ BOOKSTORE</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ ROADSIDE EXHIBITS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ THOMAS CONDON CENTER EXHIBITS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ JAMES CANT RANCH EXHIBITS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ TRAIL EXHIBITS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ ROADSIDE EXHIBITS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ RANGER TALK/PROGRAM</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ FILM/VIDEOS</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____ WEBSITE (<a href="http://www.nps.gov/joda/">www.nps.gov/joda/</a>)</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>used before or during visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ ASSISTANCE FROM PARK STAFF</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

15. 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:________________________________________)  

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

   _____ YES          _____ NO
17. 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  

18. 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>

19. a) Does anyone in your group have any disabilities/impairments that affected their visit to John Day Fossil Beds NM?  
____ YES  ____ NO  ➔ Go on to Question 20  

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 John Day Fossil Beds NM?  
____ YES  ____ NO  ➔ Go on to Question 20  

d) If YES, what were the problems? ________________________________  

Please go on to the next page ➔
20. For you and your group, please report all expenditures for the items listed below for this visit to John Day Fossil Beds NM and the surrounding area (within 50 miles of any unit). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside John Day Fossil Beds NM.

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

**NOTE:** Surrounding area residents should only include expenditures that were directly related to this visit to John Day Fossil Beds NM.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Inside park</th>
<th>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>$___________</td>
</tr>
<tr>
<td>(rental cars, auto repairs, taxis, but not including airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$___________</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) _____

21. a) During this visit to John Day Fossil Beds NM, was there anything specific which you and your group wanted to see or do, but were not able to?

_____ YES       _____ NO  ➔ Go on to Question 22

b) If YES, what was it you expected to see or do? __________________

c) What prevented you from seeing or doing what you expected to?
22. On this trip, how important were the following features/qualities to you at John Day Fossil Beds NM? 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>SEE FOSSILS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>VIEW WILDLIFE/ BIRDS/WILDFLOWERS</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>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>SOLITUDE</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>EDUCATIONAL OPPORTUNITIES (other than ranger-guided)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>RECREATIONAL OPPORTUNITIES (hiking, picnicking, etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

23. a) On this visit, did you and your group have any specific safety concerns while visiting John Day Fossil Beds NM?  
   [ ] YES    [ ] NO  ➔ Go on to Question 24
   b) If YES, what were they? __________________________________________________________

24. a) What did you and your group like most about your visit to John Day Fossil Beds NM?  
   __________________________________________________________
   __________________________________________________________

   b) What did you and your group like least about your visit to John Day Fossil Beds NM?  
   __________________________________________________________
   __________________________________________________________

   Please go on to the next page ➔
25. From the following choices, select three ways you and your group would prefer to learn the cultural and natural history of John Day Fossil Beds NM on a future visit. Please check ( ) 3 answers.

   ______ NOT INTERESTED IN LEARNING  ➔ Go on to Question 26
   ______ 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 or guide)
   ______ TAKING SELF-GUIDED TOUR OF PARK
   ______ OTHER WAYS YOU PREFER TO LEARN

   (Please specify: ____________________________________________)

26. Which subjects would you and your group be interested in learning about on a future visit to John Day NM? Please check (✓) all that apply.

   ______ NOT INTERESTED IN LEARNING  ➔ Go on to Question 27
   ______ PALEONTOLOGY/GEOLOGY
   ______ BIOLOGICAL EVOLUTION
   ______ CLIMATE CHANGE
   ______ LOCAL HUMAN HISTORY
   ______ LIVING PLANTS/ANIMALS
   ______ ANADROMOUS FISH (salmon and steelhead)
   ______ OTHER (Please specify: ____________________________________________)

   (Please specify: ____________________________________________)
27. John Day Fossil Beds NM was established because of its significance to the nation. In your opinion, what is the national significance of this park?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

28. Is there anything else you and your group would like to tell us about your visit to John Day Fossil Beds NM?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

29. Overall, how would you rate the quality of the visitor services provided to you and your group at John Day Fossil Beds NM 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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College of Natural Resources
University of Idaho
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