



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

Visitor Services Project

John Day Fossil Beds National Monument

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
John Day Fossil Beds National Monument
32651 Highway 19
Kimberly, Oregon 97848-9701

IN REPLY REFER TO:

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

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.

Please go on to the next page ➡

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.

| Service (list) | Comments |
|----------------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

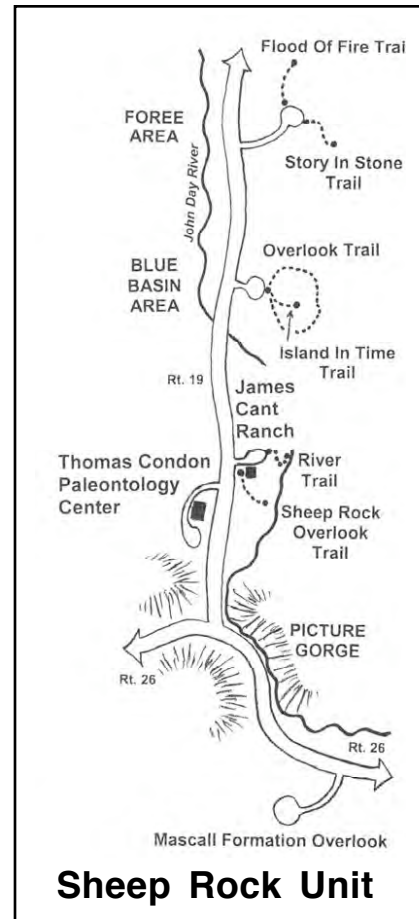
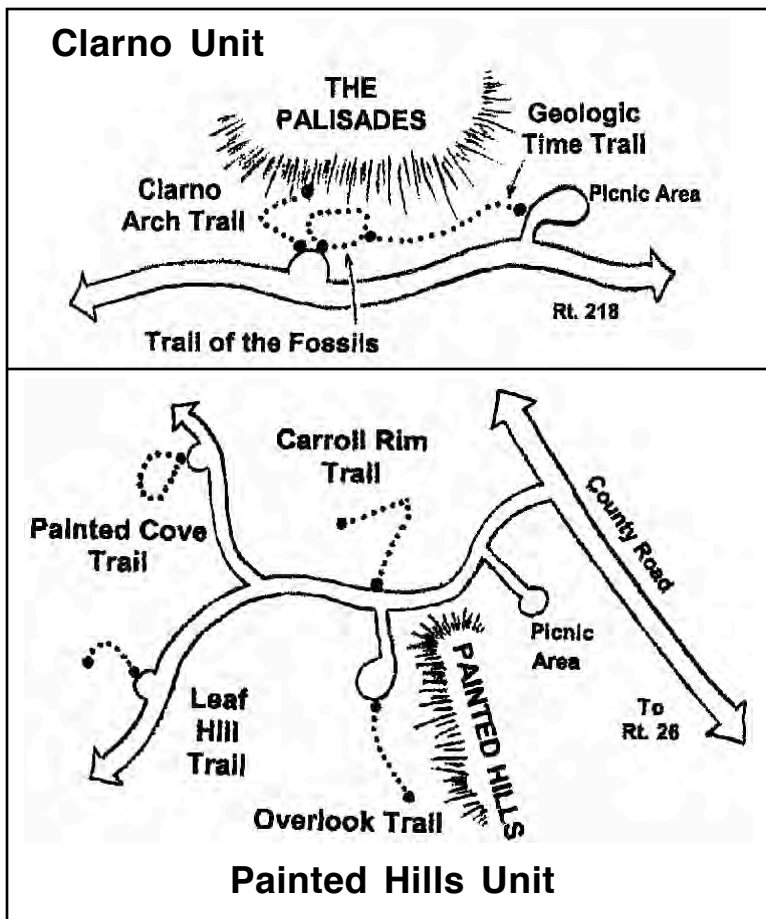
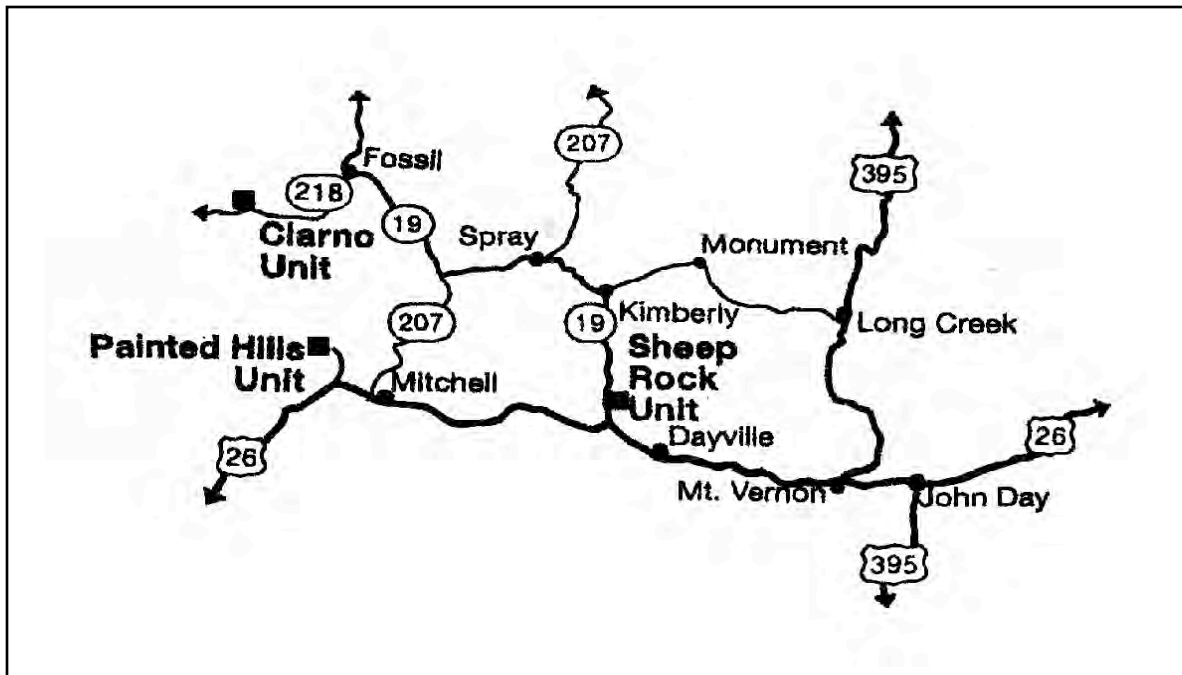
_____ PAINTED COVE TRAIL

_____ CARROLL RIM TRAIL

CLARNO UNIT

_____ PICNIC AREA

_____ TRAILS



Please go on to the next page ➡

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:

| | 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 | _____ | _____ | _____ | _____ |

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.

| | EXPENDITURES | |
|---|------------------------|-------------------------|
| | Inside park | 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) _____

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.

| Feature/quality | Not important | Somewhat important | Moderately important | Very important | Extremely important | Don't know/ don't care |
|--|---------------|--------------------|----------------------|----------------|---------------------|---------------------------|
| SEE FOSSILS | 1 | 2 | 3 | 4 | 5 | DK |
| VIEW WILDLIFE/ BIRDS/WILDFLOWERS | 1 | 2 | 3 | 4 | 5 | DK |
| NATURAL QUIET/ SOUNDS OF NATURE | 1 | 2 | 3 | 4 | 5 | DK |
| VIEWS WITHOUT DEVELOPMENT | 1 | 2 | 3 | 4 | 5 | DK |
| SOLITUDE | 1 | 2 | 3 | 4 | 5 | DK |
| RANGER-GUIDED EDUCATIONAL OPPORTUNITIES | 1 | 2 | 3 | 4 | 5 | DK |
| EDUCATIONAL OPPORTUNITIES (other than ranger-guided) | 1 | 2 | 3 | 4 | 5 | DK |
| RECREATIONAL OPPORTUNITIES (hiking, picnicking, etc) | 1 | 2 | 3 | 4 | 5 | DK |

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: _____)

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

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Park Studies Unit
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P.O. Box 441139
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