



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

Visitor Services Project

## Congaree National Park Visitor Study



**United States Department of the Interior****NATIONAL PARK SERVICE**

Congaree National Park  
100 National Park Road  
Hopkins, SC 29061

IN REPLY REFER TO:

Dear Visitor:

Thank you for participating in this study to learn about the expectations, opinions, and interests of visitors to Congaree National Park. This information will help us better manage this site and better serve you, the visitor.

This questionnaire is given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete.

When your visit is over, please fill out 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,

A handwritten signature in cursive script that reads "Martha C. Bogle".

Martha C. Bogle  
Superintendent

This visitor study is partially funded by Fee Demonstration funding.

**DIRECTIONS**

One person, at least 16 years of age, in your group should complete the questionnaire. It should take about 20 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 Congaree National Park**

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

\_\_\_\_\_ Obtained no information prior to visit → **Go on to Question 2**

\_\_\_\_\_ Previous visits

\_\_\_\_\_ Friends/relatives/word of mouth

\_\_\_\_\_ Travel guides/tour books

\_\_\_\_\_ Videos/television/radio programs

\_\_\_\_\_ Telephone/email/written inquiry to park

\_\_\_\_\_ Newspaper/magazine articles

\_\_\_\_\_ Internet—National Park Service or Congaree NP website  
www.nps.gov    www.nps.gov/cosw/

\_\_\_\_\_ Internet—other website

\_\_\_\_\_ State welcome center/Chamber of Commerce

\_\_\_\_\_ Highway signs

\_\_\_\_\_ Other National Park Service sites

\_\_\_\_\_ Other (Please specify:\_\_\_\_\_)

b) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

\_\_\_\_\_ No    \_\_\_\_\_ Yes



c) If NO, what additional information did you and your group need? Please be specific.

\_\_\_\_\_

2. a) In 2003, Congaree Swamp National Monument became Congaree National Park. Did this name change have any effect on your decision to visit?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Not sure



**Go on to Question 3**



b) If YES, what effect did it have? Please be specific. \_\_\_\_\_

\_\_\_\_\_

3. a) Prior to your visit, were you aware of what Congressionally designated wilderness is?

No  Yes → **Go on to Question 4**



b) If NO, did you and your group learn about Congressionally designated wilderness during your visit?

Yes  No

4. a) Most of Congaree NP (98%) is Congressionally designated wilderness. Did the wilderness designation affect what you were able to do in the park?

Yes  No  Not sure



**Go on to Question 5**

b) If YES, how did it affect your visit? Please be specific. \_\_\_\_\_

5. Prior to your visit, were you and your group aware of what programs (ranger-led walks, canoe trips, presentations, school group tours, etc.) were offered in Congaree NP?

Yes  No

6. a) On this visit, what was the primary reason that you and your group visited the Congaree NP **area** (within 1-hour drive of park)? Please check (√) **only one**.

Visit Congaree National Park

Visit other attractions in the area

Visit friends/relatives in the area

Business

Other reason (Please specify: \_\_\_\_\_)

b) What sites in the area did you and your group visit? Please check (√) **all** that apply.

Riverbanks Zoo

South Carolina State Museum

Shaw Air Force Base

Columbia Museum of Art

Lake Murray

Ft. Jackson Army Training Center

National Advocacy Center

Harbison State Forest

University of South Carolina

Other (Please specify: \_\_\_\_\_)

**Please go on to the next page →**

7. a) On this visit to Congaree NP, did you and your group walk/canoe/kayak any park trails?

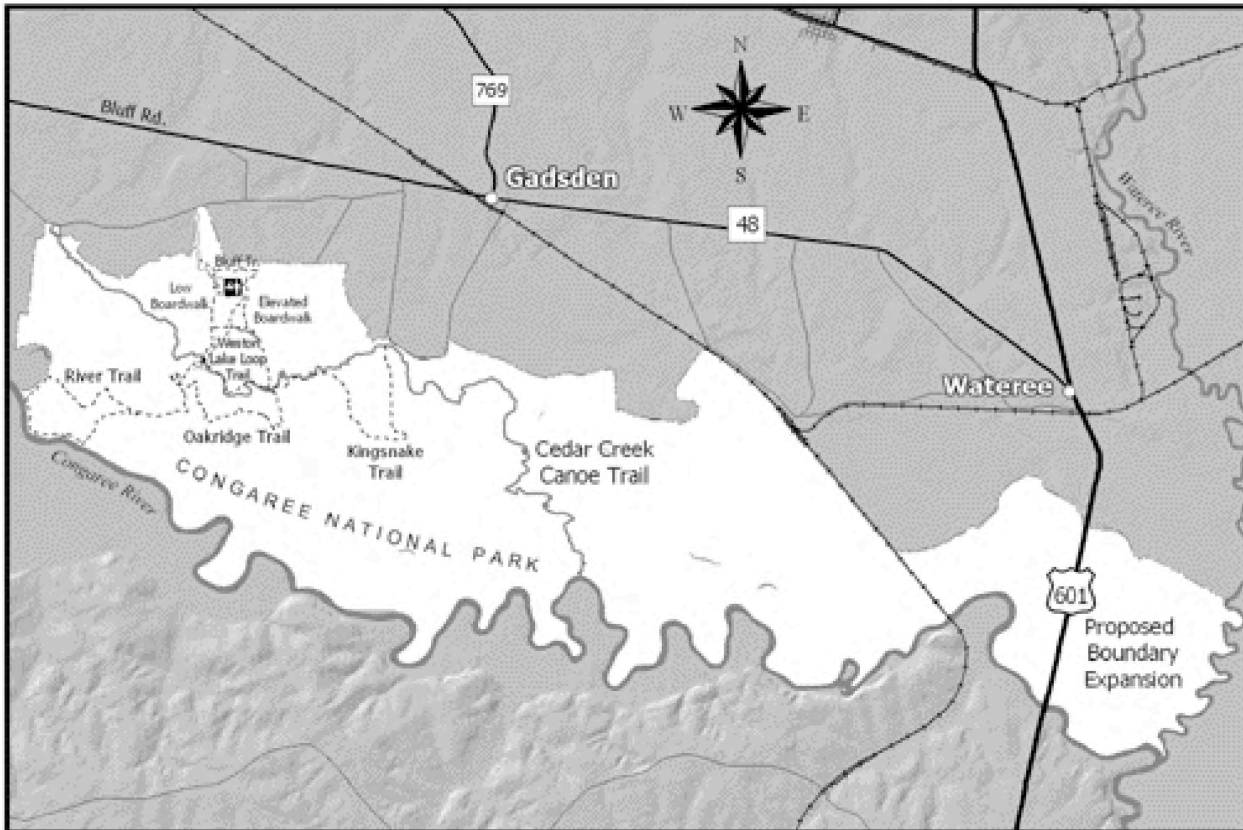
\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 8**



b) If YES, which of the following trails did you and your group walk/canoe/kayak on this visit? Please check (√) **all** that apply. If you did not use a trail, please leave that line blank. Use the map below to help you locate the trails you used.

c) On past visits, which of the following trails did you and your group walk/canoe/kayak? Please check (√) **all** that apply. If you did not use a trail, please leave that line blank.

b) This visit (√)	c) Past visits (√)		b) This visit (√)	c) Past visits (√)
_____	_____	Low Boardwalk Trail	_____	_____
_____	_____	Elevated Boardwalk Trail	_____	_____
_____	_____	Weston Lake Loop Trail	_____	_____
_____	_____	Oakridge Trail	_____	_____
_____	_____	Cedar Creek Wilderness Canoe Trail	_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____



d) Why did you and your group choose the trails you did?

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8. 4,600 acres of land are authorized to be added to Congaree NP (see "proposed boundary expansion" on map on page 6). What type of activities would you like to have available there? Please be specific.

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9. On this visit to Congaree NP, what activities did you and your group participate in? Please check (✓) **all** that apply.

\_\_\_\_\_ Fishing

\_\_\_\_\_ Walking/hiking

\_\_\_\_\_ Picnicking

\_\_\_\_\_ Camping

\_\_\_\_\_ Visiting the visitor center

\_\_\_\_\_ Canoeing/kayaking

\_\_\_\_\_ Birdwatching

\_\_\_\_\_ Nature study (other than birdwatching)

\_\_\_\_\_ Backpacking

\_\_\_\_\_ Attending ranger-led programs

\_\_\_\_\_ Exercising (jogging, rollerblading, etc.)

\_\_\_\_\_ Photography/painting

\_\_\_\_\_ Walking dogs

\_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

10. a) On this visit, what was the total amount of time you and your group spent at Congaree NP? (Please list partial hours or days as 1/4, 1/2, 3/4)

\_\_\_\_\_ Number of hours

\_\_\_\_\_ Number of days

- b) How many times did you enter Congaree NP on this visit to the area (within 1-hour drive of park)?

\_\_\_\_\_ Number of entries

\_\_\_\_\_ Don't know/don't remember

**Please go on to the next page →**

11. a) On this visit, did you and your group stay overnight **away from home** in Congaree NP and/or the surrounding area (within 1-hour drive of park)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 12**



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

\_\_\_\_\_ Number of nights in Congaree NP

\_\_\_\_\_ Number of nights in the area (within 1-hour drive of park)

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

<u>In Congaree NP</u>	<u>Outside park in surrounding area</u> (within 1-hour drive of park)
_____ Lodge, motel, hotel, cabin, rented condo, B&B, etc.	_____
_____ RV/trailer camping	_____
_____ Tent camping in campground (in park—primitive camp)	_____
_____ Backcountry camping	_____
_____ Personal seasonal residence	_____
_____ Residence of friends or relatives	_____
_____ Other (Please specify: _____)	_____

12. 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 Congaree NP? Please circle **only one** answer for each question.

**How safe did you and your group feel in Congaree NP?**

How safe?	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
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 circled 1 or 2 on any of the above questions, please explain why.

\_\_\_\_\_

\_\_\_\_\_



13. a) Please check (√) **all** of the visitor services and facilities that you or your group **used** during this trip to Congaree NP.
- b) Next, for only those services and facilities that you or your group used, please rate their **importance** 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) Used service/facility?	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Check (√)		
_____ Park brochure	_____	_____
_____ Park interpretive pamphlets	_____	_____
_____ Park trail map	_____	_____
_____ Bulletin boards	_____	_____
_____ Visitor center film	_____	_____
_____ Visitor center exhibits	_____	_____
_____ Visitor center sales publications	_____	_____
_____ Trails	_____	_____
_____ Assistance from park staff	_____	_____
_____ Directional signs—in park	_____	_____
_____ Directional signs—outside park	_____	_____
_____ Restrooms	_____	_____
_____ Picnic areas	_____	_____
_____ Ranger-led programs (walks, talks, etc.)	_____	_____
_____ Junior Ranger Program	_____	_____
_____ Access for disabled persons	_____	_____
_____ Website ( <a href="http://www.nps.gov/cosw/">www.nps.gov/cosw/</a> ) used before or during visit	_____	_____

Please go on to the next page →

14. a) During your stay in the park or in the area (within a 1-hour drive of park), were there any services that you and your group needed that were not available?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 15**



- b) If YES, what services did you and your group need that were not available?
- \_\_\_\_\_

15. It is the National Park Service's responsibility to protect Congaree NP's natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/qualities in the park to you? Please circle **only one** response for each resource/quality.

<b>Resource/quality</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views	1	2	3	4	5
Natural setting	1	2	3	4	5
Native wildlife	1	2	3	4	5
Native plants	1	2	3	4	5
Natural quiet / sounds of nature	1	2	3	4	5
Parking availability	1	2	3	4	5
Solitude	1	2	3	4	5

16. 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 specify: \_\_\_\_\_)

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. a) For you only, are you Spanish, Hispanic, or Latino?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

b) For you only, which of these categories best indicates your race? Please check (√) **all** that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

19. For you and your personal group on this visit, please indicate:

	Current age	U.S. ZIP Code or name of foreign country	Number of visits to Congaree NP (including this visit)	
			past 5 years	lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

20. For you and each of the members (age 16 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check (√) **only one** for each person. If you do not have the information for any group member, please leave that line blank.

	Highest education level				
	Some high school	High school diploma/GED	Some college	Bachelor's degree	Graduate degree
Yourself	_____	_____	_____	_____	_____
Member #2	_____	_____	_____	_____	_____
Member #3	_____	_____	_____	_____	_____
Member #4	_____	_____	_____	_____	_____
Member #5	_____	_____	_____	_____	_____
Member #6	_____	_____	_____	_____	_____
Member #7	_____	_____	_____	_____	_____

21. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Congaree NP?

- Yes                       No → **Go on to Question 22**

**Please go on to the next page →**

b) Because of the disability/impairment, did you and your group encounter any access/service problems in the park?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 22**



c) If YES, what was the problem? \_\_\_\_\_

\_\_\_\_\_

22. Please indicate how the following elements may have affected your park experience during this visit to Congaree NP. Please check (√) **only one** for each element.

Affect your park experience?	Detracted from	No effect	Added to	Did not experience
Noise from:				
Airplanes	_____	_____	_____	_____
Trains	_____	_____	_____	_____
Automobiles	_____	_____	_____	_____
Park staff activities (such as chainsaws, leaf blowers, generators, etc.)	_____	_____	_____	_____
Gunshots from neighboring lands	_____	_____	_____	_____
Other visitors' activities	_____	_____	_____	_____
Small number of visitors on trails	_____	_____	_____	_____
Large number of visitors on trails	_____	_____	_____	_____
Small number of visitors canoeing/kayaking	_____	_____	_____	_____
Large number of visitors canoeing/kayaking	_____	_____	_____	_____
Other (Please specify: _____)	_____	_____	_____	_____

23. The National Park Service has a policy to control or remove non-native plants and animals from within park boundaries. Non-native species occupy an area that is not part of their natural, historic range, and often originated from another continent or region. Many of these species are invasive and damage park resources. Were you aware of this policy prior to your visit to Congaree NP?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Not sure

24. Would you and your group be supportive of the control and removal of non-native species at Congaree NP? Please check (√) **only one** for each option.

a) Non-native plants    \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Not sure

b) Non-native animals    \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Not sure

25. For you and your group, please report all expenditures for the items listed below for this visit to Congaree NP and the surrounding area (within 1-hour drive of park). Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Congaree NP.
- b) Please list your group's total expenditures in the surrounding area (within 1-hour drive of park).

NOTE: Residents from the surrounding area should only include expenditures that were **directly related** to this visit to Congaree NP.

	<b>EXPENDITURES</b>	
	<b>a) Inside Congaree NP</b>	<b>b) In surrounding area outside park</b>
Hotel, motel, cabins, B&B, etc.		\$ _____
Camping fees and charges		\$ _____
Canoe/kayak rental charges		\$ _____
Guide fees and charges		\$ _____
Restaurants and bars		\$ _____
Groceries and takeout food		\$ _____
Gas and oil (auto, RV, boat, etc.)		\$ _____
Other transportation expenses (rental cars, auto repairs, taxi, but NOT airfare)		\$ _____
Admission, recreation, entertainment fees		\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

\_\_\_\_\_ Number of adults (18 years or over)                      \_\_\_\_\_ Number of children (under 18 years)

26. Do you or any member of your group have any interest in volunteering or providing research assistance in a national park such as Congaree NP?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Not sure

**Please go on to the next page →**

27. In your opinion, what was the most important information you and your group learned during this visit to Congaree NP? Please be specific.

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28. Would you and your group be likely to visit Congaree NP again in the future?

Yes                       No                       Not sure

29. On a future visit to Congaree NP, what types of organized activities and programs would you and your group like to have available? Please check (✓) **all** that apply.

Not interested in organized activities → **Go on to Question 30**

Ranger-led programs

Children's programs

Family activities

Canoeing/kayaking

Camping (family)

Camping (educational)

Outdoor recreation workshop

Art/photography

Night walk/night sky program

Bird walks

History tours

Volunteering

Special events/festivals

Other (Please specify: \_\_\_\_\_)

30. On a future visit to Congaree NP, what subjects would you and your group be most interested in learning about? Please check (✓) **all** that apply.

Not interested in learning about park subjects → **Go on to Question 31**

Old growth floodplain forest

Plants/animals

Champion trees

History

International Biosphere Reserve

Wilderness

Challenges facing park

Ways to help the park

Recreational opportunities (canoeing/kayaking, fishing, camping, etc.)

Other (Please specify: \_\_\_\_\_)

31. a) What did you and your group like **most** about your visit to Congaree NP?

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b) What did you and your group like **least** about your visit to Congaree NP?

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32. If you were a park manager planning for the future of Congaree NP, what would you and your group propose? Please be specific.

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33. Is there anything else you and your group would like to tell us about your visit to Congaree NP?

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34. Overall, how would you and your group rate the quality of the facilities, services, and recreational opportunities provided to you at Congaree National Park during this visit? Please circle **only one**.

Very poor      Poor      Average      Good      Very good

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  
Park Studies Unit  
College of Natural Resources  
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