



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

Visitor Services Project

# Chickasaw National Recreation Area Visitor Study



OMB Approval 1024-0224 (NPS #05-030)  
Expiration Date: 02/28/2006



**United States Department of the Interior**

**NATIONAL PARK SERVICE**  
Chickasaw National Recreation Area  
1008 West Second  
Sulphur, Oklahoma 73086

IN REPLY REFER TO:

July, 2005

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Chickasaw National Recreation Area. This information will assist us in our efforts to better manage this site and to serve you, our visitor.

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

A handwritten signature in cursive script that reads "Connie A. Rudd".

Connie A. Rudd  
Superintendent

### DIRECTIONS

One person in your group, at least 16 years of age, 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.

**In this questionnaire, your personal group is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.**

#### **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 Chickasaw National Recreation Area

1. Prior to this visit, were you aware that Chickasaw National Recreation Area (NRA) is managed as a unit of the National Park System?

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

2. a) Prior to this visit, how did you and your group obtain information about Chickasaw NRA? Please check ( ) **all** that apply.

\_\_\_\_\_ Obtained no information prior to visit → **Go on to Question 3**

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

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

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

\_\_\_\_\_ Maps/brochures

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

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

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

\_\_\_\_\_ Park website: [www.nps.gov/chic/](http://www.nps.gov/chic/)

\_\_\_\_\_ Other websites

\_\_\_\_\_ Other National Park Service site

\_\_\_\_\_ Other tourist site

\_\_\_\_\_ Chamber of Commerce

\_\_\_\_\_ School program

\_\_\_\_\_ 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. On this trip, what was the primary reason that you and your group visited the **area** (within 50 miles of the park)? Please check (✓) **only one**.

\_\_\_\_\_ Resident of area → **Go on to Question 4**  
 \_\_\_\_\_ Visit Chickasaw NRA  
 \_\_\_\_\_ Visit other attractions in the area  
 \_\_\_\_\_ Visit friends/relatives in the area  
 \_\_\_\_\_ Business  
 \_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

4. a) Where did your trip begin on the day you visited Chickasaw NRA?

Nearest town/city \_\_\_\_\_ State \_\_\_\_\_

- b) Where was your planned destination on the day you left Chickasaw NRA?

Nearest town/city \_\_\_\_\_ State \_\_\_\_\_

5. Were the signs directing you to Chickasaw NRA adequate? Please check ( ) **only one** answer for each of the following.

Signs on interstates \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

Signs on state highways \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

Signs in communities \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

6. a) Please list the number of times you and your group entered the park on this visit.

\_\_\_\_\_ Number of times entered park \_\_\_\_\_ Don't know/don't remember

- b) For this visit, please list the number of vehicles in which you and your group arrived.

\_\_\_\_\_ Number of vehicles

7. a) On this visit, did you and your group drive a recreational vehicle (RV) to Chickasaw NRA?

\_\_\_\_\_ Yes \_\_\_\_\_ No → **Go on to Part c of this question**



- b) If YES, how long was it? \_\_\_\_\_ Number of feet

- c) Were you and your group in a vehicle or recreational vehicle pulling a trailer or another vehicle?

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



- d) If YES, how long was the trailer or other vehicle? \_\_\_\_\_ Number of feet

**Please go on to the next page →**

8. a) On this visit, did you and your group stay overnight **away from home**, either in Chickasaw NRA or within 50 miles of Chickasaw NRA?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 9**



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

\_\_\_\_\_ Number of nights in park

\_\_\_\_\_ Number of nights outside park (within 50 miles)

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

- d) For the area within 50 miles, in what type of lodging did you and your group spend the night(s)? Please check ( ) **all** that apply.

**c) Inside park ( )**

**d) Outside park in surrounding area ( )**

\_\_\_\_\_ Lodge, motel, cabin, rented condo/home, B&B, etc. \_\_\_\_\_

\_\_\_\_\_ Campground (with car or RV) \_\_\_\_\_

\_\_\_\_\_ Tent camping in developed campground \_\_\_\_\_

\_\_\_\_\_ Personal seasonal residence \_\_\_\_\_

\_\_\_\_\_ Residence of friends or relatives \_\_\_\_\_

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

9. a) What services did you and your group use in the "gateway" communities of Sulphur, Davis, Ada, and Ardmore that were specifically related to this park visit? Please check ( ) **all** that apply.

\_\_\_\_\_ Did not use any services → **Go on to Question 9c**

\_\_\_\_\_ Buy gasoline

\_\_\_\_\_ Eat a meal

\_\_\_\_\_ Stay overnight in a hotel, motel, etc.

\_\_\_\_\_ Stay overnight in a RV park/campground

\_\_\_\_\_ Shop

\_\_\_\_\_ Obtain information about Chickasaw NRA

\_\_\_\_\_ Obtain other travel/tourism information

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

- b) Do you have any comments about the above services?

Service (list)

Comments—Please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) What services did you and your group need that were not available in these communities? Please be specific.

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10. What commercial services would you and your group like to have available in Chickasaw NRA on a future visit? Please check ( ) **all** that apply.

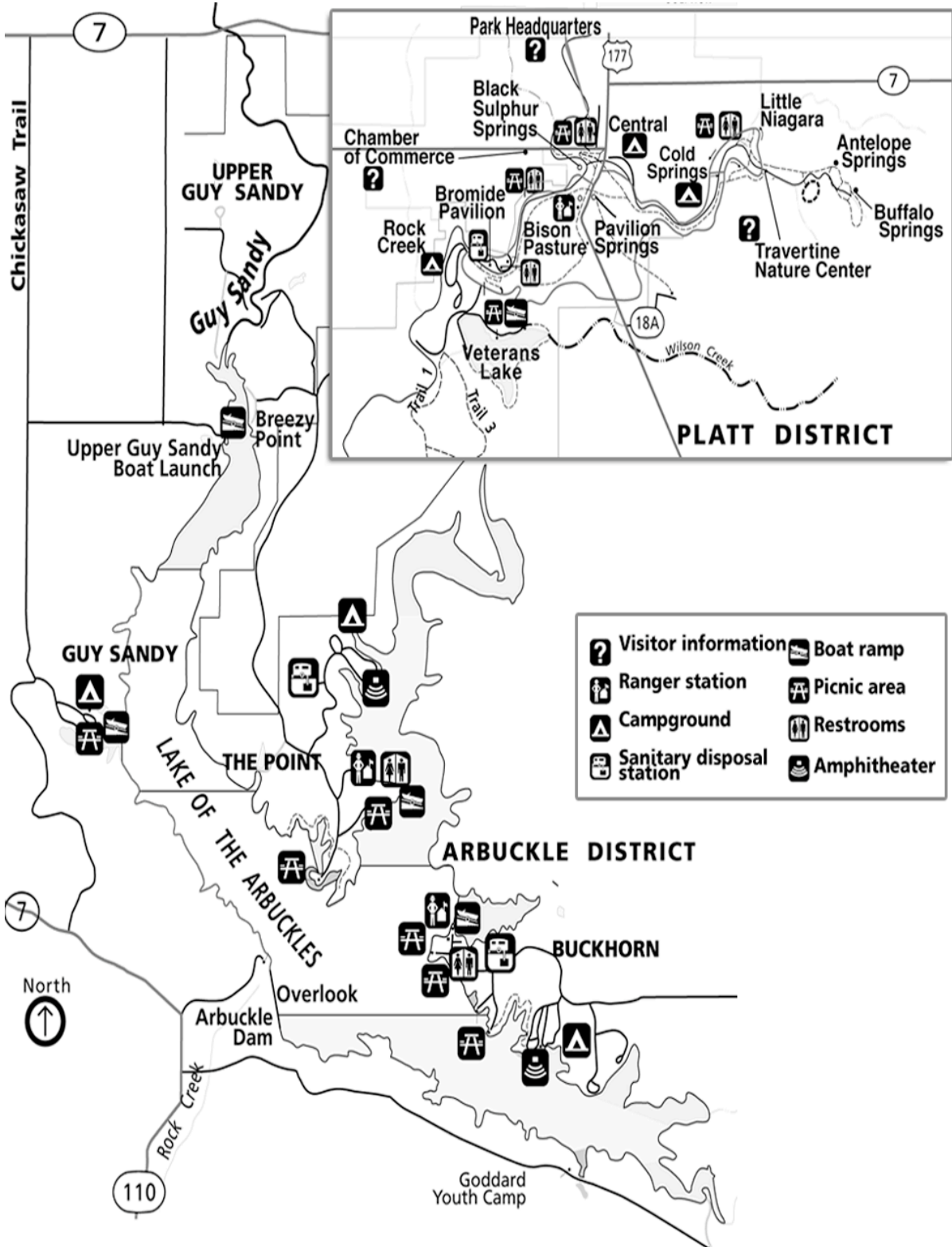
Would like to have in park ( )

- \_\_\_\_\_ Marina services (gas, oil, boating supplies)
- \_\_\_\_\_ Small boat rental (canoe/kayak)
- \_\_\_\_\_ Motorboat rental
- \_\_\_\_\_ Boat tours
- \_\_\_\_\_ Bait/tackle shop
- \_\_\_\_\_ Cabin or lodge
- \_\_\_\_\_ Camper store
- \_\_\_\_\_ Sit-down restaurant
- \_\_\_\_\_ Takeout food service
- \_\_\_\_\_ Bike rentals
- \_\_\_\_\_ Horseback riding
- \_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

11. On this visit to Chickasaw NRA, what activities did you and your group participate in? Please check ( ) **all** that apply.

- |                                     |                      |
|-------------------------------------|----------------------|
| _____ Hiking/walking                | _____ Swimming       |
| _____ Biking                        | _____ Boating        |
| _____ Picnicking                    | _____ Waterskiing    |
| _____ Wildlife viewing              | _____ Camping        |
| _____ Photography                   | _____ Fishing        |
| _____ Interpretive programs         | _____ Hunting        |
| _____ Junior Ranger program         | _____ Family reunion |
| _____ Other (Please specify: _____) |                      |

**Please go on to the next page →**





12. For this visit, please check ( ) **all** the sites you and your group visited at Chickasaw NRA. If you did not visit a site, please leave that line blank. Use the map on the previous page to help you locate the areas you visited.

**a) Platt District****b) Arbuckle District**

- |  |  |
|--|--|
| <input type="checkbox"/> Buffalo Springs                   | <input type="checkbox"/> The Point                         |
| <input type="checkbox"/> Antelope Springs                  | <input type="checkbox"/> Overlook                          |
| <input type="checkbox"/> Pavilion Springs                  | <input type="checkbox"/> Arbuckle Dam                      |
| <input type="checkbox"/> Black Sulphur Springs             | <input type="checkbox"/> Buckhorn                          |
| <input type="checkbox"/> Little Niagara                    | <input type="checkbox"/> Goddard Youth Camp                |
| <input type="checkbox"/> Veterans Lake                     | <input type="checkbox"/> Guy Sandy                         |
| <input type="checkbox"/> Bison Pasture                     | <input type="checkbox"/> Upper Guy Sandy                   |
| <input type="checkbox"/> Travertine Nature Center          | <input type="checkbox"/> Historic buildings                |
| <input type="checkbox"/> Historic buildings                | <input type="checkbox"/> Ranger stations                   |
| <input type="checkbox"/> Ranger stations                   | <input type="checkbox"/> Picnic areas                      |
| <input type="checkbox"/> Picnic areas                      | <input type="checkbox"/> Swimming areas without lifeguards |
| <input type="checkbox"/> Swimming areas without lifeguards | <input type="checkbox"/> Boat launches                     |
| <input type="checkbox"/> Boat launches                     | <input type="checkbox"/> Hiking trails                     |
| <input type="checkbox"/> Hiking trails                     | <input type="checkbox"/> Campgrounds                       |
| <input type="checkbox"/> Campgrounds                       | <input type="checkbox"/> Other (Please specify below:      |
| <input type="checkbox"/> Other (Please specify: _____)     |  |

13. On a future visit, what subjects would you and your group prefer to learn about at Chickasaw NRA? Please check ( ) **all** that apply.

- Not interested in learning about park → **Go on to Question 14**
- |   |   |
|---|---|
| <input type="checkbox"/> Native American heritage                   | <input type="checkbox"/> Geology                    |
| <input type="checkbox"/> Civilian Conservation Corps                | <input type="checkbox"/> Water resources            |
| <input type="checkbox"/> Natural history/ecology                    | <input type="checkbox"/> Recreational opportunities |
| <input type="checkbox"/> Conservation and environmental stewardship |   |
| <input type="checkbox"/> Other (Please specify: _____)              |   |

**Please go on to the next page →**

14. On this visit, how long did you and your group stay at Chickasaw NRA? Please list partial hours or days as 1/4, 1/2, 3/4.

If **less** than 24 hours \_\_\_\_\_ Number of hours

If 24 hours **or more** \_\_\_\_\_ Number of days

15. a) On this visit to Chickasaw NRA, did you and your group experience any parking problems?

\_\_\_\_\_ Yes \_\_\_\_\_ No → **Go on to Question 16**



b) If YES, where were the problems? \_\_\_\_\_

\_\_\_\_\_

c) What parking problems did you encounter? \_\_\_\_\_

\_\_\_\_\_

16. It is the National Park Service's responsibility to protect the natural, scenic, and cultural resources at Chickasaw NRA while providing for public enjoyment. How important are the following qualities/resources in the park to you? Please circle **only one** response for each item.

<b>Quality/resource</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/No opinion
Native plants/animals	1	2	3	4	5	DK
Endangered species	1	2	3	4	5	DK
Clean air	1	2	3	4	5	DK
Clean water	1	2	3	4	5	DK
Solitude	1	2	3	4	5	DK
Natural quiet/sounds of nature	1	2	3	4	5	DK
Educational opportunities	1	2	3	4	5	DK
Recreational opportunities (hiking, camping, fishing, etc.)	1	2	3	4	5	DK
Historic buildings/archeological sites	1	2	3	4	5	DK
American Indian culture	1	2	3	4	5	DK
Night sky/stargazing	1	2	3	4	5	DK

17. a) Please check ( ) **all** of the information services/facilities that you and your group used during this visit to Chickasaw NRA.
- b) Next, for only those services/facilities that you and your group used, please rate their importance from 1-5.
- c) Finally, for only those services/facilities that you and your group used, please rate their quality from 1-5.

<b>a) Service/facility used?</b>	<b>b) If used, how important?</b>	<b>c) If used, what quality?</b>
	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Check ( ) _____		
_____ Park brochure/map	_____	_____
_____ Printed trail guides	_____	_____
_____ Trailhead bulletin boards/signs	_____	_____
_____ Trailside/roadside exhibits	_____	_____
_____ Nature Center living exhibits	_____	_____
_____ Nature Center exhibits (other than living)	_____	_____
_____ Nature Center information desk	_____	_____
_____ Nature Center sales items	_____	_____
_____ Assistance from park staff	_____	_____
_____ Roving rangers	_____	_____
_____ Ranger-led tours/programs	_____	_____
_____ Junior Ranger program	_____	_____
_____ Park website:www.nps.gov/chic used before or during visit	_____	_____
_____ Ranger Station at Sulphur Chamber of Commerce office	_____	_____

**Please go on to the next page →**

18. a) Please check ( ) **all** of the visitor services/facilities that you and your group used during this visit to Chickasaw NRA.
- b) Next, for only those services/facilities that you and your group used, please rate their importance from 1-5.
- c) Finally, for only those services/facilities that you and your group used, please rate their quality from 1-5.

<b>b) If used, how important?</b>	<b>c) If used, what quality?</b>
1=Not important	1=Very poor
2=Somewhat important	2=Poor
3=Moderately important	3=Average
4=Very important	4=Good
5=Extremely important	5=Very good

**a) Service/facility used?**

Check ( )

_____ Directional signs (in park)	_____	_____
_____ Directional signs (outside park)	_____	_____
_____ Parking	_____	_____
_____ Restrooms	_____	_____
_____ Portable toilets/pit toilets	_____	_____
_____ Picnic areas	_____	_____
_____ Day use areas	_____	_____
_____ Hiking/biking trails	_____	_____
_____ Ranger stations	_____	_____
_____ Boat launches	_____	_____
_____ Park overlooks/scenic views	_____	_____
_____ Access for disabled persons	_____	_____
_____ Campgrounds	_____	_____

19. Overall, how would you and your group rate the quality of facilities, services, and recreational opportunities at Chickasaw NRA during this visit? Please circle **only one**.

Very poor      Poor      Average      Good      Very good

20. 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: \_\_\_\_\_)

21. For you and your group, please indicate:

	Gender M=male F=female	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to this park including this visit past 12 months	lifetime (please circle one)
Yourself	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #2	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #3	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #4	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #5	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #6	_____	_____	_____	_____	1 2-10 11-20 21 or more
Member #7	_____	_____	_____	_____	1 2-10 11-20 21 or more

22. 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

23. a) What is the **one** language you and/or members of your group prefer to speak and read?

Speak \_\_\_\_\_ Read \_\_\_\_\_

b) What services in the park would you and your group like to have provided in languages other than English?

**Please go on to the next page →**

24. a) Does anyone in your group have any disabilities/impairments that affected their visit to Chickasaw NRA?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 25**



b) If YES, what kind of disability/impairment? Please check ( ) **all** that apply.

\_\_\_\_\_ Hearing                      \_\_\_\_\_ Mobility  
 \_\_\_\_\_ Learning                      \_\_\_\_\_ Visual  
 \_\_\_\_\_ 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 Chickasaw NRA?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go on to Question 25**



d) If YES, please offer suggestions for improvement.

\_\_\_\_\_

\_\_\_\_\_

25. For you and each group member (age 16 or over) on this visit, please indicate the highest level of education completed. Please check ( ) **only one** for each person.

**Highest level of education**

	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	_____	_____	_____	_____	_____

26. If you were a manager planning for the future of Chickasaw NRA, what would you propose? Please include any comments about visitor services and please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. For you and your group, please report all expenditures for the items listed below for this visit to Chickasaw NRA and the **area** (within a 50-mile drive of the park). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Chickasaw NRA.

b) Please list your group's total expenditures outside the park (within 50 miles).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Chickasaw NRA

	<b>EXPENDITURES</b>	
	<b>a) Inside park</b>	<b>b) Outside park</b>
Hotels, motels, cabins, B&B, etc.		\$ _____
Camping, boating, and pavilion fees	\$ _____	\$ _____
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, 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?

\_\_\_\_\_ Adults (18 years or over)                      \_\_\_\_\_ Children (under 18 years)

28. Is there anything else you would like to tell us about your visit to Chickasaw NRA?

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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  
University of Idaho  
P.O. Box 441139  
Moscow, Idaho 83844-1139**