



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

Visitor Services Project

Yellowstone National Park

Visitor Study



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United States Department of the Interior

NATIONAL PARK SERVICE
Yellowstone National Park
Yellowstone NP, WY 82190

IN REPLY REFER TO:

July, 2006

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Yellowstone National Park, especially as they relate to commercial services and activities in the park. 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 about 20 minutes after your visit to complete.

When your visit is over, please complete this questionnaire or the online option. 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,

A handwritten signature in cursive script that reads "Suzanne Lewis".

Suzanne Lewis
Superintendent

DIRECTIONS

Please have the individual who was randomly selected from your group complete the following questionnaire. It should take about 20 minutes. After 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

Please go on to the next page →

Your Visit To Yellowstone National Park

1. a) Prior to your visit, how did you and your group get information about Yellowstone NP? In the left column below, please check (√) **all** that apply.
- _____ Obtained no information prior to visit → **Go on to Part b of this question**
- b) Prior to a future visit, how would you and your group prefer to obtain information about Yellowstone NP? In the right column below, please check (√) **all** that apply.

a) Prior to this visit (√) _____ b) Prior to future visits (√)

- | | |
|--|-------|
| _____ Previous visits | _____ |
| _____ Friends/relatives/word of mouth | _____ |
| _____ Travel guides/tour books (such as AAA, etc.) | _____ |
| _____ Maps/brochures | _____ |
| _____ Television/radio programs/videos | _____ |
| _____ Newspaper/magazine articles | _____ |
| _____ E-mail/telephone/written inquiry to park | _____ |
| _____ Park website: www.nps.gov/yell/ | _____ |
| _____ Xanterra concession website: www.travelyellowstone.com/ | _____ |
| _____ Delaware North concession website:
www.delawarenorth.com/ | _____ |
| _____ Other websites | _____ |
| _____ State welcome center | _____ |
| _____ Chamber of commerce | _____ |
| _____ Information from airport, motel or other business | _____ |
| _____ Other (Please specify: _____) | _____ |
| _____ Other (Please specify: _____) | _____ |

- c) 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



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

2. On this trip, what was the **primary** reason that you and your group visited the Yellowstone NP **area** (within 150 miles)? Please check (√) **only one**.

Resident of area → **Go on to Question 3**
 Visit Yellowstone NP
 Visit Grand Teton NP
 Watch wildlife
 Fishing
 Other recreation (hiking, backpacking, camping, etc.)
 Study natural history
 Visit friends/relatives in the area
 Visit other area attractions (besides Yellowstone NP)
 Business
 Other (Please specify: _____)

3. a) On this visit, were the signs directing you and your group to Yellowstone NP 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

National Park Service signs in _____ Yes _____ No _____ Not sure
 developed areas of the park, such
 as Old Faithful, Tower, Lake, etc.

- b) In the park, did you and your group have any difficulty finding the commercial services (such as lodging, food, gas, gift shops, etc.)?

Yes No



- c) If Yes, which of the following reasons contributed to the problem? Please check (√) **all** that apply.

Signs Traffic circulation
 Service was closed Other (Please specify:
 _____)

4. a) On this visit, how many times did you and your group enter Yellowstone NP during your stay in the area?

Number of entries

- b) Which entrances did you and your group use to enter the park? Please check (√) **all** that apply.

West Yellowstone North Entrance (Gardiner)
 South Entrance (Flagg Ranch) Northeast Entrance (Cooke City)
 East Entrance (Cody)

Please go on to the next page →

5. a) On this visit, what activities did you and your group participate in within Yellowstone NP? Please check (√) **all** that apply.

- Sightseeing/taking a scenic drive
 Viewing wildlife/birdwatching
 Painting/drawing/taking photographs
 Viewing roadside/trailside exhibits
 Day hiking
 Attending ranger-led programs
 Visiting park visitor center(s)/museum(s)
How many did you visit? _____
 Boardwalk/Geyser Basin
 Shopping in park bookstore
 Shopping in park stores (gift shops and general stores)
 Eating in park restaurants
 Picnicking
 Camping in developed campgrounds
 Staying in park lodging
 Overnight backpacking (camping in the backcountry)
 Other (Please specify: _____)

- b) Which **one** of the above activities was the primary reason you and your group visited Yellowstone NP on this visit? Please list **only one** response.

6. a) For this trip, please check (√) the park locations that you and your group visited in Yellowstone NP. If you did not visit a location, please leave that line blank. Use the map on the next page to help you identify the locations you visited.
- b) & c) Please list the amount of time you spent at each location in hours or days. If you spent **less than 24 hours**, list the hours in column b. If you spent **24 hours or more**, list the days in column c. Also list the total time spent in Yellowstone NP. List partial hours or days as 1/4, 1/2, 3/4.



a) Visit park location (√)	b) Hours spent—if less than 24 hours	c) Days spent—if 24 hours or more
_____ Mammoth Hot Springs	_____	_____
_____ Madison	_____	_____
_____ Old Faithful	_____	_____
_____ West Thumb/Grant Village	_____	_____
_____ Fishing Bridge/Lake Village/Bridge Bay	_____	_____
_____ Tower-Roosevelt	_____	_____
_____ Canyon Village	_____	_____
Total time spent in Yellowstone NP on this visit	_____	_____

Please go on to the next page →

d) Were you and your group able to visit all of the locations in Yellowstone NP that you planned to?

_____ No _____ Yes → **Go on to Question 7**



e) If No, why not? _____

f) What locations were you and your group unable to visit?

7. a) On this trip, did you and your group stay overnight **away from home** within 150 miles of Yellowstone NP?

_____ Yes _____ No → **Go on to Question 8**



b) Please list the number of nights you and your group stayed in Yellowstone NP and/or in the **area** (within 150 miles).

Number of nights in Yellowstone NP _____

Number of nights in Yellowstone NP **area** _____

c) and d) In what type of lodging did you and your group spend the night(s)? Please check (√) **all** that apply for inside and outside the park.

c) Inside park (√) _____ **d) Outside park in surrounding area (√)** (within 150 miles)

_____ Lodge, motel, cabin, rented condo/home, or bed & breakfast _____

↘ If you stayed inside the park, in what **type** of lodging? _____

↘ If you stayed inside the park, in what **location**? _____

_____ Camping in developed campground _____

_____ Backcountry campsite _____

_____ Personal seasonal residence _____

_____ Residence of friends or relatives _____

_____ Other (Specify: _____)

Inside park

Outside park

8. a) Where did you and your group stay on the night **prior** to visiting Yellowstone NP?

Nearest city/town _____ State _____

b) Where did you and your group stay on the night **after** leaving Yellowstone NP?

Nearest city/town _____ State _____

NOTE: Commercial services at Yellowstone NP include lodging, food, camping, gas stations, gift shops and medical services that are provided by concessionaires such as Xanterra, Delaware North, etc.

9. a) On this visit to Yellowstone NP, which of the following commercial services did you and your group use?
- b) If you and your group used lodging, campsites and/or restaurants/food service, were you able to get your first choice of location?
- c) Did the commercial services that you and your group used meet your expectations? Please circle one.
- d) Please rate the value (from 1 to 5) of the commercial services you and your group used for the money you paid.

a) Use service? (√)	Commercial service in Yellowstone NP	b) Did you get your first choice? (Circle one)		c) Meet expectations?			d) Value for money you paid
				1=Worse than expected	2>About what was expected	3=Better than expected	1=Very poor
_____	Lodging	Yes	No	1	2	3	_____
_____	Campgrounds	Yes	No	1	2	3	_____
_____	Restaurants/food service	Yes	No	1	2	3	_____
_____	Purchase gas	N/A		1	2	3	_____
_____	Purchase gifts/souvenirs	N/A		1	2	3	_____
_____	Medical services	N/A		1	2	3	_____

- e) Please explain any "No" or "Worse than expected" responses to Parts (b) and (c) of this question.

- f) Where was the problem? _____

- g) Please explain any ratings of "Very poor" or "Poor" in Part (d) of this question.

- h) Where was the problem? _____

- i) Please explain any ratings of "Very good" in Part (d) of this question.

Please go on to the next page →

10. a) Prior to your visit to Yellowstone NP, what concession services and activities did you and your group plan to do/reserve before arrival?
- b) Please check (✓) the concession services and activities that you or your group **used** during this visit to Yellowstone NP.
- c) Next, for only those services and activities that you or your group used, please rate their importance to your visit from 1-5.
- d) Finally, for only those services and activities that you or your group used, please rate their quality from 1-5.

a) Concession services/ activities planned or reserved in Yellowstone NP before visit?	b) Concession service/ activity used in Yellowstone NP on this visit?	c) If used, how important?	d) If used, what quality?
Check (✓)	Check (✓)	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
_____	_____ Trail ride	_____	_____
_____	_____ Guided overnight horse pack trip	_____	_____
_____	_____ Cookout	_____	_____
_____	_____ Guided fishing trip	_____	_____
_____	_____ Boat rental	_____	_____
_____	_____ Scenic boat tour	_____	_____
_____	_____ Scenic motorized tour	_____	_____
_____	_____ Guided hiking trip	_____	_____
_____	_____ Bicycle tour	_____	_____
_____	_____ Stagecoach ride	_____	_____
_____	_____ Photography tour	_____	_____
_____	_____ Yellowstone Association Institute class	_____	_____
_____	_____ Natural history tour (not ranger-guided)	_____	_____
_____	_____ Guided overnight backpacking trip	_____	_____
_____	_____ Guided canoe/kayak trip	_____	_____

11. a) On this visit, did you and your group visit the Old Faithful Inn?

_____ Yes _____ No

b) On this visit, did you and your group stay overnight at the Old Faithful Inn?

_____ Yes _____ No

12. For you and your group, please report all expenditures for the items listed below during this visit to Yellowstone NP and surrounding area (within 150 miles).

Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Yellowstone NP.

b) Please list your group's total expenditures in the **area outside** the park (within 150 miles).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Yellowstone NP.

	EXPENDITURES	
	a) Inside Yellowstone NP	b) In surrounding area outside park
Lodge/hotel/motel/cabin	\$ _____	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	\$ _____	\$ _____
Fishing/boating	\$ _____	\$ _____
Other transportation expenses: (including airfare, rental cars, etc.)	\$ _____	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

_____ Adults (18 years or over) _____ Children (under 18 years)

Please write "0" if the expenditures did not include any children.

Please go on to the next page →

13. a) On this visit, what did you and your group like **most** about the commercial services (lodging, restaurants/food service, stores, gift shops, medical clinics, gas stations, etc.) in Yellowstone NP?

- b) On this visit, what did you and your group like **least** about the commercial services (lodging, restaurants/food service, stores, gift shops, medical clinics, gas stations, etc.) in Yellowstone NP?

NOTE: 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.

14. On this visit, were you and your personal group part of the following types of groups?

- a) Commercial guided tour group _____ Yes _____ No
- b) School/educational group _____ Yes _____ No
- c) Other organized group _____ Yes _____ No
(such as business group, scout group, etc.)

15. On this visit, what kind of personal group (not guided tour/school/organized group) were you with? Please check (✓) **only one**.

- _____ Alone _____ Family
- _____ Friends _____ Family and friends
- _____ Other (Please specify: _____)

16. a) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

b) On this visit, how many vehicles did you and your group use to enter the park?

_____ Number of vehicles

17. For you and your personal group on this visit, please provide the following information. (If you do not know the answer, leave blank).

	Gender M=male F=female	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to Yellowstone NP (including this visit) past 12 months lifetime	
Yourself	_____	_____	_____	_____	_____
Member #2	_____	_____	_____	_____	_____
Member #3	_____	_____	_____	_____	_____
Member #4	_____	_____	_____	_____	_____
Member #5	_____	_____	_____	_____	_____
Member #6	_____	_____	_____	_____	_____
Member #7	_____	_____	_____	_____	_____

18. For you and each member (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 know the answer, leave blank.)

	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	_____	_____	_____	_____	_____

Please go on to the next page →

19. a) Which category best represents your annual **household** income? Please check (√) **only one**.

_____ \$30,000 or less _____ \$30,001-\$60,000
 _____ \$60,001- \$90,000 _____ \$90,001-\$120,000
 _____ \$120,001 or more _____ Do not wish to answer

b) What is the number of people in your household? _____

20. a) What is the **one** language you and/or members of your group prefer to use for the following?

Speaking?

Reading?

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

_____ None → **Go on to Question 21**

c) Services that need translation: _____

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

_____ Yes _____ No

- b) For you only, which of these categories best describes your race? Please check (√) **one or more**.

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

22. a) Does anyone in your group have any disabilities/impairments that affected their visit to Yellowstone NP?

_____ Yes _____ No → **Go on to Question 23**



- 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/service problems in the park?

_____ Yes _____ No → **Go on to Question 23**



d) If Yes, what were the problems? _____

23. On a future visit, would you and your group like to have the following services available in developed areas in Yellowstone NP?

Cell phone _____ Yes _____ No

Internet access _____ Yes _____ No

Other (Please specify: _____)

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

25. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your group at Yellowstone NP 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
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