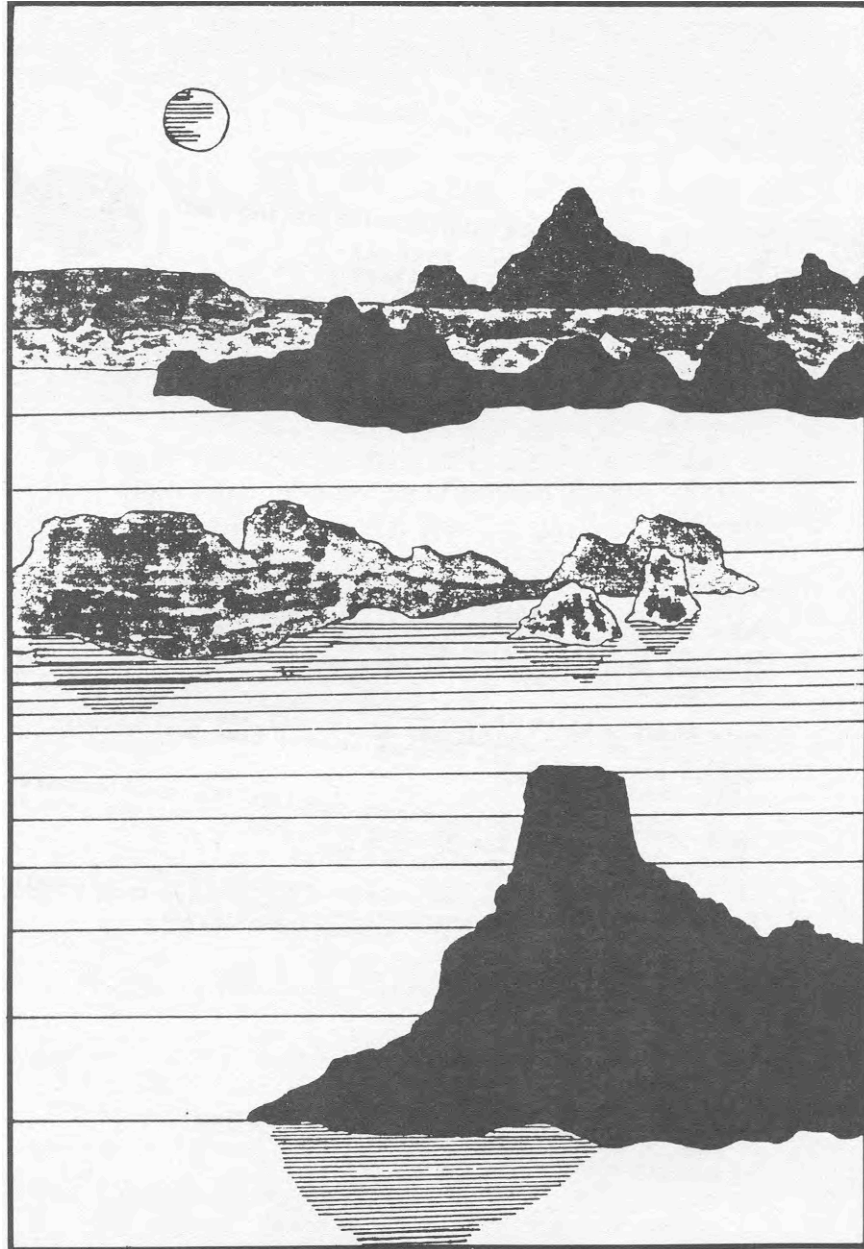


Glen Canyon Visitor Study



The
Visitor Services
Project



IN REPLY
REFER TO

United States Department of the Interior
NATIONAL PARK SERVICE
Glen Canyon National Recreation Area
Box 1507
Page, Arizona 86040



July 1988

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Glen Canyon National Recreation Area enjoy, the places they visit within the recreation area, and to more accurately count visitors.

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 of your time during your visit to Glen Canyon.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

John O. Lancaster
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 sticker provided and drop it in any U.S. mailbox.

IMPORTANT

When did you first enter Glen Canyon National Recreation Area this visit?

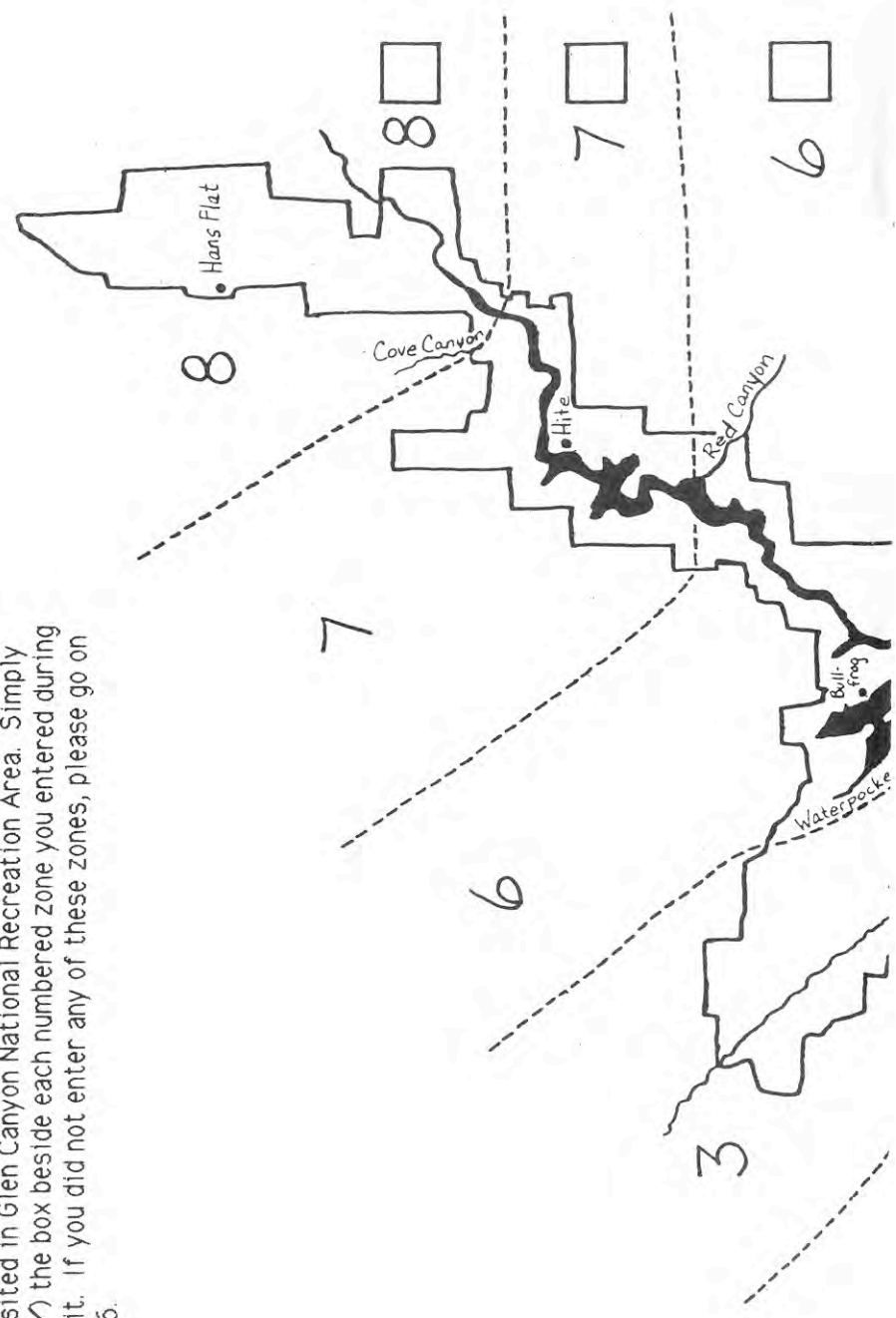
_____ DAY OF THE WEEK (M, T, W, Th, F, S, Su)

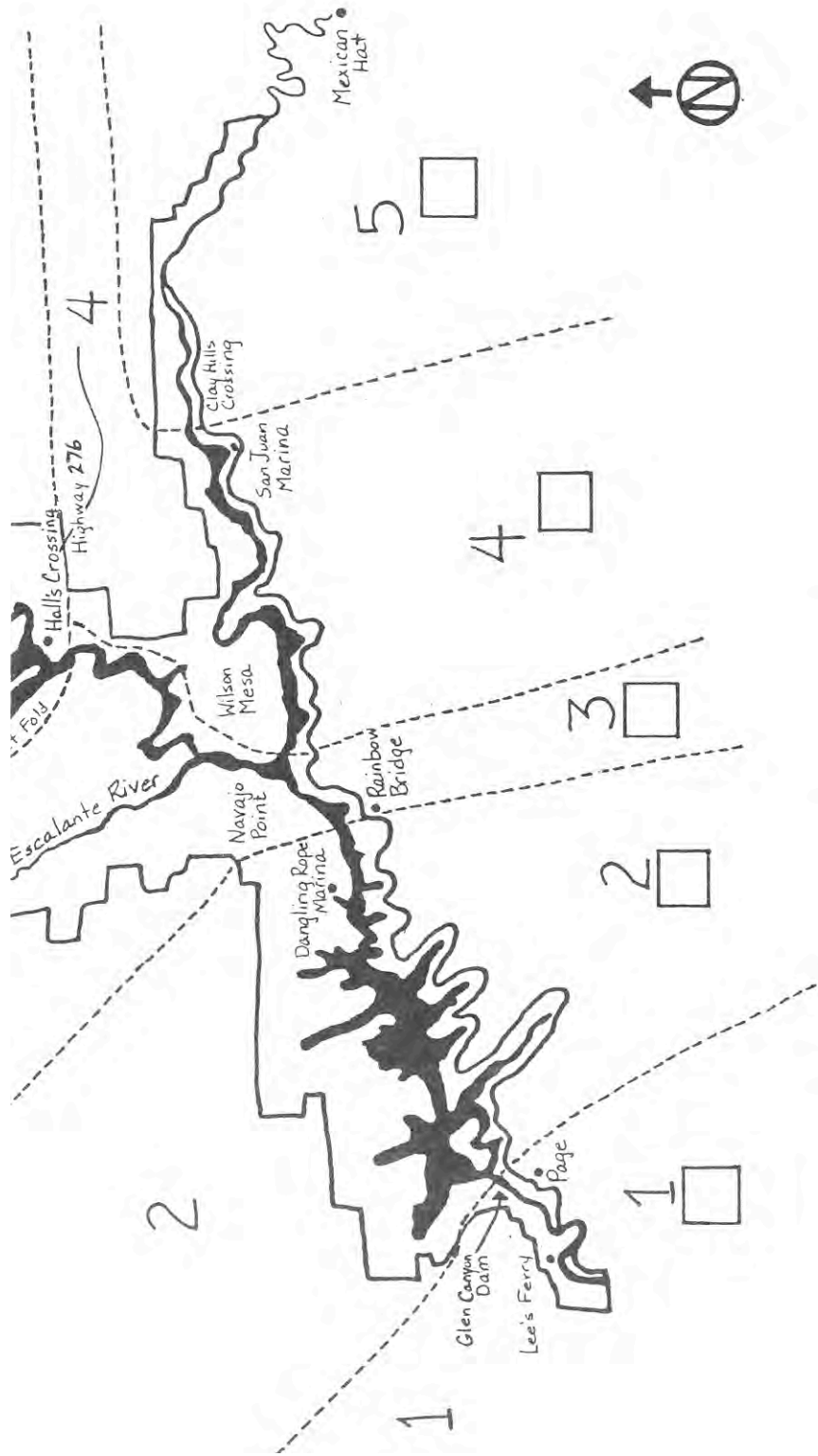
TIME OF DAY _____ a.m. OR _____ p.m.

PLEASE GO ON TO NEXT PAGE

PLACES YOU VISITED

On the map below, please indicate the zones you and your group visited in Glen Canyon National Recreation Area. Simply check (✓) the box beside each numbered zone you entered during your visit. If you did not enter any of these zones, please go on to page 6.





Glen Canyon National Recreation Area

PLEASE GO ON TO NEXT PAGE

YOUR ACTIVITIES

On the list below, please check () the activities that you or your group did in Glen Canyon National Recreation Area. Please check all that apply.

<u>PARTICIPATED</u>	<u>IMPORTANCE</u>
_____ DAY HIKE	_____
_____ CAMP OVERNIGHT IN BACKCOUNTRY	_____
_____ CLIMB	_____
_____ FISH	_____
_____ SWIM	_____
_____ NATURE STUDY	_____
_____ VIEW SCENERY	_____
_____ VIEW ARCHEOLOGICAL ?HISTORICAL RESOURCES	_____
_____ PHOTOGRAPHY	_____
_____ HORSEBACK RIDE	_____
_____ BICYCLE	_____
_____ BOAT/CANOE/RAFT	_____
_____ WATER SKI	_____
_____ MOTORIZED TRAVEL ON UNPAVED ROADS_____	_____
_____ OTHER (Please describe: _____)	_____

YOU AND YOUR OPINIONS

1. Did you and your group stay overnight in, or in the vicinity of Glen Canyon National Recreation Area this visit?

_____ YES

If so, how many nights did you spend in the area?

_____ NUMBER OF NIGHTS

_____ NO

If not, how many hours did you spend in Glen Canyon National Recreation Area this visit?

_____ NUMBER OF HOURS

2. How many people were in your group?

_____ NUMBER OF PEOPLE

3. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

_____)

4. For yourself and each member of your group, please indicate:

- 1) your age on your last birthday,
- 2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and
- 3) the number of times you have visited Glen Canyon National Recreation Area including this visit.

	AGE	ZIP CODE (country)	# TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
additional members:	_____		

5. What did you like most about this visit to Glen Canyon National Recreation Area?

6. What did you like least about this visit to Glen Canyon National Recreation Area?

7. Two significant non-recreational uses—grazing and mining/oil-gas operations-- are permitted in Glen Canyon National Recreation Area.

a) Please check below whether you and your group noticed any evidence of grazing, mining/oil-gas operations or no evidence of these uses during your visit?

_____ GRAZING

_____ MINERAL OPERATIONS

_____ NO EVIDENCE → PLEASE GO ON TO NEXT PAGE

b) How did this evidence impact your visit?
Please check in the proper column below.

GRAZING

MINERALS

_____ VERY POSITIVELY

_____ POSITIVELY

_____ NO IMPACT

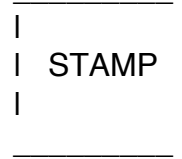
_____ NEGATIVELY

_____ VERY NEGATIVELY

c) Please describe what you noticed and where it was.

8. Is there anything else you would like to tell us about your visit to Glen Canyon National Recreation Area?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



OFFICIAL BUSINESS

Cooperative Park Studies Unit
College of Forestry, Wildlife and Range
Sciences
University of Idaho
Moscow, Idaho 83843