



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

Visitor Services Project

Lava Beds National Monument

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Lava Beds National Monument
1 Indian Well Headquarters
Tulelake, CA 96134

IN REPLY REFER TO:

May - June, 2007

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Lava Beds National Monument. This information will assist us in our efforts to better manage this park 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 this 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 Director, 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 black ink, appearing to read "D. Kruse".

David Kruse
Superintendent

This visitor study is partially funded by Recreation Fee Program funding.

DIRECTIONS

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) Seal it with the stickers provided.
- 4) Drop it in a U.S. mailbox.

Thank you!

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 Lava Beds National Monument

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.

1. a) Prior to your visit, how did you and your group obtain information about Lava Beds National Monument (NM)? Please check (√) **all** that apply in column (a).
- b) Prior to a future visit, how would you and your group prefer to obtain information about Lava Beds NM? Please check (√) **all** that apply in column (b).

a) Prior to this visit (√)

b) Prior to future visits (√)

- | | |
|---|---|
| <input type="checkbox"/> Obtained no information prior to visit | → Go on to part b
of this question |
| <input type="checkbox"/> Previous visits | <input type="checkbox"/> |
| <input type="checkbox"/> Friends/relatives/word of mouth | <input type="checkbox"/> |
| <input type="checkbox"/> Travel guides/tour books (such as AAA, etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> Maps/brochures | <input type="checkbox"/> |
| <input type="checkbox"/> Television/radio programs/videos | <input type="checkbox"/> |
| <input type="checkbox"/> Newspaper/magazine articles | <input type="checkbox"/> |
| <input type="checkbox"/> Email/telephone/written inquiry to park | <input type="checkbox"/> |
| <input type="checkbox"/> Lava Beds NM website: www.nps.gov/labe | <input type="checkbox"/> |
| <input type="checkbox"/> Other websites | <input type="checkbox"/> |
| <input type="checkbox"/> State welcome center | <input type="checkbox"/> |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> |
| <input type="checkbox"/> Information from local motel or other business | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please specify below.) | <input type="checkbox"/> |

a) _____ b) _____

- c) From the sources checked above, did you and your group receive the type of information about the park that you needed?

No Yes → **Go on to Question 2**

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

2. For this trip, what was the primary reason that you and your group visited the Lava Beds NM **area** (within 60 miles of the park)? Please check (✓) **one**.

_____ Resident of area → **Go on to Question 3**

_____ Visit Lava Beds NM

_____ Visit other attractions in the area

_____ Visit friends/relatives in the area

_____ Travel through to other destinations

_____ Business

_____ Other reasons (Please specify: _____)

3. On this trip, which of the following sites in the Lava Beds NM **area** (within 60 miles of the park) did you and your group visit?

_____ None → **Go on to Question 4**

_____ Tulelake National Wildlife Refuge _____ Modoc National Forest

_____ Medicine Lake _____ Glass Mountain

_____ Klamath National Forest _____ Tulelake Museum

_____ Lower Klamath National Wildlife Refuge

_____ Tulelake Internment Camp (WWII)

_____ Other (Please specify: _____)

4. a) In what community did you obtain support services (e.g. information, gas, food, lodging) for this visit to Lava Beds NM? Please check (✓) **all** that apply.

_____ None → **Go on to Question 5**

_____ Tulelake, CA _____ Newell, CA _____ Canby, CA

_____ Alturas, CA _____ Weed, CA _____ Dorris, CA

_____ Klamath Falls, OR _____ Merrill, OR _____ Tionesta, CA

_____ Other (Please specify: _____)

b) Were you and your group able to obtain all of the services that you needed in these communities?

_____ No

_____ Yes → **Go on to Question 5**

Please go on to the next page →

c) If NO, what services did you and your group need that were not available?

Service (List)	Comments (Please be specific.)
_____	_____
_____	_____
_____	_____

5. a) On this trip, did you and your group stay overnight **away from home** inside Lava Beds NM and/or in the **area** (within 60 miles of the park)?

_____ Yes _____ No → **Go on to Question 6**



b) If YES, please list the number of nights you and your group stayed inside Lava Beds NM and/or in the **area** (within 60 miles of the park).

_____ Number of nights inside Lava Beds NM
 _____ Number of nights in Lava Beds NM **area** (outside park)

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

d) In what type of lodging did you and your group spend the nights in the **area** (within 60 miles of the park)? Please check (√) **all** that apply in column (d).

c) Inside park (√)	d) In the area (√)	Type of lodging
n/a	_____	Lodge, hotel, motel, cabin, rented condo, B&B, etc.
_____	_____	Developed campground/RV trailer park
_____	_____	Backcountry camping
n/a	_____	Personal seasonal residence
_____	_____	Residence of friends or relatives
_____	_____	Other (Please specify below.)

c) _____ d) _____
 (Inside park) (In the area)

6. a) In what town/city did you and your group stay on the night before you arrived at Lava Beds NM? If you stayed at home, please write the name of your home town.

Nearest town/city: _____ State: _____

b) In what town/city did you and your group stay on the night after you left Lava Beds NM? If you stayed at home, please write the name of your home town.

Nearest town/city: _____ State: _____

7. a) On this visit, were the signs directing you and your group to and inside Lava Beds NM adequate? Please check (√) **one** answer for each of the following.

- | | | | |
|----------------------------------|-----------|----------|-------------------|
| Signs on interstates | _____ Yes | _____ No | _____ Did not use |
| Signs on state highways | _____ Yes | _____ No | _____ Did not use |
| City street signs in communities | _____ Yes | _____ No | _____ Did not use |
| Signs within Lava Beds NM | _____ Yes | _____ No | _____ Did not use |

b) If you answered NO for any of the above, please explain.

Sign location (List)	Comments (Please be specific.)
_____	_____
_____	_____
_____	_____

8. a) As you were planning your trip, what activities did you and your group expect to include on this visit? Please check (√) **all** that apply in column (a).

b) On this visit, what activities did you and your group participate in within Lava Beds NM? Please check (√) **all** that apply in column (b).

<u>a) Planned activities (√)</u>	<u>b) Activities on this visit (√)</u>
_____ Visiting caves	_____
_____ Walking trails	_____
_____ Camping	_____
_____ Viewing visitor center exhibits	_____
_____ Viewing outdoor exhibits	_____
_____ Use trail guides	_____
_____ Visiting historic sites	_____
_____ Attending ranger-led activities/programs	_____
_____ Nature study (viewing plants/wildlife, including birds)	_____
_____ Shopping in park bookstore	_____
_____ Picnicking	_____
_____ Painting/drawing/taking photographs	_____
_____ Other (Please specify below.)	_____

a) _____ b) _____

c) Which **one** of the above activities was the primary reason you and your group visited Lava Beds NM on this visit? Please list **one** response.

9. On this visit to Lava Beds NM, how long did you and your group spend visiting the park? List partial hours or days as 1/4, 1/2, 3/4.

_____ Number of hours **if less than 24 hours**

_____ Number of days **if 24 hours or more**

10. For this trip, please list the **order** in which you and your group visited the following sites in Lava Beds NM. **Please write 1, 2, 3, etc. on the line beside each site. If you did not visit a site, please leave the line blank.**

_____ Hospital Rock

_____ Captain Jack's Stronghold

_____ Wildlife overlooks

_____ Petroglyph Point

_____ Gillem's Camp

_____ Visitor center

_____ Fleener Chimneys

_____ Schonchin Butte

_____ Caves on Cave Loop Road

_____ Valentine Cave

_____ Mammoth Crater

_____ Merrill Ice Cave

_____ Skull Cave

_____ Other (Please specify: _____)

11. On this visit, what were the reasons that you and your group visited the Lava Beds NM visitor center? Please check (✓) **all** that apply.

_____ Did not visit visitor center → **Go on to Question 12**

_____ Obtain information

_____ Purchase items in visitor center bookstore

_____ View exhibits

_____ Other reasons (Please specify: _____)

12. a) On this visit, did you and your group attend any ranger-led activities/programs at Lava Beds NM?

_____ No

_____ Yes → b) If YES, what activities/programs did you and your group attend?



- c) If NO, why not? Please check (✓) **all** that apply.

_____ Not interested in activities/programs → **Go on to part d of this question**

_____ Lack of time

_____ Weather

_____ Activities/programs not scheduled often enough

_____ Other (Please specify: _____)

d) What would encourage you to attend a ranger-led activity/program in the future? Please check (✓) **all** that apply.

- Nothing → **Go on to Question 13**
- Programs scheduled more often
- Greater variety of program topics
- Greater variety of activities
- Other (Please specify: _____)

13. a) During your visit to Lava Beds NM, did you and your group learn about the following topics? Please check (✓) YES or NO for each topic.

b) Next, whether or not you checked YES or NO for this visit, please check (✓) **all** topics that you are interested in learning about on a future visit to Lava Beds NM in column (b).

<u>Topic</u>	a) Learned on this visit?		b) Interested on
	Yes (✓)	No (✓)	future visit? (✓)
Not interested in learning about any topics on a future visit			<input type="checkbox"/>
	→ Go on to Question 14		
Caves and cave life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Modoc War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock art and Modoc culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volcanism and surface volcanic features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native plants and animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a) _____ b) _____

14. What would make you and your group stay longer than you did in the Lava Beds NM **area**?

15. In your opinion, how appropriate is the amount of the current entrance fee (\$10/vehicle for 7 days) that you paid on this visit to Lava Beds NM?

Too low About right Too high

Please go on to the next page →

16. a) Please check (√) all of the visitor services and facilities that you or your group **used** in Lava Beds NM during this visit in column (a).
- b) Next, for only those services and facilities that you or your group **used**, please rate their importance to your visit from 1-5 in column (b).
- c) Finally, for only those services and facilities that you or your group **used**, please rate their quality from 1-5 in column (c).

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
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

_____ Park brochure/map	_____	_____
_____ Visitor center	_____	_____
_____ Visitor center exhibits	_____	_____
_____ Sales items in visitor center bookstore (selection, quality, price, etc.)	_____	_____
_____ Assistance from park staff	_____	_____
_____ Historic sites/interpretive trails	_____	_____
_____ Other trails (such as Lyons, Three Sisters, Whitney Butte, etc.)	_____	_____
_____ Outdoor exhibits	_____	_____
_____ Information boards	_____	_____
_____ Trail guides	_____	_____
_____ Ranger-led activities/programs	_____	_____
_____ Picnic areas	_____	_____
_____ Restrooms	_____	_____
_____ Campground	_____	_____
_____ Park website: www.nps.gov/labe (used before or during visit)	_____	_____

d) If you rated the **quality** of any services/facilities as 1 or 2, please explain why.

Service/facility (List)	Comment (Please be specific.)
_____	_____
_____	_____
_____	_____

17. What did you and your group like **most** and **least** about Lava Beds NM visitor center and outdoor exhibits?

a) **Visitor center exhibits** _____ Did not use → **Go on to part d**

b) Liked most: _____

c) Liked least: _____

d) **Outdoor exhibits** _____ Did not use → **Go on to Question 18**

e) Liked most: _____

f) Liked least: _____

18. It is the National Park Service’s responsibility to protect Lava Beds NM natural and cultural resources/attributes and visitor experiences that depend on them. How important is protection of the following to you and your group? Please circle **one** answer for each resource/attribute/experience.

Resource/attribute/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Caves/volcanic landscape	1	2	3	4	5
Clean air	1	2	3	4	5
Scenic views	1	2	3	4	5
Natural quiet/sounds of nature	1	2	3	4	5
Night sky (stargazing)	1	2	3	4	5
Solitude	1	2	3	4	5
Threatened/endangered species	1	2	3	4	5
Historic sites/cultural resources	1	2	3	4	5
Archeological sites	1	2	3	4	5
Native plants/animals	1	2	3	4	5
Recreational opportunities (hiking, camping, etc.)	1	2	3	4	5
Educational opportunities	1	2	3	4	5
Wilderness	1	2	3	4	5

Please go on to the next page →

19. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your group at Lava Beds NM during this visit? Please circle **one**.

Very poor Poor Average Good Very good

20. For you and your group, please report all expenditures for the items listed below during this visit to Lava Beds NM and the surrounding area (within 60 miles).

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

- a) Please list your group's total expenditures inside Lava Beds NM in column (a).
b) Please list your group's total expenditures in the **area outside** the park (within 60 miles) in column (b).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to visit Lava Beds NM.

	EXPENDITURES	
	a) Inside Lava Beds NM	b) In surrounding area outside park
Lodge, hotel, motel, cabin, etc.	n/a	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges	n/a	\$ _____
Restaurants and bars	n/a	\$ _____
Groceries and snacks	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses: (including rental cars, taxis, etc., but NOT airfare)	n/a	\$ _____
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.

21. 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.)

26. 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 (√) **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	_____	_____	_____	_____	_____

27. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

Yes No → **Go on to Question 28**

b) If YES, on this visit, what activities or services did the person(s) have difficulty accessing or participating in? Please check (√) **all** that apply.

- Visitor center
- Ranger-led activities/programs
- Trails
- Campground
- Other (Please specify: _____)
- Visitor center exhibits
- Restrooms
- Caves

c) Because of the physical condition, what specific problems did the person(s) have? Please check (√) **all** that apply.

- Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)
- Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- Other (Please specify: _____)

28. a) What did you and your group like **most** about your visit to Lava Beds NM?

b) What did you and your group like **least** about your visit to Lava Beds NM?

29. On a future visit, how would you and your group prefer to learn about cultural and natural history/features of Lava Beds NM? Please check (✓) **all** that apply.

_____ Not interested in learning about the park → **Go on to Question 30**

_____ Indoor exhibits _____ Park website: www.nps.gov/labe

_____ Outdoor exhibits _____ Ranger-led activities/programs

_____ Self-guided tours _____ Interactive computer programs

_____ Volunteer opportunities _____ Junior Ranger program

_____ Children’s programs (other than Junior Ranger program)

_____ Teacher materials/education kits

_____ Audiovisual programs (video, movie, etc.)

_____ Electronic media (downloadable digital files, MP3 players, etc.)

_____ Printed materials (brochures, books, maps, etc.)

_____ Other (Please specify: _____)

30. If you were a manager planning for the future of Lava Beds NM, what would you propose? Please be specific.

31. Is there anything else you and your group would like to tell us about your visit to Lava Beds NM?

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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