



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

# Great Smoky Mountains National Park

## Visitor Study



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

Great Smoky Mountains National Park  
107 Park Headquarters Road  
Gatlinburg, TN 37738

IN REPLY REFER TO:

June, 2008

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Great Smoky Mountains National Park. This information will help us improve our management of this park and better serve you, our visitor.

This questionnaire will be given to only 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 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](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dale A. Ditmanson".

Dale A. Ditmanson  
Superintendent

**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) For questions that use circles (○), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this: ● Not like this: (✓) (X) ( / )

- 4) Seal it with the stickers provided.
- 5) 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 to the next page →

## Your Visit To Great Smoky Mountains National Park

**NOTE:** In this questionnaire, **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 personal group obtain information to plan your visit to Great Smoky Mountains National Park (NP)? Please mark (●) **all** that apply in column (a).
- b) If you were to visit Great Smoky Mountain NP in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

**a) Prior to this visit (●)**

**b) On future visits (●)**

- |  |                                      |
|--|--------------------------------------|
| <input type="radio"/> Obtained no information prior to visit →   | <b>Go to part b of this question</b> |
| <input type="radio"/> Previous visits  | <input type="radio"/>                |
| <input type="radio"/> Friends/relatives/word of mouth  | <input type="radio"/>                |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.)   | <input type="radio"/>                |
| <input type="radio"/> Maps/brochures   | <input type="radio"/>                |
| <input type="radio"/> Newspaper/magazine articles  | <input type="radio"/>                |
| <input type="radio"/> E-mail/telephone/written inquiry to park   | <input type="radio"/>                |
| <input type="radio"/> Television/radio programs/DVDs   | <input type="radio"/>                |
| <input type="radio"/> Great Smoky Mountains NP website: <a href="http://www.nps.gov/grsm/">www.nps.gov/grsm/</a> | <input type="radio"/>                |
| <input type="radio"/> Other websites   | <input type="radio"/>                |
| <input type="radio"/> Smokies trip planner information (by mail or internet)                                     | <input type="radio"/>                |
| <input type="radio"/> State welcome center/Chamber of Commerce   | <input type="radio"/>                |
| <input type="radio"/> School class/program   | <input type="radio"/>                |
| <input type="radio"/> Information from local motel or other business   | <input type="radio"/>                |
| <input type="radio"/> Other (Please specify)   | <input type="radio"/>                |

This visit \_\_\_\_\_ Future visit \_\_\_\_\_

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

- No                       Yes → **Go to Question 2**

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

---

2. **Prior to this visit**, were you and your personal group aware that Great Smoky Mountains NP is managed by the National Park Service?

Yes       No

3. a) On this trip, where did you and your personal group **first** enter the park? Please mark (●) **only one**.

b) On this trip, where did you **leave** the park for the last time? Please mark (●) **one**.

Location	Gatlinburg	Townsend	Cades Cove	Cherokee	Other (Please specify)
----------	------------	----------	------------	----------	------------------------

a) First entry into park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
--------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------------

b) Last exit from park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------------

4. On this visit, what was the **primary** reason that you and your personal group visited the Great Smoky Mountains NP area (within 50 miles of the park, including Knoxville, Asheville, and other towns)? Please mark (●) **only one**.

- Resident of area → **Go to Question 5**
- Visit Great Smoky Mountains NP
- Visit other area attractions (theme parks, shopping, shows, etc)
- Attend area special event
- View mountain scenery
- Participate in area recreation (hiking, rafting, fishing, etc.)
- Visit friends/relatives in the area
- Business
- Other (Please specify) \_\_\_\_\_

5. a) On this trip to Great Smoky Mountains NP, how long did you and your personal group spend visiting the park?

\_\_\_\_\_ Number of hours **if less than 24 hours** (e.g. ¼ hr, 1 ½ hrs, 5 ¾ hrs)

OR

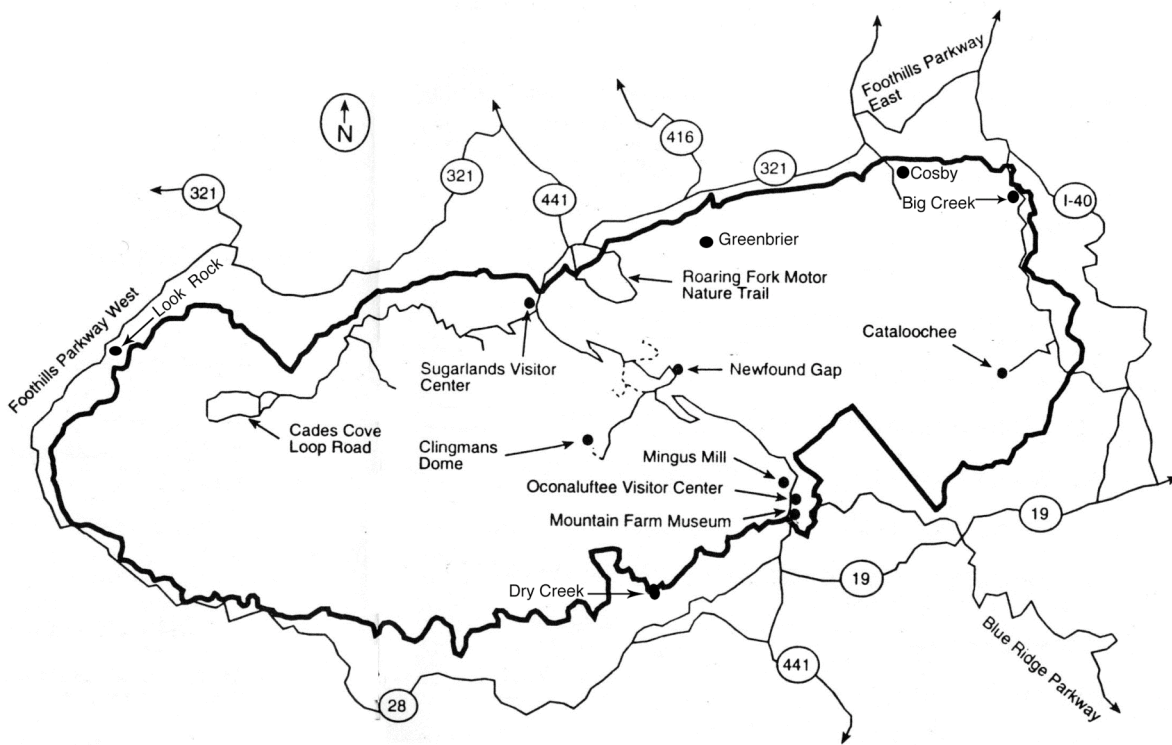
\_\_\_\_\_ Number of days **if 24 hours or more** (e.g. 1 ¼ day, 2 ½ days, 3 ¾ days)

b) On this trip (including if you visited on more than one day), what was the total time that you spent **outside your vehicle** in Great Smoky Mountains NP? Please mark (●) **only one**.

- Less than 1 hour                       From 1 to nearly 2 hours  
 From 2 to nearly 3 hours               3 hours or more

c) **On this trip**, how many times did you and your personal group enter Great Smoky Mountains NP? Please mark (●) **only one**.

- Once  
 2 to 4 times  
 5 or more times



6. a) On this trip, which of the following sites in Great Smoky Mountains NP did you visit? Please mark (●) **all** that apply. Use the map on the previous page to help you locate the sites.

b) Next, only for the sites that you **visited**, please list the amount of time you spent at each location in hours OR days. List partial hours or days as 1/4, 1/2, 3/4.

Did not stop at any places in the park → **Go to Question 7**

a) Visited park location

b) Time spent

Mark (●) \_\_\_\_\_ Hours spent— Days spent—  
If less than 24 hours If more than 24 hours

- Cades Cove Loop Road \_\_\_\_\_hours
- Deep Creek \_\_\_\_\_hours OR \_\_\_\_\_days
- Cosby \_\_\_\_\_hours OR \_\_\_\_\_days
- Roaring Fork Motor Nature Trail \_\_\_\_\_hours
- Sugarlands Visitor Center \_\_\_\_\_hours
- Newfound Gap \_\_\_\_\_hours OR \_\_\_\_\_days
- Clingmans Dome \_\_\_\_\_hours OR \_\_\_\_\_days
- Mingus Mill \_\_\_\_\_hours
- Oconaluftee Visitor Center \_\_\_\_\_hours
- Mountain Farm Museum \_\_\_\_\_hours
- Cataloochee \_\_\_\_\_hours OR \_\_\_\_\_days
- Big Creek \_\_\_\_\_hours OR \_\_\_\_\_days
- Look Rock \_\_\_\_\_hours OR \_\_\_\_\_days
- Greenbrier \_\_\_\_\_hours
- Other (Please specify) \_\_\_\_\_hours OR \_\_\_\_\_days
- \_\_\_\_\_

7. a) As you were planning for this trip, what activities did you and your personal group **expect** to include in this visit? Please mark (●) **all** that apply in column (a).

b) On this trip, what activities did you and your personal group **participate** in while in Great Smoky Mountains NP? Please mark (●) **all** that apply in column (b).

a) Activities expected (●)

b) Activities on this trip (●)

- |                       |   |                       |
|-----------------------|---|-----------------------|
| <input type="radio"/> | Viewing scenery/taking scenic drive     | <input type="radio"/> |
| <input type="radio"/> | Viewing wildlife                        | <input type="radio"/> |
| <input type="radio"/> | Visiting historic sites                 | <input type="radio"/> |
| <input type="radio"/> | Walking/hiking                          | <input type="radio"/> |
| <input type="radio"/> | Viewing wildflowers                     | <input type="radio"/> |
| <input type="radio"/> | Bicycling                               | <input type="radio"/> |
| <input type="radio"/> | Horseback riding                        | <input type="radio"/> |
| <input type="radio"/> | Picnicking                              | <input type="radio"/> |
| <input type="radio"/> | Tubing/swimming/boating                 | <input type="radio"/> |
| <input type="radio"/> | Backpacking/overnight hiking            | <input type="radio"/> |
| <input type="radio"/> | Attending park program or special event | <input type="radio"/> |
| <input type="radio"/> | Camping in developed campgrounds        | <input type="radio"/> |
| <input type="radio"/> | Photography                             | <input type="radio"/> |
| <input type="radio"/> | Fishing                                 | <input type="radio"/> |
| <input type="radio"/> | Other (Please specify)                  | <input type="radio"/> |

Expected \_\_\_\_\_ Participated in \_\_\_\_\_

c) Which of the above activities was most important to you and your personal group on this visit? Please list **only one**.

\_\_\_\_\_

8. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the Great Smoky Mountains NP or in the surrounding area (within 50 miles of park, including Knoxville, Asheville, and other towns)?

- Yes                       No → **Go to Question 9**



b) and c) If YES, how many nights did you and your personal group spend in the following types of accommodations? Please write the number of nights stayed.

<b>b) Number of nights inside park</b>	<b>c) Number of nights outside park within 50 miles</b>
n/a Lodge, motel, cabin, rented condo/home, or bed & breakfast	_____
_____ Camping in developed campground	_____
↘ Camping location inside park _____	
_____ Backcountry campsite	_____
n/a Personal seasonal residence	_____
n/a Residence of friends or relatives	_____
_____ Other (Please specify below)	_____
Inside _____	Outside _____

9. a) On this trip, did you and your personal group visit either Sugarlands or Oconaluftee Visitor Centers? Please mark (●) **one**.

Yes  
↓

No  
↓

b) If you visited one or both park visitor centers, what were your reasons for visiting? Please mark (●) **all** that apply.

- Obtain information
- View exhibits
- Use restrooms
- Visit bookstore
- View park film
- Other (Please specify)  
\_\_\_\_\_

c) If you did not visit a park visitor center, why not? Please mark (●) **all** that apply.

- Have visited in the past
- Not interested
- Not enough time
- Other (Please specify)  
\_\_\_\_\_

**Go to Question 11**

10. a) If you visit the visitor center bookstores in Great Smoky Mountains in the future, are there any sales items that you and your group would like to purchase that are not currently available?

- Yes                       No → **Go to Question 11**

b) If YES, what items would you like to have available for purchase? Please mark (●) **all** that apply.

- Additional publications (books, brochures, etc.)  
 ▼ List subjects that you are interested in: \_\_\_\_\_
- CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.
- Additional maps (besides the park brochure map)
- Other (Please specify) \_\_\_\_\_

11. Great Smoky Mountains NP was established for viewing scenery, conserving natural and cultural resources, and promoting public enjoyment of the resources. On this visit, how important were the following attributes/resources to you? Please mark (●) **one** answer for each attribute/resource.

<b>Attribute/resource</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air/visibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark, starry night sky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, camping, fishing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If you were to camp in Great Smoky Mountains NP in the future, would you and your personal group like to have the following services available in the park?

Not interested in camping → **Go to Question 13**

- Showers  Yes  No
- Electrical and water hookups in campground  Yes  No

13. a) Please mark (●) **all** information services and facilities that you and your personal group **used** in Great Smoky Mountains NP during this visit.
- b) Next, for only those services and facilities that you and your personal group **used**, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities that you and your personal group **used**, please rate their quality from 1-5.

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

Mark (●)

<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper: <i>Smokies Guide</i>	_____	_____
<input type="radio"/> Visitor center information desk	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center movie	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Self-guided nature trails	_____	_____
<input type="radio"/> Sales items in visitor center bookstore (selection, price, etc.)	_____	_____
<input type="radio"/> Evening programs in campgrounds	_____	_____
<input type="radio"/> Ranger-led walks/talks	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Roadside exhibits	_____	_____
<input type="radio"/> Bulletin boards	_____	_____
<input type="radio"/> Park bookstores (sales item selection, price, etc.)	_____	_____
<input type="radio"/> Great Smoky Mountains NP website: <a href="http://www.nps.gov/grsm/">www.nps.gov/grsm/</a> (used before or during visit)	_____	_____

- d) If you and your personal group have comments on any of the above services and facilities, please use the lines below.

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

14. a) Please mark (●) **all** visitor services and facilities that you and your personal group **used** in Great Smoky Mountains NP during this visit.
- b) Next, for only those services and facilities that you and your personal group **used**, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities that you and your personal group **used**, please rate their quality from 1-5.

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

- |  |       |       |
|--|-------|-------|
| <input type="radio"/> Restrooms                                | _____ | _____ |
| <input type="radio"/> Trails                                   | _____ | _____ |
| <input type="radio"/> Backcountry trail shelters               | _____ | _____ |
| <input type="radio"/> Backcountry campsites                    | _____ | _____ |
| <input type="radio"/> Campgrounds (other than backcountry)     | _____ | _____ |
| <input type="radio"/> Picnic areas                             | _____ | _____ |
| <input type="radio"/> Park information radio station (1610 AM) | _____ | _____ |
| <input type="radio"/> Concession horseback ride                | _____ | _____ |
| <input type="radio"/> Roadway directional signs outside park   | _____ | _____ |

d) If you and your personal group have comments on any of the above services and facilities, please use the lines below.

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

15. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Great Smoky Mountains NP during this visit? Please mark (●) **one**.

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very poor             | Poor                  | Average               | Good                  | Very good             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

\_\_\_\_\_ Number of people

b) On this trip, how many vehicles did you and your personal group use to arrive at the park?

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

17. On this trip, were you and your personal group part of the following types of organized groups? Please mark (●) **one** for each.

a) Commercial guided tour group  Yes  No

b) School/educational group  Yes  No

c) Other group (business, church, scout, etc.)  Yes  No

18. On this trip, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**.

Alone

Family

Friends

Family and friends

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

19. For you and your personal group on this trip, please provide the following. If you do not know the answer, please leave it blank.

	a) Current age	b) U.S. Zip Code or name of country other than U.S.	c) Number of visits made to Great Smoky Mountains NP (including this visit) lifetime
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

20. a) & b) When visiting an area such as Great Smoky Mountains NP, what **one** language do you and most members of your personal group prefer to use for the following?

a) Speaking:  English  Other (Specify) \_\_\_\_\_

b) Reading:  English  Other (Specify) \_\_\_\_\_

- c) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify a service or mark (●) "None."

Service (Specify) \_\_\_\_\_  None

21. a) Are you or members of your personal group Hispanic or Latino? Please mark (●) **one** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
YES, Hispanic or Latino?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for you and each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in activities or services at Great Smoky Mountains NP?

Yes  No → **Go to Question 23**



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

- Visitor center  Visitor center exhibits
- Ranger-led activities/programs  Restrooms
- Trails  Campground
- Other (Please specify) \_\_\_\_\_

c) Because of the physical condition, what specific problems did the person(s) have? Please mark (●) **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) \_\_\_\_\_

23. For you only, please indicate the highest level of education you have completed. Please mark (●) **only one**.

- Some high school
- High School Diploma/GED
- Some college
- Bachelor's degree
- Graduate degree

24. Which category best represents your annual **household** income? Please mark (●) **only one**.

- Less than \$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 or more
- Do not wish to answer

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

25. Is there anything else you and your personal group would like to tell us about your visit to Great Smoky Mountains NP?

---



---



---

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**



