Great Smoky Mountains National Park

Visitor Study
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.

We appreciate your help.

Sincerely,

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 (〇), 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: 〇  Not like this: ✓ × /

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

Go to part b of this question  

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

This visit  
Future visit  

Go to part b of this question  

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
Great Smoky Mountains NP Visitor Study

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**.

<table>
<thead>
<tr>
<th>Location</th>
<th>Gatlinburg</th>
<th>Townsend</th>
<th>Cades Cove</th>
<th>Cherokee</th>
<th>Other (Please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) First entry into park</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b) Last exit from park</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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.

- O Less than 1 hour
- O From 1 to nearly 2 hours
- O From 2 to nearly 3 hours
- O 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.

- O Once
- O 2 to 4 times
- O 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.

O Did not stop at any places in the park ➔ Go to Question 7

<table>
<thead>
<tr>
<th>Visited park location</th>
<th>Hours spent—</th>
<th>Days spent—</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If less than 24 hours</td>
<td>If more than 24 hours</td>
</tr>
</tbody>
</table>

O Cades Cove Loop Road     ______hours
O Deep Creek               ______hours OR ______days
O Cosby                   ______hours OR ______days
O Roaring Fork Motor Nature Trail ______hours
O Sugarlands Visitor Center ______hours
O Newfound Gap             ______hours OR ______days
O Clingmans Dome           ______hours OR ______days
O Mingus Mill              ______hours
O Oconaluftee Visitor Center ______hours
O Mountain Farm Museum     ______hours
O Cataloochee              ______hours OR ______days
O Big Creek                ______hours OR ______days
O Look Rock                ______hours OR ______days
O Greenbrier               ______hours
O 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 (●)

O Viewing scenery/taking scenic drive
O Viewing wildlife
O Visiting historic sites
O Walking/hiking
O Viewing wildflowers
O Bicycling
O Horseback riding
O Picnicking
O Tubing/swimming/boating
O Backpacking/overnight hiking
O Attending park program or special event
O Camping in developed campgrounds
O Photography
O Fishing
O Other (Please specify)

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)?

O Yes O 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.

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

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)

- [ ] Have visited in the past
- [ ] Not interested
- [ ] Not enough time
- [ ] Other (Please specify)

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

- [ ] 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.)
- CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.
- Additional maps (besides the park brochure map)
- Other (Please specify)

List subjects that you are interested in: ___________________________

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.

<table>
<thead>
<tr>
<th>Attribute/resource</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenic views</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Plants</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Animals</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Clean water</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Clean air/visibility</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Solitude</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Natural quiet/sounds of nature</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dark, starry night sky</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Historic buildings</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Educational opportunities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Recreational opportunities (hiking, camping, fishing, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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
- Electrical and water hookups in campground
  - Yes
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

   Mark (●)

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

   b) If used, how important?  
   1=Not important  
   2=Somewhat important  
   3=Moderately important  
   4=Very important  
   5=Extremely important

   c) If used, what quality?  
   1=Very poor  
   2=Poor  
   3=Average  
   4=Good  
   5=Very good

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.

<table>
<thead>
<tr>
<th>a) Visitor services and facilities used</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=Not important</td>
<td>1=Very poor</td>
</tr>
<tr>
<td></td>
<td>2=Somewhat important</td>
<td>2=Poor</td>
</tr>
<tr>
<td></td>
<td>3=Moderately important</td>
<td>3=Average</td>
</tr>
<tr>
<td></td>
<td>4=Very important</td>
<td>4=Good</td>
</tr>
<tr>
<td></td>
<td>5=Extremely important</td>
<td>5=Very good</td>
</tr>
</tbody>
</table>

O Restrooms
O Trails
O Backcountry trail shelters
O Backcountry campsites
O Campgrounds (other than backcountry)
O Picnic areas
O Park information radio station (1610 AM)
O Concession horseback ride
O 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
O | O | O | O | O

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.

<table>
<thead>
<tr>
<th></th>
<th>a) Current age</th>
<th>b) U.S. Zip Code or name of country other than U.S.</th>
<th>c) Number of visits made to Great Smoky Mountains NP (including this visit lifetime)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #2</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #3</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #4</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #5</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #6</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #7</td>
<td>______</td>
<td>______________________</td>
<td>______</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, Hispanic or Latino?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>NO, not Hispanic or Latino</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Asian</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Black or African American</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>White</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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?

O 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.

O Visitor center  ○ Visitor center exhibits

O Ranger-led activities/programs  ○ Restrooms

O Trails  ○ Campground

O 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
- Bachelor’s degree
- Graduate degree
- Some college

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.

Printed on recycled paper