

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

Visitor Services Project

Great Smoky Mountains National Park Fall Visitor Study



OMB Approval 1024-0224 (NPS# 08-025)

Expiration date: 12/31/2008



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:

October, 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 (O), 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: (1)





- 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: littlei@uidaho.edu.

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 <u>does not</u> include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

- 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 (●)
Ο	Obtained no information prior to visit →	Go to part b of this question
Ο	Previous visits	Ο
Ο	Friends/relatives/word of mouth	Ο
Ο	Travel guides/tour books (such as AAA, etc	c.) O
Ο	Maps/brochures	Ο
Ο	Newspaper/magazine articles	Ο
Ο	E-mail/telephone/written inquiry to park	Ο
Ο	Television/radio programs/DVDs	Ο
Ο	Great Smoky Mountains NP website: www.	nps.gov/grsm/ O
Ο	Other websites	Ο
Ο	Smokies trip planner information (by mail o	r internet) O
Ο	State welcome center/Chamber of Comme	rce O
Ο	School class/program	Ο
Ο	Information from local motel or other busine	ess O
Ο	Other (Please specify)	
This visit	Future visit_	
c) From type c	the sources marked above, did you and you of information about the park that you needed	r personal group receive the
Ο	No O Yes → Go to Ques	tion 2

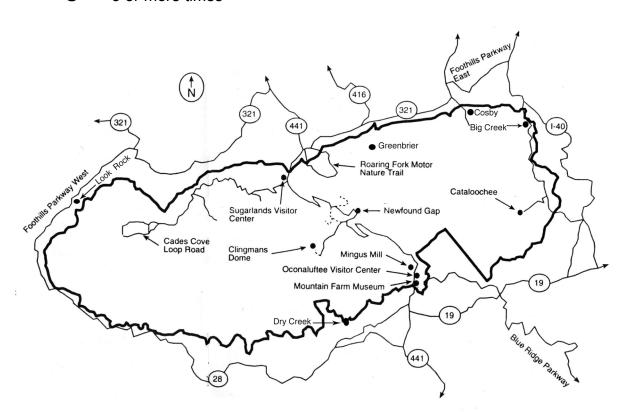
Orc	d) If NO, what type of park information did you and your personal group need that was not available? Please be specific.									
2.	Prior t	o this	s visit , wer NP is mana	e you and ged by the	your person National Pa	al group av ark Service	vare that ?	Great Smoky		
	0	Y	es	0 1	lo					
	 3. a) On 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. 									
Lo	cation		Gatlinburg	Townsend	Cades Cove	Cherokee	Other (PI	ease specify)		
a)	First e	•	0	Ο	O	0	Ο			
b)	Last e		0	0	0	0	0			
4.	visited	d the	Great Smol	ky Mounta	ins NP area	(within 50	miles of t	rsonal group the park,) only one.		
	0	Resi	ident of are	a → Go	to Question	5				
	0	Visit	Great Smo	oky Mounta	ains NP					
	0	Visit	other area	attractions	s (theme par	ks, shoppi	ng, show	rs, etc)		
	0	Atte	nd area spe	ecial event						
	0	View	v mountain	scenery						
	0	Part	icipate in a	rea recrea	tion (hiking,	rafting, fish	ing, etc.))		
	0	Visit	friends/rela	atives in th	e area					
	0	Busi	ness							
	0	Othe	er (Please s	specify)						
5.	,		rip to Great group spe	-	ountains NP the park?	, how long	did you a	and your		
		_ Nur	mber of hou	urs if less	than 24 hoເ	ı rs (e.g. ¼	hr, 1 ½ h	nrs, 5 ¾ hrs)		
	OR									
		_ Nur	mber of day	/s if 24 ho	urs or more	e (e.g. 1 1/4	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



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 a) Visited park location b) Time spent Hours spent— Days spent— Mark (●) If less than 24 hours If more than 24 hours O Cades Cove Loop Road hours \mathbf{O} ____hours OR ____days Deep Creek \mathbf{O} ____hours OR ____days Cosby O Roaring Fork Motor Nature Trail hours hours Sugarlands Visitor Center O **Newfound Gap** ____hours OR ____days O ____hours OR ____days Clingmans Dome \mathbf{O} Mingus Mill hours Oconaluftee Visitor Center hours O hours Mountain Farm Museum O Cataloochee hours OR days O Big Creek hours OR days Look Rock ____hours OR ____days O Greenbrier hours 0Other (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).

<u>a) A</u>	ctivities	expected (●)	b) Activities on this trip (●)
	Ο	Viewing scenery/taking scenic drive	Ο
	0	Viewing wildlife	Ο
	Ο	Visiting historic sites	Ο
	0	Walking/hiking	Ο
	Ο	Viewing wildflowers	Ο
	Ο	Bicycling	0
	Ο	Horseback riding	0
	Ο	Picnicking	0
	Ο	Tubing/swimming/boating	0
	Ο	Backpacking/overnight hiking	0
	Ο	Attending park program or special event	0
	Ο	Camping in developed campgrounds	0
	Ο	Photography	0
	Ο	Fishing	0
	Ο	Other (Please specify)	0
Е	Expected	d Participated in _	
	c) Whicl	h of the above activities was most important to on this visit? Please list only one .	
8. a	perm	is trip, did you and your personal group stay anent residence in the Great Smoky Mount (within 50 miles of park, including Knoxville,	ains NP or in the surrounding
	Ο	Yes O No → Go to Que	estion 9

are not currently available?

Yes

O

O

Great Smoky Mountains NP Visitor Study 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) Number of nights c) Number of nights outside park within 50 miles inside park n/a Lodge, motel, cabin, rented condo/home, or bed & breakfast Camping in developed campground Camping location inside park Backcountry campsite Personal seasonal residence n/a 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. 0No Yes c) If you did not visit a park visitor b) If you visited one or both park visitor center, why not? Please mark (●) centers, what were your reasons for visiting? Please mark (•) all that apply. all that apply. \mathbf{O} \mathbf{O} Obtain information Have visited in the past View exhibits Not interested \mathbf{O} Use restrooms Not enough time O Visit bookstore Other (Please specify) View park film Go to Question 11 0 Other (Please specify) 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

No → Go to Question 11

		S, what items would you (●) all that apply.	like to hav	ve availabl	e for purch	ase? Plea	ase				
	Ο	Additional publications (books, br	ochures, e	tc.)						
		■ List subjects that you are interested in:									
	Ο	CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.									
	Ο	Additional maps (besides the park brochure map)									
	0	Other (Please specify)_									
11.	natural On this	moky Mountains NP was and cultural resources, a visit, how important were mark (•) one answer for	nd promo	ting public ving attribu	enjoyment ites/resour	t of the re	sources.				
	Attribu	ute/resource	Not important	Somewhat important	Moderately important	Very important	Extremely important				
	Scenic	views	Ο	Ο	Ο	Ο	Ο				
	Plants		Ο	Ο	0	Ο	Ο				
	Anima	ıls	Ο	0	0	Ο	0				
	Clean	water	Ο	0	0	Ο	0				
	Clean	air/visibility	Ο	0	0	Ο	0				
	Solitud	е	0	0	0	Ο	Ο				
	Natura	I quiet/sounds of nature	0	0	0	Ο	0				
	Dark, s	starry night sky	0	0	0	Ο	Ο				
	Histori	c buildings	0	0	0	Ο	0				
	Educat	tional opportunities	0	0	0	Ο	0				
		ational opportunities ag, camping, fishing, etc.)	Ο	Ο	0	Ο	Ο				
12.	•	rere to camp in Great Sm rsonal group like to have	•								
	Ο	Not interested in campin	g → Go	to Questic	on 13						
	Showe	rs	Ο	Yes		Ο	No				
		cal and water kups in campground	0	Yes		Ο	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.

,	Information services and facilities used	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good
<u>IVI</u>	ark (●)	5=Extremely important	5=Very good
Ο	Park brochure/map		
Ο	Park newspaper: Smokies Guide		
Ο	Visitor center information desk		
Ο	Visitor center exhibits		
Ο	Visitor center movie		
Ο	Assistance from park staff		
Ο	Self-guided nature trails		
Ο	Sales items in visitor center bookstore (selection, price, etc.)	e	
Ο	Evening programs in campgrounds		
Ο	Ranger-led walks/talks		
Ο	Junior Ranger program		
Ο	Roadside exhibits		
Ο	Bulletin boards		
Ο	Park bookstores (sales item selection, p	price, etc.)	
Ο	Great Smoky Mountains NP website: www.nps.gov/grsm/ (used before or de		
d)	If you and your personal group have co and facilities, please use the lines below		bove services
S	Service/facility (List) Con	nment (Please be specif	ic)
			

- 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.

		sitor services a	and		b) If use how imp 1=Not in 2=Some 3=Mode 4=Very i	portant nportant what im rately in	portant portant	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good	
_	Mark	(●)			5=Extre			5=Very good	_
	0	Restrooms							
	Ο	Trails							
	Ο	Backcountry tr	ail shelters						
	Ο	Backcountry c	ampsites						
	Ο	Campgrounds	(other than	backcoun	try)				
	Ο	Picnic areas							
	Ο	Park information	on radio stat	ion (1610	AM)				
	Ο	Concession ho	orseback ride	е					
	Ο	Roadway direc	ctional signs	outside p	ark				
	an	you and your pend facilities, plea	se use the li	ines belov	٧.	-	of the al		
15.	recr	erall, how would eational opportu oky Mountains N	inities provid	ded to you	and yo	ur pers	onal grou	vices, and up at Great	
	Ve	ery poor	Poor	Averag	е	Good	١ ١	Very good	
		0	Ο	Ο		Ο		Ο	
16.	a) O	n this trip, how r	nany people	were in y	our per	sonal gı	roup, incl	uding yourself	?

Number of people

	b) On at t	this t he pa		•							
		N	Numbe	er of vehicles	6						
17.	On th	is trip iized (, were	you and yous? Please ma	ur perso ark (●) o	nal grou	up part o each.	of the foll	owing	types	of
	a) Co	mmer	cial g	uided tour gr	oup		Ο	Yes		0	No
	b) Scl	hool/e	educat	ional group			Ο	Yes		0	No
	c) Oth	ner gr	oup (b	ousiness, chu	urch, sc	out, etc.) O	Yes		Ο	No
18.	On th	is trip) wer	, what e you	kind of pers	onal groe mark (oup (not ●) one .	guided	tour/sch	ool/oth	er org	anized
	Ο	Alon	ie			0	Family	/			
	Ο	Frie	nds			Ο	Family	and frie	ends		
	Ο	Othe	er (Ple	ase specify)							
19.		ot kno	w the	ir personal g answer, ple	ase lea	ve it blar	nk.				-
19.		ot kno		answer, ple	ase lead b) U.S or n coun		nk. ode to	c) Num Great S	iber of Smoky cluding	f visits Mou	s made ntains NF
		ot kno	w the Curre	answer, ple	ase lead b) U.S or n coun	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You	do no	ot kno a)	w the Curre	answer, ple	ase lead b) U.S or n coun	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei	do no	ot kno a)	w the Curre	answer, ple	ase lead b) U.S or n coun	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei Mei	do no urself mber #	ot kno a) 22	w the Curre	answer, ple	ase lead b) U.S or n coun	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei Mei	do no irself mber # mber #	et kno a) 42 43	w the Curre	answer, ple	ase lead b) U.S or n coun	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei Mei Mei	do no urself mber # mber #	et kno a) 42 43 44 45	w the Curre	answer, ple	b) U.S or n coun th	ve it blar 6. Zip Co ame of try othe	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei Mei Mei Mei	do no urself mber # mber # mber #	et kno a) 42 43 44 45	w the Curre	answer, ple	b) U.S or n coun th	ve it blar S. Zip Co ame of try othe an U.S.	nk. ode to	c) Num Great S	iber of Smoky cluding	f visits / Mou this v	s made ntains NF
You Mei Mei Mei Mei	do no irself mber # mber # mber # mber # mber # a) & b) lan	et kno a) \$2 \$3 \$4 \$5 \$6 \$7) Whe	ow the Curre age	answer, ple	b) U.S or n coun th	Great S	ode toer	c) Num Great S (inc	s NP, v	f visits v Mounthis visime	s made ntains NF isit)
You Mer Mer Mer Mer 20.3	do no irself mber # mber # mber # mber # mber # a) & b) lan	et kno a) 42 43 44 45 9 Whe guage follow	ow the Curre age	answer, ple ent ing an area	b) U.S or n coun th	Great Sers of yo	ode toer	c) Num Great S (inc	s NP, vip pref	f visits v Mounthis v time	s made ntains NF isit)

c) In your opi other than							nguages
Service (S	pecify)					0	None
21. a) Are you o (●) one fo	r member or each gr	s of your	personal (ber.	group His	panic or l	₋atino? Pl	ease mark
` ,	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
YES, Hispanic or Latino?	0	0	0	0	0	Ο	0
NO, not Hispanio or Latino	0	Ο	0	Ο	0	0	0
b) What is yo Please ma							nal group?
	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	0	0	0	0	0	0	0
Asian	Ο	Ο	Ο	0	Ο	Ο	Ο
Black or African American	Ο	Ο	Ο	0	0	Ο	0
Native Hawaiian or other Pacific Islander	0	0	0	0	Ο	0	0
White	0	0	0	0	0	0	Ο
22. a) Does any difficult to Mountains	access o						
O Ye: ↓	5	Ο	No →	Go to Qເ	estion 2	3	
b) If YES, or difficulty a							
O Vi	sitor cente	er		0	Visitor o	enter exh	ibits
O Ra	anger-led	activities/	programs	Ο	Restroo	ms	
O Tr	ails			Ο	Campgi	round	
O Ot	her (Plea	se specify	/)				

	 c) Because of the physical condition, what specific problems did the person(s) have? Please mark (●) all that apply. 							
	Ο	O Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid						
	Ο	•	Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)					
	Ο	• •	,	cessing facilities wheelchair)	s, serv	ices, or pr	ograms, even with	
	Ο	Other (Please	specif	y)				
23.		only, please inc mark (●) only o		he highest leve	l of ed	ucation yo	ou have completed.	
Ο	Son	ne high school			0	Bachelor	's degree	
0	Hig	h School Diplon	na/GE[)	Ο	Graduate	e degree	
0	Son	ne college						
24.	Which c (●) only		oresen	ts your annual i	nouse	hold inco	me? Please mark	
0	Less	s than \$24,999	Ο	\$50,000-\$74,9	99	0	\$150,000-\$199,999	
0	\$25	,000-\$34,999	Ο	\$75,000-\$99,9	99	0	\$200,000 or more	
0	\$35	,000-\$49,999	Ο	\$100,000-\$149	9,999	0	Do not wish to answe	
	b) What	is the number of	of peop	ele in your house	ehold?			
25.		anything else y it to Great Smol			group	would like	to tell us about	
	-							
	Thomas	ou for vour boln	J Dloor	an anal tha succ	.ti.a.n.n.	siro with th	o otioleoro	

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

OFFICIAL BUSINESS

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