City of Rocks National Reserve

Visitor Study
September, 2008

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to City of Rocks National Reserve. 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.

Results of this study will be available to the public in 2009 and will be posted on the web at www.nps.gov/ciro and www.psu.uidaho.edu.

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,

Wallace F. Keck
Superintendent
City of Rock National Reserve

This study is partially funded by the Recreational Fee Program.
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 (\(\bigcirc\)), 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: \(\bigcirc\) Not like this: \(\checkmark\) \(\times\) \(\check\)

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.
Your Visit To City of Rocks National Reserve

NOTE: In this questionnaire, personal group is defined as anyone that you are visiting the reserve 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 City of Rocks National Reserve? Please mark (●) all that apply in column (a).

   b) If you were to visit City of Rocks National Reserve in the future, what sources would you and your personal group prefer to use to obtain information in planning your visit? Please mark (●) all that apply in column (b).

   a) Prior to this visit (●)  

   O Obtained no information prior to visit ➔ Go to part b of this question  

   O Previous visits  

   O Friends/relatives/word of mouth  

   O Travel guides/tour books (such as AAA, etc.)  

   O Maps/brochures  

   O Newspaper/magazine articles  

   O E-mail/telephone/written inquiry to the reserve  

   O Television/radio programs/videos  

   O City of Rocks National Reserve website: www.nps.gov/ciro/  

   O Castle Rocks State Park website: www.idahoparks.org/parks/castlerocks.aspx  

   O Other websites  

   O Travel agency  

   O State welcome center/Chamber of Commerce  

   O Information from local motel or other business  

   O School class/program  

   O Other (Please specify below)  

   This visit: __________________________ Future visits: __________________________
c) From the sources marked in part (a), did you and your personal group receive the type of information about the reserve 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. City of Rocks National Reserve is managed by the Idaho Department of Parks and Recreation through a cooperative agreement with the National Park Service. While the reserve is a unit of the National Park System, there are 640 acres in the heart of the reserve that are designated state park land. Prior to this visit, were you aware that two different organizations administer this site? Please mark (●) one.

○ Yes, aware of the two organizations managing City of Rocks

○ No, thought City of Rocks is managed by National Park Service only

○ No, thought City of Rocks is managed by the Idaho Department of Parks and Recreation only

○ Not sure/not aware of either organization managing City of Rocks

3. On this visit, how many vehicles did you and your personal group use to arrive at the reserve?

______ Number of vehicles

4. How did this visit to City of Rocks National Reserve fit into your travel plans? Please mark (●) one.

○ City of Rocks National Reserve was primary destination

○ City of Rocks National Reserve was one of several destinations

○ City of Rocks National Reserve was not a planned destination

5. a) On this visit, how long did you and your personal group stay at City of Rocks National Reserve? Please list partial hours and days as 1/4, 1/2, or 3/4.

______ 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) How long did you and your personal group stay in the City of Rocks National Reserve area (within a 50-mile radius of Almo)?

- Resident of the area ➔ Go to Question 6
- Number of hours if less than 24 hours OR
- Number of days if 24 hours or more

6. a) In what town/city did you and your group stay on the night before your arrival at City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live.

Nearest city/town ______________ State __________________

b) In what town/city did you and your group stay on the night after your departure from City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live.

Nearest city/town ______________ State __________________

7. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to City of Rocks National Reserve? Please mark (●) all that apply.

- None ➔ Go to part b of this question
- Almo
- Albion
- Burley
- Declo
- Malta
- Oakley
- Other (Please specify) ________________________________

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

- No ➔ Go to Question 8
- Yes ➔ Go to Question 8

c) If NO, what needed services were not available?

Service (List) Comments (Please be specific)
______________________________
______________________________
______________________________

8. a) On this visit to City of Rocks National Reserve did you and your personal group visit Castle Rocks State Park?

- Yes
- No
8. b) On this visit to City of Rocks National Reserve, which of the following sites did you and your personal group visit? Please mark (●) all that apply on the map.

9. a) During this visit to City of Rocks National Reserve, did you and your group participate in any type of rock climbing activity?

- Yes
- No  ➔ Go to Question 10b

b) If YES, where in the City of Rocks National Reserve did you climb?

________________________________________  __________________________________________

________________________________________  __________________________________________

c) Which one rock formation was your most preferred place to climb?

________________________________________  __________________________________________
10. a) On this visit, what type of rock climbing activity did you and your personal group participate in? Please mark (●) all that apply in column (a).

b) If you were to visit City of Rocks National Reserve in the future, what type of rock climbing activities would you and your personal group prefer? Please mark (●) all that apply column (b).

a) This visit (●)  
- n/a Not interested in participating in rock climbing activities
- Traditional rock climbing (with traditional gear)
- Sport climbing (bolted routes)
- Bouldering (climbing large boulders without a rope or gear)
- Scrambling without rope or gear

b) On future visits (●)  
- n/a Not interested in participating in rock climbing activities
- Traditional rock climbing (with traditional gear)
- Sport climbing (bolted routes)
- Bouldering (climbing large boulders without a rope or gear)
- Scrambling without rope or gear

11. a) Please indicate how safe you and your group felt in the following locations during this visit to City of Rocks National Reserve. Please mark (●) one answer for each location.

**How safe did you feel in the reserve?**

<table>
<thead>
<tr>
<th>Location</th>
<th>Very unsafe</th>
<th>Somewhat unsafe</th>
<th>Neither safe/unsafe</th>
<th>Somewhat safe</th>
<th>Very safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>On roads</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>On trails</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>On climbing routes</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>In campsites</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>In parking areas</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

b) If you marked that you felt “very unsafe” or “somewhat unsafe” for any of the above locations, please explain **where** and **why**.

12. a) Did you and your personal group bring pet(s) on this visit to City of Rocks National Reserve?

- O Yes  
- O No ➔ **Go to Question 13**

b) Did you bring/take your pet(s) on any trails in the reserve?

- O Yes  
- O No
13. On this visit, how many times did you and your group enter City of Rocks National Reserve?

_____ Number of entries on this visit

14. a) On this trip, did you and your personal group stay overnight away from home inside City of Rocks National Reserve or in the area within 50 miles of Almo?

O Yes  O No  ➔ Go to Question 16

b) If YES, please list the number of nights you and your personal group stayed.

_____ Number of nights inside City of Rocks National Reserve

_____ Number of nights outside reserve within 50 miles of Almo

c) and d) In what type of lodging did you and your personal group spend the night(s)? Please mark (●) all that apply.

c) Inside reserve  d) Outside reserve within 50 miles

<table>
<thead>
<tr>
<th></th>
<th>Lodge, motel, cabin, rented condo/home, or bed &amp; breakfast</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>RV/trailer camping</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Tent camping in developed campground</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Backcountry camping</td>
<td>O</td>
</tr>
<tr>
<td>n/a</td>
<td>Personal seasonal residence</td>
<td>O</td>
</tr>
<tr>
<td>n/a</td>
<td>Residence of friends or relatives</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Other (Please specify below)</td>
<td>O</td>
</tr>
</tbody>
</table>

Inside .................................................................. Outside .............................................

e) If you and your personal group did not stay in City of Rocks National Reserve campgrounds, why not? Please mark (●) all that apply.

O Facility was full  O Location not convenient

O Facilities lacked desired amenities  O Lacked desired facilities

O Other (Please specify) .................................................................

15. a) Did you and your personal group use the reserve's camping reservation system?

O Yes  O No  ➔ Go to Question 16
b) If YES, which methods did you and your personal group use to make your reservation? Please mark (●) all that apply in column (b).

c) Please rate the quality of the service received while using the reservation system. Please mark (●) one response for the method(s) you used.

<table>
<thead>
<tr>
<th>b) Reservation method used</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>Very poor    Poor    Average    Good    Very good</td>
</tr>
<tr>
<td>Telephone</td>
<td>Very poor    Poor    Average    Good    Very good</td>
</tr>
</tbody>
</table>

d) Please explain any ratings of “very poor” or “poor” in column (c).
Website 
Telephone 

16. It is the National Park Service’s responsibility to protect City of Rocks National Reserve’s natural, scenic, and cultural resources and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience.

<table>
<thead>
<tr>
<th>Attribute/resource/experience</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>Historic trail landscape</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Western rural setting</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Interpretive/informational programs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Recreational opportunities (hiking, camping, climbing, etc.)</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>
</tbody>
</table>
17. a) On this visit, what activities did you and your personal group participate in while at City of Rocks National Reserve? Please mark (●) all that apply in column (a).

b) If you were to visit City of Rocks National Reserve in the future, what activities would you and your personal group prefer to participate in at the reserve? Please mark (●) all that apply in column (b).

<table>
<thead>
<tr>
<th>a) This visit (●)</th>
<th>b) Future visits (●)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General sightseeing</td>
<td></td>
</tr>
<tr>
<td>Taking photographs/painting/drawing</td>
<td></td>
</tr>
<tr>
<td>Learning/studying geology</td>
<td></td>
</tr>
<tr>
<td>Birdwatching</td>
<td></td>
</tr>
<tr>
<td>Nature study (wildlife, wildflowers, etc.)</td>
<td></td>
</tr>
<tr>
<td>Camping</td>
<td></td>
</tr>
<tr>
<td>Hiking (not walking to rock climbing site)</td>
<td></td>
</tr>
<tr>
<td>Following historic trail</td>
<td></td>
</tr>
<tr>
<td>Mountain biking</td>
<td></td>
</tr>
<tr>
<td>Horseback riding</td>
<td></td>
</tr>
<tr>
<td>Rock climbing (technical, sport, bouldering, etc.)</td>
<td></td>
</tr>
<tr>
<td>Picnicking</td>
<td></td>
</tr>
<tr>
<td>Hunting</td>
<td></td>
</tr>
<tr>
<td>Touring/driving City of Rocks Backcountry Byway</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td></td>
</tr>
</tbody>
</table>

This visit ______________________ Future visits ______________________

c) Which one of the above activities was the primary activity that you and your personal group participated in at City of Rocks National Reserve on this visit?

d) What resources and/or facilities would enhance your participation in this activity? Please explain.
18. a) Please mark (●) all visitor services and facilities that you or your personal group used during this visit to the City of Rocks National Reserve.

b) Next, for only those services and facilities that you or your personal group used, please rate their importance from 1-5.

c) Finally, for only those services and facilities that you or 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>

Mark (●)

- Park brochure/map
- Self-guided tour booklets
- Visitor center
- Sales items in park bookshop (selection, price, etc.)
- Visitor center restrooms
- Assistance from park staff
- Ranger-led programs
- Junior Ranger program
- Picnic areas
- Campsites
- Visitor center exhibits
- Wayside exhibits
- City of Rocks National Reserve website: www.nps.gov/ciro/ (used before or during visit)

19. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at City of Rocks National Reserve during this visit? Please mark (●) only one.

Very poor  Poor  Average  Good  Very good

Mark (●)
20. What other local and regional attractions did you and your personal group visit on this trip to City of Rocks National Reserve? Please mark (●) all that apply.

- Hagerman Fossil Beds National Monument
- Craters of the Moon National Monument and Preserve
- Minidoka Internment National Monument
- Yellowstone National Park
- Grand Teton National Park
- Golden Spike National Historic Site
- Other (Please specify) ________________________________

21. On this visit, were you and your personal group with the following types of groups? Please mark (●) one for each.

a) Commercial guided tour group
- Yes
- No

b) School/educational group
- Yes
- No

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

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

- Alone
- Friends
- Family
- Family and friends
- Other (Please specify) ________________________________

23. On this visit, how many people were in your personal group, including yourself?

_____ Number of people

24. a) & b) When visiting an area such as City of Rocks National Reserve, what one language do you and most members of your personal group prefer to use for the following?

a) Speaking: English OR Other (Specify) ________________________________

b) Reading: English OR 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.

O None O Service ____________________________

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

<table>
<thead>
<tr>
<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 to City of Rocks Nat’l Reserve in lifetime (including this visit)</th>
<th>d) Year of first visit</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>

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

O Less than $24,999 O $50,000-$74,999 O $150,000-$199,999

O $25,000-$34,999 O $75,000-$99,999 O $200,000 or more

O $35,000-$49,999 O $100,000-$149,999 O Do not wish to answer

b) How many people are in your household? _____ Number of people

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?

O Yes O No ➔ Go to Question 27

b) If YES, what services or activities were difficult to access/participate in?

28. Currently no entrance fee is charged at City of Rocks National Reserve. In the future, an entrance fee may be considered with 80% of the funds collected remaining at the park to be used for reserve resource protection and visitor services. If an entrance fee of $5/vehicle for a 7-day pass were charged in the future, would you and your group be willing to pay it? Please mark only one.

O Yes O No O Not sure
29. a) On a future visit to City of Rocks National Reserve, what topics would you and your personal group like to learn about in interpretive programs? Please mark (●) all that apply.

- O Not interested in interpretive programs ➔ Go to Question 30
- O Historic pioneer trail
- O Geology
- O Plants
- O Geology
- O Rock climbing
- O Plants
- O Wildlife
- O Other (Please specify) ____________________________________________

b) What types of interpretive programs would you and your personal group like to attend to learn about the park's cultural and natural history? Please mark (●) all that apply.

- O Not interested in interpretive programs ➔ Go to Question 30
- O Wagon rides
- O Horseback rides
- O Walk/hike
- O Other (Please specify) ____________________________________________

30. If you were a manager planning for the future of City of Rocks National Reserve, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

31. Is there anything else you and your personal group would like to tell us about your visit to City of Rocks National Reserve?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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