Craters of the Moon
Visitor Study

The
Visitor Services
Project
United States Department of the Interior
NATIONAL PARK SERVICE
Craters of the Moon National Monument
P.O. Box 29
Arco, Idaho 83213

June 1987

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Craters of the Moon National Monument enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes of your time during your visit to Craters of the Moon.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Robert Scott
Superintendent
DIRECTIONS

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox.

IMPORTANT

When did you first enter Craters of the Moon National Monument this visit?

_____ DAY OF THE WEEK (M, T, W, Th, F, S, Su)

TIME OF DAY _____ a.m. OR _____ p.m.
PLACES YOU VISITED

On the map below, please indicate the places you and your group visited in Craters of the Moon National Monument. Simply check (v) the box beside each place you visited. If you did not visit any of these places, please go on to page 5.
YOUR ACTIVITIES

On the list below, please check (√) the activities that you or your group did while visiting Craters of the Moon National Monument. (Please check all that apply.)

_____ PICNIC

_____ CAMP OVERNIGHT

_____ HIKE UNDER 1 HOUR

_____ HIKE OVER 1 HOUR

_____ VISIT THE VISITOR CENTER

_____ STOP AT OVERLOOKS AND PULLOUTS

_____ BICYCLE

_____ PHOTOGRAPH

_____ ATTEND RANGER-LED PROGRAM

_____ ATTEND EVENING SLIDE PROGRAM

_____ OTHER (Please describe: ____________________________

______________________________

______________________________)
YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Craters of the Moon National Monument. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the monument.

1. Did you stay overnight in, or in the vicinity of Craters of the Moon National Monument this visit?
   _____ YES  ➤  If so, how many nights did you stay?
   _____ NUMBER OF NIGHTS
   _____ NO  ➤  If not, how many hours did you spend in Craters of the Moon National Monument?
   _____ NUMBER OF HOURS

2. How many people were in your group?
   _____ NUMBER OF PEOPLE

3. What kind of group were you with?
   _____ ALONE
   _____ FAMILY
   _____ FRIENDS
   _____ FAMILY AND FRIENDS
   _____ GUIDED TOUR GROUP
   _____ OTHER (Please describe: _____________________
                        ______________________________________)
4. For yourself and each member of your group, please indicate:

1) your age on your last birthday,

2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times you have visited Craters of the Moon National Monument including this visit.

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZIP CODE (country)</th>
<th># TIMES VISITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>_____</td>
<td>________________</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>_____</td>
<td>________________</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>_____</td>
<td>________________</td>
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<tr>
<td>MEMBER #4</td>
<td>_____</td>
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<tr>
<td>MEMBER #5</td>
<td>_____</td>
<td>________________</td>
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<tr>
<td>additional members: _________________________</td>
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</table>

5. Where did you start your trip on the day you arrived in Craters of the Moon National Monument?

______________________________  NEAREST TOWN

______________________________  STATE

6. Where is your planned destination for the day you leave Craters of the Moon National Monument?

______________________________  NEAREST TOWN

______________________________  STATE
7. Prior to this visit, how did you and your group get information about Craters of the Moon National Monument? (Please check all that apply.)

- TRAVEL GUIDE/TOUR BOOK
- NEWSPAPER/MAGAZINE ARTICLES
- MAPS
- ADVICE FROM FRIENDS OR RELATIVES
- PREVIOUS VISIT(S)
- DID NOT GET INFORMATION PRIOR TO VISIT
- OTHER (Please describe: ___________________________
- ___________________________)

8. How important to you and your group were the following things during your visit to Craters of the Moon National Monument? Please mark each item from 1 to 5 (1=EXTREMELY IMPORTANT, 2=VERY IMPORTANT, 3=IMPORTANT, 4=SOMewhat IMPORTANT, 5=NOT IMPORTANT).

- ROCK FORMATIONS
- NATURAL FOREST
- SCENIC VIEWS
- WILDLIFE
- SOLITUDE
- CLEAN (FRESH) AIR
- PARK RANGERS
- SCIENTIFIC STUDY
- INTERPRETIVE PROGRAMS
9. a. During this visit did you use any of the following information or services at Craters of the Moon National Monument? (Please check all that apply.)

b. How useful were the services you used? (Please mark each service you checked from 1 to 5 (1=EXTREMELY USEFUL, 2=VERY USEFUL, 3=MODERATELY USEFUL, 4=SOMewhat USEFUL, 5=NOT USEFUL) in the column on the right.)

<table>
<thead>
<tr>
<th>Use Service? (✓)</th>
<th>Rating? (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARK FOLDER AND MAP</td>
<td></td>
</tr>
<tr>
<td>PARK NEWSPAPER</td>
<td></td>
</tr>
<tr>
<td>PUBLICATIONS</td>
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<tr>
<td>VISITOR CENTER EXHIBITS</td>
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<td>VISITOR CENTER FILM</td>
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<tr>
<td>SELF-GUIDED TRAILS</td>
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<td>TRAIL GUIDES</td>
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<tr>
<td>ROADSIDE EXHIBITS</td>
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<tr>
<td>GUIDED WALKS</td>
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<tr>
<td>EVENING CAMPFIRE PROGRAMS</td>
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<tr>
<td>OTHER (Please describe: _____________________________)</td>
<td>___________</td>
</tr>
</tbody>
</table>
10. a) Did you walk/hike at any of the following sites?

_____ NORTH CRATER FLOW
_____ NORTH CRATER CINDER CONE
_____ INFERNO CONE
_____ BIG CRATERS/SPATTER CONES
_____ DEVIL’S ORCHARD
_____ CAVE AREA

_____ TREE MOLDS If you walked/hiked at Tree Molds, did you enter the Wilderness portion of Craters of the Moon National Monument?

_____ YES
_____ NO
_____ DO NOT KNOW

11. If you were planning for the future management of Craters of the Moon National Monument, what would you propose? Please be as specific as possible.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
12. Is there anything else you would like to tell us about your visit to Craters of the Moon National Monument?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.
OFFICIAL BUSINESS

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Moscow, Idaho 83843