



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

Visitor Services Project

Death Valley National Park Wilderness/Backcountry Users Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Death Valley National Park
P.O. Box 579
Death Valley, CA 92328

IN REPLY REFER TO:

November, 2009

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of backcountry/wilderness visitors to Death Valley National Park. This information will assist us in our efforts to prepare a Wilderness and Backcountry Stewardship Plan so we can better manage this park and to serve you, our visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, please complete this 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,

Sarah Craighead
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 #2 pencil-

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 personal 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 Death Valley National Park

NOTE: In this questionnaire, your 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 about Death Valley National Park (NP)? Please mark (●) **all** that apply in column a.
- b) After you arrived at Death Valley NP, which sources did you and your personal group use to obtain information about the park? Please mark (●) **all** that apply in column b.

a) Prior to this visit

b) After arrival at Death Valley NP

- | | |
|---|--|
| <input type="radio"/> Did not obtain information prior to visit | → Go to part b of this question |
| <input type="radio"/> Previous visits | N/A |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> Inquiry to park via phone, mail, or email | N/A |
| <input type="radio"/> Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.) | <input type="radio"/> |
| <input type="radio"/> Chamber of commerce/visitor's bureau/state welcome center | N/A |
| <input type="radio"/> Hiking trails or SUV/Jeep road books | <input type="radio"/> |
| <input type="radio"/> Maps/brochures/park newspaper | <input type="radio"/> |
| <input type="radio"/> Death Valley NP website: www.nps.gov/deva | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> School class/program | <input type="radio"/> |
| <input type="radio"/> Park rangers | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

Prior to _____ After arrival _____

- c) From the sources you used **prior to this visit**, did you and your personal group receive the type of information about the park that you needed?

- No Yes → **Go to Question 2**

- b) If you answered “smaller” or “larger” above, what maximum allowed group size would you suggest? _____ Number of people
5. On this trip, what was the **primary** reason that you and your personal group came to **Death Valley**? Please mark (●) **one**.
- Visit scenic attractions (i.e. Badwater, Zabriskie Point, etc.)
- View or study desert plants or animals
- Enjoy recreation in the park (i.e. hiking, driving backcountry roads, etc.)
- Experience quiet and solitude
- Experience wilderness and open space
- Other (Please specify) _____
6. a) On this trip, did you and your personal group stay overnight away from your **permanent residence** either inside Death Valley NP or within the nearby area (a two-hour drive outside of Death Valley NP)?
- Yes No → **Go to Question 7**
- b) If YES, please list the number of nights you and your personal group stayed in Death Valley NP and within a two-hour drive of the park.
- _____ Number of nights inside Death Valley NP
- _____ Number of nights in the **area** outside Death Valley NP (within two-hour drive)
- c & d) In which types of lodging did you and your personal group spend the night(s) in Death Valley NP or in the area within a two-hour drive? Please mark (●) **all** that apply.
- | <u>c) Inside Death Valley NP</u> | <u>d) Outside Death Valley NP
(within two-hour drive)</u> |
|---|---|
| <input type="radio"/> Lodge, hotel, motel, vacation rental, B&B, etc. | <input type="radio"/> |
| <input type="radio"/> RV/trailer camping | <input type="radio"/> |
| <input type="radio"/> Tent camping in developed campground | <input type="radio"/> |
| <input type="radio"/> Camping in a backcountry roadside campsite | <input type="radio"/> |
| <input type="radio"/> Backpacking in wilderness campsite | <input type="radio"/> |
| <input type="radio"/> Backcountry cabin | <input type="radio"/> |
| <input type="radio"/> Other (Please specify) | <input type="radio"/> |

Other inside _____ Other outside _____

7. On this visit, how much time did you and your personal group spend at Death Valley NP? Please list partial hours or days as 1/4, 1/2, or 3/4.

_____ Number of hours, **if less than 24 hours**

OR

_____ Number of days, **if 24 hours or more**

8. a) On this visit, in which activities did you and your personal group participate within Death Valley NP? Please mark (●) **all** that apply.

- Attending ranger-led talks/programs
- Driving on backcountry dirt roads
- Camping overnight along backcountry dirt roads
- Backpacking overnight in wilderness
- Creative arts (photography/drawing/painting/writing, etc.)
- Experiencing solitude/quiet
- Viewing the dark night sky
- Picnicking
- Birdwatching
- Visiting the visitor center or museum
- Touring Scotty's Castle
- Walking/hiking
- Viewing scenic attractions (i.e. Badwater, Dante's View, etc.)
- Other (Please specify) _____

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

9. a) On this visit, what was/were your destination(s) along the backcountry roads or in the wilderness of Death Valley NP?

b) Why did you and your personal group choose the above destination(s)? Please mark (●) **all** that apply.

- A favorite place to visit Suggested by a ranger
 Had never visited before Suggested by a friend
 Other (Please specify) _____

c) How did you and your personal group access your destination? Please mark (●) **all** that apply.

- Drove backcountry dirt roads Hiked closed vehicle routes
 Hiked established trails Hiked cross-country routes
 Other (Please specify) _____

10. a) On this visit, how crowded was (were) the backcountry road(s) or wilderness location(s) that you and your personal group visited in Death Valley NP?

Backcountry roads or wilderness locations visited (Please specify)	How crowded?				
	Not at all crowded	A little crowded	Moderately crowded	Very crowded	Extremely crowded
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked "very crowded" or "extremely crowded" above, would you and your personal group support use restrictions to limit the number of visitors who use a given site at one time?

- Yes No Not sure

11. a) On this visit, were the signs directing you and your personal group around the backcountry roads in Death Valley NP adequate?

- Backcountry road signs Yes No Did not use
 Trailhead signs Yes No Did not use

b) If you answered NO for the above, please explain.

Backcountry road signs _____

Trailhead signs _____

12. a) Please mark (●) **all** the visitor services and facilities that you and your personal group **used** at Death Valley 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/facilities used Mark (●)	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
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Backcountry roads passable only to 4x4 vehicles	_____	_____
<input type="radio"/> Backcountry roads passable to vehicles without 4x4	_____	_____
<input type="radio"/> Open camping (non-designated sites)	_____	_____
<input type="radio"/> Directional signs on backcountry roads	_____	_____
<input type="radio"/> Developed campsites or campgrounds	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Backcountry cabins	_____	_____
<input type="radio"/> Death Valley backcountry road map	_____	_____
<input type="radio"/> Park website: www.nps.gov/deva used before or during visit	_____	_____
<input type="radio"/> Picnic tables	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Visitor center (other than restrooms)	_____	_____

13. Which tools did you and your personal group use to find your way through the Death Valley NP backcountry or wilderness? Please mark (●) **all** that apply.

- Global Positioning System (GPS) unit
- USGS topographic maps
- Death Valley NPS backcountry roads map
- Death Valley park brochure or park newspaper
- Other maps (e.g. Death Valley AAA, Tom Harrison, or Trails Illustrated)
- Other (Please specify) _____

14. Death Valley NP was established to preserve and protect outstanding geological features and scenery while conserving natural and cultural resources, and allowing for 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.

Attribute/resource	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"/>
Geologic features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<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/mining sites	<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, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Were you and your personal group able to experience any of the following wilderness characteristics during your visit to Death Valley NP? Please mark (●) **all** that apply.

- Untrammeled (unrestricted/unrestrained) wilderness
- Undeveloped and natural lands
- Opportunities for solitude
- Opportunities for primitive camping
- Other (Please specify) _____

16. a) What is your opinion about the number of developed hiking trails used to access the wilderness? Please mark (●) **one**.

- Current number of developed trails is adequate
- Number of developed trails should be increased
- Number of developed trails should be decreased

b) Comments about the number of developed trails: _____

17. During this visit to Death Valley NP, please indicate how the following elements affected your park experience. Please mark (●) **one** response for each element.

Affect your experience?

Element	Added to	No effect	Detracted from	Did not experience
Vehicles on established roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence of illegal off-road activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence of mining activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility corridors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aircraft overflights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash along backcountry roadsides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	n/a	<input type="radio"/>	n/a

18. a) Campfires are currently prohibited in the Death Valley NP wilderness. Do you think that wood campfires should be allowed at the park backcountry roadside campsites?

- Yes
- No

b) If YES, would you be willing to bring and use a fire pan and remove your wood campfire ashes from the backcountry?

- Yes No

19. a) During this visit to Death Valley NP, did you and your personal group have any personal interaction with a park ranger?

- Yes No → **Go to Question 20**

b) If YES, please rate the quality of your interaction with the park ranger. Please mark (●) one response for each element.

Element	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

- Yes No → **Go on to Question 21**

b) If YES, what services or activities did the person(s) have difficulty accessing or participating in?

21. a) During this visit to Death Valley NP backcountry did you and your personal group **visit** any backcountry cabins?

- Yes No → **Go on to Question 22**

b) Please list cabins in which you and your personal group stayed on this visit.

c) Please list number of nights that you and your personal group spent in each cabin.

d) Please rate the condition of the cabin.

b) Cabin name	c) Number of nights	d) Cabin condition				
		Very poor	Poor	Average	Good	Very good
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. a) During this visit to Death Valley NP backcountry roads or wilderness, was there anything that you or your group wanted to see or do but were unable to?

- Yes No → **Go on to Question 23**

b) If YES, what was it? _____

c) What prevented you from being able to see that feature or do that activity?

23. On this visit, were you and your personal group part of one of the following types of organized groups?

a) Commercial guided tour group Yes No

b) School/educational group Yes No

c) Other group (scouts, work, church, etc.) Yes No

d) If you were with one of these organized groups, how many people, including yourself, were in this group?

_____ Number of people in organized group

24. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with?

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

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

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

_____ Number of vehicles

25. For you only, what is the highest level of education you have completed? Please mark (●) only **one**.

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

28. a) Which category best represents your annual **household** income before taxes?
Please mark (●) only **one**.

- | | | |
|--|---|---|
| <input type="radio"/> Less than \$24,999 | <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> \$150,000-\$199,999 |
| <input type="radio"/> \$25,000-\$34,999 | <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000-\$49,999 | <input type="radio"/> \$100,000-\$149,999 | <input type="radio"/> Do not wish to answer |

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

29. a) What did you and your personal group like **most** about your backcountry road or wilderness experience at Death Valley NP?

b) What did you and your personal group like **least** about your backcountry road or wilderness experience at Death Valley NP?

30. If you were a manager planning for the future of Death Valley NP's backcountry roads and wilderness, what would you propose?

31. Is there anything else you and your personal group would like to tell us about your visit to Death Valley NP?

32. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Death Valley 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"/> |

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

OFFICIAL BUSINESS

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