Fossil Butte National Monument

Visitor Study
August 2010

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Fossil Butte National Monument. This information will assist us in our efforts to better manage this park and to serve you.

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 after your visit to complete.

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 Coordinator, 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,

[Signature]

David McGinnis
Superintendent

This visitor study is partially funded by Recreation Fee Program funding.
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: ☑  ❌  ☐

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 Fossil Butte National Monument

NOTE: In this questionnaire “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 Fossil Butte National Monument? Please mark (●) all that apply in column (a).

   b) If you were to visit Fossil Butte National Monument 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

   ○ Did not obtain information prior to visit ➔ Go to part b of this question
   ○ Chamber of commerce/visitors bureau/state welcome center
   ○ Inquiry to park via phone, mail, or email
   ○ Fossil Butte National Monument website: www.nps.gov/fobu
   ○ Other websites
   ○ Friends/relatives/word of mouth
   ○ Maps/brochures
   ○ Newspaper/magazine articles
   ○ Previous visits
   ○ School class/program
   ○ Signs on highway
   ○ Social media (e.g., Facebook, Twitter, etc.)
   ○ Television/radio programs/videos
   ○ Travel guides/tour books (such as AAA, etc.)
   ○ Other (Please specify below)

   Prior to this visit ________________________ Prior to future visits ________________________

   c) From the sources marked in column (a), did you and your personal group receive the type of information about the park that you needed?

   ○ No ➔ Go to Question 2
   ○ 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. On this trip, what was the **primary** reason that you and your personal group came to the Fossil Butte National Monument area? Please mark (●) one.

   - [ ] Resident of the area (within 30 miles of the park) ➔ Go to Question 3
   - [ ] Business
   - [ ] Traveling through - unplanned visit
   - [ ] Visit Fossil Butte National Monument
   - [ ] Visit friends/relatives in the area
   - [ ] Visit other attractions in the area
   - [ ] Other (Please specify) __________________________________________

3. a) In which communities did you and your personal group seek or obtain support services (e.g. information, gas, food, lodging) for this visit to Fossil Butte National Monument? Please mark (●) all that apply.

   - [ ] None ➔ Go Question 4
   - [ ] Kemmerer/ Diamondville, WY
   - [ ] Rock Springs/ Green River, WY
   - [ ] Salt Lake City, UT
   - [ ] Evanston, WY
   - [ ] Jackson, WY
   - [ ] Montpelier, ID
   - [ ] Vernal, UT
   - [ ] Other (Please specify) ____________________________

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

   - [ ] No
   - [ ] Yes ➔ Go to Question 4

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

   Service (List)                                   Comments (Please be specific)

   ____________________________

   ____________________________

   ____________________________
4. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Fossil Butte National Monument? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city __________________________ State ____________

b) AFTER visit: Town/city __________________________ State ____________

5. a) On this trip, did you and your personal group stay overnight away from your **permanent residence** in the surrounding area of Fossil Butte National Monument (within 30 miles of the park)?

   O  Yes  O  No  ➔ Go to Question 6

b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area** of Fossil Butte National Monument.

   _____ Number of nights in the **surrounding area** outside the park

c) In which types of lodging did you and your personal group spend the night(s) outside the park in the surrounding area (within 30 miles of the park)? Please mark (●) all that apply.

   O  Lodges, motels, vacation rentals, B&B, etc.

   O  RV/trailer camping

   O  Tent camping in developed campground

   O  Backcountry camping

   O  Seasonal residence

   O  Residence of friends or relatives

   O  Other (Please specify) ________________________________

6. a) On this visit, which forms of transportation did you and your group use to travel between your overnight accommodations or home, and Fossil Butte National Monument? Please mark (●) all that apply.

   O  Private vehicle (car, SUV, pickup, van, etc.)  O  On foot

   O  RV (rental or private)

   O  Rental vehicle (other than RV)

   O  Bicycle

   O  Other (Please specify) ________________________________
b) On this visit, how many vehicles did you and your personal group use to arrive at the park? Please write “0” if you did not arrive by vehicle.

______ Number of vehicles

7. a) On this visit, how many hours in total did you and your personal group spend visiting Fossil Butte National Monument?

______ Total number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

b) On this visit, how many times did you and your personal group enter the park?

______ Number entries

8. On this visit to Fossil Butte National Monument, which park sites did you and your personal group visit? Please mark (●) all that apply.

- Visitor center
- Hiking trails
- Historic Quarry Trail
- 7.5 mile scenic drive
- Hike/bike Administrative roads
- Chicken Creek Picnic Area
- Other (Please specify)

9. a) What did you and your personal group like most about your visit to Fossil Butte National Monument?

______________________________________________________________________________

______________________________________________________________________________

b) What did you and your personal group like least about your visit to Fossil Butte National Monument?

______________________________________________________________________________

______________________________________________________________________________
10. a) On this visit, in which activities did you and your personal group participate within Fossil Butte National Monument? Please mark (●) all that apply in column (a).

b) If you were to visit the park in the future, in which activities would you and your personal group prefer to participate? Please mark (●) all that apply in column (b).

<table>
<thead>
<tr>
<th>a) Activities on this visit</th>
<th>b) Activities on future visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Attending ranger-led talks/programs</td>
<td>○</td>
</tr>
<tr>
<td>○ Creative arts (photography/drawing/painting/writing)</td>
<td>○</td>
</tr>
<tr>
<td>○ Mountain biking</td>
<td>○</td>
</tr>
<tr>
<td>○ Fossil preparation demonstrations</td>
<td>○</td>
</tr>
<tr>
<td>○ General sightseeing/7.5 mile scenic drive</td>
<td>○</td>
</tr>
<tr>
<td>○ Interactive electronic ranger computer program</td>
<td>○</td>
</tr>
<tr>
<td>○ Nature study (birdwatching, wildlife viewing, stargazing)</td>
<td>○</td>
</tr>
<tr>
<td>○ Roving rangers available to answer questions</td>
<td>○</td>
</tr>
<tr>
<td>○ Participating in Junior Ranger program</td>
<td>○</td>
</tr>
<tr>
<td>○ Participating in Senior Ranger program</td>
<td>○</td>
</tr>
<tr>
<td>○ Picnicking</td>
<td>○</td>
</tr>
<tr>
<td>○ Viewing video programs</td>
<td>○</td>
</tr>
<tr>
<td>○ Viewing visitor center exhibits</td>
<td>○</td>
</tr>
<tr>
<td>○ Visiting visitor center</td>
<td>○</td>
</tr>
<tr>
<td>○ Walking/hiking</td>
<td>○</td>
</tr>
<tr>
<td>○ Other (Please specify below)</td>
<td>○</td>
</tr>
</tbody>
</table>

This visit: ____________________________  Future visit: ____________________________

c) Which one of the above activities was most important to you and your personal group on this visit to Fossil Butte National Monument? Please list one response.

11. a) On this visit to Fossil Butte National Monument, did anyone in your personal group participate in any of the ranger-led talks/programs?

O No  O Yes → Go to Question 12
b) If NO, what prevented you and your personal group from participating in ranger-led talks/programs? Please mark (●) all that apply.

- Not interested in ranger-led talks/programs
- Did not have time for this activity
- Not aware of any ranger-led talks/programs offered at the park
- Programs were not offered when we were there
- Other (Please specify) ____________________________

12. Fossil Butte National Monument was established because of its significance to the nation. In your opinion, what is the national significance of the park?

__________________________________________

13. a) Fossil Butte National Monument exhibits and ranger-led programs discuss topics related to geology and fossils. Please mark (●) all the topics you learned about on this visit.

- Did not learn about any topics on this visit ➔ Go to part c of this question

b) Please indicate how much your level of understanding of each topic improved during your visit. Please mark (●) one answer for each topic.

c) Next, mark (●) all the topics you would be interested in learning more about on a future visit.

<table>
<thead>
<tr>
<th>a) Learned on this visit?</th>
<th>b) Level of understanding improved?</th>
<th>c) Interested on future visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>A little</td>
</tr>
</tbody>
</table>
10 Fossil Butte National Monument Visitor Study

d) Please list any additional topics you and your personal group are interested in learning about Fossil Butte National Monument.

14. If you were to visit Fossil Butte National Monument in the future, which of the following additional facilities would you like to have available? Please mark (•) all that apply.

- None - no additional facilities needed
- Additional hiking trails
- Horseback riding trails
- Mountain biking trails
- Nearby camping facilities
- Expanded visitor center
- Handicapped accessible trail
- Other (Please specify) ____________________________

15. a) If you were to visit Fossil Butte National Monument in the future, how would you and your personal group prefer to learn about cultural and natural history/features of the park? Please mark (•) all that apply.

- Not interested in learning about the park ➔ Go to Question 16
- Junior Ranger program
- Indoor exhibits
- Other children’s programs
- Outdoor exhibits
- Senior Ranger program
- Self-guided tours
- Ranger-led interpretive programs
- Nature camp
- Volunteer opportunities (in park)
- Audiovisual programs (DVD, video, or audio)
- Electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs/tours, etc.)
- Printed materials (brochures, books, maps, etc.)
- Park website: www.nps.gov/fobu
- Other (Please specify) ____________________________

b) What length of ranger-led program would you and your personal group like to attend? Please mark (•) all that apply.

- Under 1/2 hour
- 1/2 - 1 hour
- 1 - 2 hours
- Other (Please specify) ____________________________
16. a) In your opinion, are campgrounds needed near Fossil Butte National Monument?

   O  No  O  Yes

   b) If campgrounds were provided, would you and your personal group be likely to use them on a future visit?

   O  Yes, likely  O  No, unlikely  O  Not sure

17. a) Would you and members of your personal group consider visiting Fossil Butte National Monument again in the future?

   O  Yes  O  No  O  Not sure

   b) Would you and members of your personal group recommend visiting Fossil Butte National Monument to your friends/relatives?

   O  Yes  O  No  O  Not sure

18. It is the National Park Service’s responsibility to protect Fossil Butte National Monument natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/attributes in the park to you and your personal group? Please mark (●) one answer for each resource/attribute.

<table>
<thead>
<tr>
<th>Resource/attribute</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>Clean air (visibility)</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>Dark, starry night sky</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Educational programs/</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fossils</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Native plants</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Native wildlife</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Repair/maintenance of</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>facilities/roads/trails</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>Recreational opportunities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Scenic views</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Opportunities for solitude</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
19. a) Please mark (●) **all** the visitor services and facilities that you and your personal group **used** at Fossil Butte National Monument 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>Mark (●)</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>
<tr>
<td>O Bookstore sales items (selection, price, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Assistance from park staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Directional signs inside the park</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Junior Ranger program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Senior Ranger program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Picnic area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Park brochure/map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Picnic table at Historic Quarry parking area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Ranger-led programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Restrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Roadside exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Trails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Trailside exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Videos/films</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Visitor center exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Park website: <a href="http://www.nps.gov/fobu">www.nps.gov/fobu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Used before or during visit
d) If you used the park website www.nps.gov/fobu, was there any information that you and your personal group needed that was not available? Please specify below.

O Did not use park website ➔ Go to Question 20

20. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Fossil Butte National Monument and the surrounding area (within 30 miles of the park). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures in Fossil Butte National Monument.

b) Please list your group's total expenditures in the surrounding area outside the park (within 30 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were just for this trip to Fossil Butte National Monument.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) Inside park</th>
<th>b) Outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodges, hotels, motels, cabins, B&amp;B, etc.</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Camping fees and charges</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Guide fees and charges</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Restaurants and bars</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Groceries and takeout food</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Gas and oil (auto, RV, boat, etc.)</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>Admission, recreation, entertainment fees</td>
<td>N/A</td>
<td>$_________</td>
</tr>
<tr>
<td>All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Donations</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

_____ Adults (18 years or over)  _____ Children (under 18 years)

Please write “0” if no children were covered by the expenditures.
21. 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
- [x] No ➔ Go to Question 22

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

[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) ________________________________

22. On this visit, 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 organized group (scouts, work, church, etc.)

- [ ] Yes
- [ ] No

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

______ Number of people in organized group

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

- [ ] 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 in personal group
24. For you and your personal group on this visit, please provide the following. If you do not know the answer, leave 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) In past 5 years</th>
<th>d) Lifetime to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
<td></td>
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<tr>
<td>Member #4</td>
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<td></td>
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<tr>
<td>Member #5</td>
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<tr>
<td>Member #6</td>
<td></td>
<td></td>
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<tr>
<td>Member #7</td>
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</tbody>
</table>

25. If you were a manager planning for the future of Fossil Butte National Monument what would you and your personal group propose? Please be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

26. Is there anything else you and your personal group would like to tell us about your visit to Fossil Butte National Monument?

________________________________________________________________________

________________________________________________________________________

27. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Fossil Butte National Monument during this visit? Please mark (●) one.

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
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</tbody>
</table>

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